Sevacare (UK) Limited

Sevacare - High Wycombe

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Sevacare High Wycombe provides care and support to approximately 297 adults and older people in their own homes. This includes adults with physical disabilities and older people living with dementia. Sevacare High Wycombe does not provide services to children.

Sevacare High Wycombe has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

This announced inspection took place on 23 June and 26 July 2016. We gave the provider notice of our visits to make sure we could access the people and information we needed.

When we previously inspected the service on 30 April and 6 May 2015 we found the provider had not fully met the requirements of the Health and Social Care Act 2008 and associated regulations. This was because they did not consistently provide an effective, caring, responsive or well-led service for those people who used it.

Although we found there had been improvements made since the previous inspection, there remained areas which required further sustained improvement. People still had concerns about consistency of care, particularly of the timing and duration of their visits. There were still concerns about communication when changes in care staff took place or when care visits were subject to delay, in particular out of hours or at weekends. Records varied in completeness and detail.

Staff recruitment was ongoing and the increased numbers of staff available had made a positive impact on people's continuity of care. Recent changes in the local authority commissioning relationship with Sevacare High Wycombe had also resulted in a more positive outlook for the service.

The registered manager and a senior manager for Sevacare told us they were currently restricting new business. This was to ensure they had sufficient capacity to cover the existing workload fully, before taking on any new commitments. Staff told us this had made their workloads more realistic and achievable.

Because this change had been relatively recent, feedback CQC received throughout the inspection reflected people's experiences over the whole period since our inspection in April and May 2015.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People did not always receive care at the time or for the duration they required. Some visits had been missed altogether.

Staff did not always have the knowledge of the person's needs to be able to meet them as they required.

People were protected from the employment of unsuitable people by a robust and effective staff recruitment process.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some people said care staff did not always meet their care needs effectively.

Staff received the training required to ensure they had the skills required to meet people's needs.

People were supported by staff who acted within the requirements of the Mental capacity Act 2005.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Some people felt that their dignity was compromised and their confidentiality was not always protected.

Most people received care in a patient and respectful way.

People were supported to maintain their independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always receive care from a consistent team of care staff at a consistent time or for a consistent duration.

People were able to make complaints if they were not satisfied with their care.

People's care needs were assessed with their involvement to ensure they could be met appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People had mixed experiences of the response when they contacted the office.

There were significant differences in people's assessment of the quality of service provided.

The registered manager co-operated with the CQC and was open and responsive to all requests for information both during and between inspections.

Sevacare - High Wycombe

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed the information we held about the service. This included information the provider had sent to us in their Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. As part of the pre-inspection process we sent questionnaires to 50 people who received care from Sevacare High Wycombe and their relatives. We received 21 responses in total. The analysis of these was used to inform this report.

The inspection was carried out by one inspector. The inspection took place over two days in the office. During our visits to the service's office we looked at five people's care plans and at staff supervision and training overviews. We reviewed three recent recruitment records and spoke with nine members of staff, with the registered manager and a senior manager of Sevacare.

In between the office visits we received feedback from health and social care professionals with knowledge of the service and spoke with 10 people who received care and support and to two relatives of people who did.

During the inspection, the CQC participated in multi-agency meetings about the service and how it was performing. The service's management participated fully in that process and this report reflects its findings.

Throughout this inspection we again received full co-operation from Sevacare. We were provided with all the information we asked for and had full access to those records we needed to see.

Requires Improvement

Is the service safe?

Our findings

There were a range of views about the safety and quality of care experienced by people. The majority of the people who we spoke with or who responded to requests for feedback in other ways told us that they felt safe with their care workers, one typical comment was; "We are satisfied with the safety of care." Of the people who responded to our questionnaires, 89% indicated they felt safe from abuse or harm from their care and support workers. However, in contrast, there were some people who did not always feel safe and who made complaints or safeguarding referrals as a result. These were most usually as a result of calls being missed or the standard of care provided by care staff. These were typically because staff were said not to be familiar with their care routine or appeared to have insufficient time. One person noted; "I feel my mother in law is now at risk and the care provided is causing a safeguarding issue."

People had contrasting views about the adequacy of staffing. Where they usually received care and support from a consistent group of staff, they were broadly very satisfied. This was also the case where people told us staff usually arrived on time and stayed for the agreed amount of time. One person said, "They are very reliable."

By contrast, where people experienced late or missed visits, or where their care was provided by a number of different carers, they were significantly less satisfied. "They are often late." "They call us quite distressed when the carer is late." "My main concern is that late calls in the morning have a negative effect on their diabetes and dementia." People told us it could be very wearing, having to keep on telling new care staff what needed to be done, when and how.

The registered manager said staffing levels had improved recently and that the service's increased ability to restrict new work to match staffing had meant there had been a significant reduction in late or missed visits. It was too soon to make a realistic judgement if this was the case although there had been a reduction in the level of complaints made to the CQC about Sevacare High Wycombe.

We discussed safeguarding procedures with the registered manager and staff. Staff understood their role in safeguarding people from harm. They were all able to describe the actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies (reporting bad practice) and would use them, if they felt there was a need to. Staff training records showed staff had completed safeguarding training as part of their induction and through regular updates. Staff also had access to internal policies and procedures which included the contact details for the local authority. The registered manager co-operated fully in any safeguarding investigations and provided all documents and records requested during them. They had also made safeguarding referrals themselves when, for example, environmental issues had posed a risk to the safety and well-being of people they provided care for.

The service identified and managed risks appropriately. We looked at five support plans which contained risk assessments identifying hazards that people and carers might face. These included, for example, risks associated with the person's environment, moving them safely, equipment, their care and

treatment, medicines and any other factors. The risk assessments
were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. The assessments were updated annually or more often when people's needs changed.

The registered manager explained service level risks had also been assessed for instance lone working, infection control and the use of equipment in the office. We saw documentary evidence to demonstrate these risk assessments were updated on a regular basis.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and an incident form was completed after dealing with the situation. The registered manager viewed all accident and incident forms, so they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

People were protected by the service's staff recruitment practice. We looked at three recent staff recruitment files to check that staff recruitment and selection was robust and safe. The files were thorough, containing copies of the completed application form, completed interview questions, two references, identification documents and a Disclosure and Barring (DBS) check. A DBS check helps the service to make safe recruitment decisions and prevent unsuitable people from working with vulnerable adults and children. It was positive to note that a rigorous selection process had been maintained even when there was significant pressure to recruit more staff.

People who received assistance with their medicines told us they usually received their medicines at the prescribed times. This was not the case however where visits were significantly late or missed altogether. The registered manager told us that the medicines auditing system had been reviewed and that all medicines records were now audited monthly. Additional auditing staff had also been put in place to support the local management team. In their PIR the Registered Manager reported that in the previous twelve months there had been five medicines errors. This was an increase since the PIR was last completed when there were only two. Care workers said that they had been provided with updated training on the safe handling of medicines. We were also told medicines administration was discussed at staff meetings and in supervisions. Training records and staff meeting minutes confirmed this.

Some people required assistance with shopping. We found there were appropriate procedures for the staff to handle their money safely and people told us they were satisfied with the arrangements in place. There were records of all financial transactions and the staff obtained receipts for any money spent. These records were audited when they were returned to the office.

The significant range of experiences and assessments of the safety and reliability of the service received, from very good to very poor, are reflected in the rating of 'requires improvement.'

Requires Improvement

Is the service effective?

Our findings

People, who used the service, expressed different views about how effective the service they received was. Overall, people were satisfied with the care staff and less so with the management and organisation of them. "The care workers are caring and work very hard. The office is inefficient;" "On the whole the service is sometimes good. Some carers are excellent, but I would say the service overall is operating at 50% of its effectiveness." Another person noted; "The carers have always been excellent. Communication to the agency is not so good."

People who used the service confirmed they felt able to make decisions about the care and support they received. Most, although not all, confirmed they were offered choice by the carers, for example in what they had to eat, or whether or not they would like a shower. People also received help with meal preparation and with shopping. One complaint that was made to us was that when care staff were delayed or late, meal-times could become much later than the person would prefer.

A major concern was the lack of notification to people when care visits were disrupted or late. Some people told us they no longer bothered to contact the office as they had not found it worthwhile in the past.

We spoke with care staff including one person who had worked for Sevacare for only six months. They confirmed details of a thorough induction process. They told us they had completed a workbook to test their knowledge and understanding. During the induction period carers received a personal portfolio. This was a comprehensive document containing information including company policies, code of conduct, and written notes on the topics studied during the classroom based course. In addition, they received a copy of the Skills for Care 'Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England', which sets the standard of conduct expected of all adult social care workers and healthcare support workers in England. Both of these documents provided new employees with clear guidance on the standards of care that were expected of them.

After completion of the induction training, staff undertook a period of 'shadowing': that is working alongside more experienced staff to gain familiarity and confidence in all aspects of their role.
We saw evidence that staff were up-to-date with their training. The registered manager informed us that the computer system that they used for allocating the weekly work rotas would not allow them to allocate work to any staff whose mandatory training was out of date.

Staff also received training on specific tasks they were required to undertake, for example where people had specific needs or used particular equipment or procedures to maintain their health.
The majority of care staff had undertaken a National Vocational Qualification (NVQ) level two or above in Health and Social Care. We were told that Sevacare staff were expected to undertake training leading to the 'Care Certificate.' The Care Certificate is a set of standards that social care and health workers follow, that should be covered during the induction of all new care workers, to ensure workers have the knowledge and skills they need to provide safe and compassionate care. In their PIR the provider informed us that 110 staff had completed the 'Skills for Care' common induction standards or Care Certificate with eight staff having a

Level 2 or above NVQ or Diploma in Health and Social Care.

Staff had a mixture of formal supervision, spot checks on them in people's homes and team meetings. Spot checks included checking whether records had been completed correctly, if carers had arrived on time, if the uniform policy was being adhered to, and whether the care plan was being followed. Spot checks helped to ensure that the carers were maintaining high standards. These meant staff were supported, together with training, to promote good practice and raise the quality of service people experienced. People who received care told us that in the recent past, pressure on staff time had led to less effective care, as staff were; "Always rushed;" "Never on time." One member of staff thought that very recently this had improved and that they no longer felt rushed and had more; "quality time" with the people they provided care for.

The registered manager showed how the management computer system enabled them to monitor staff supervision and annual appraisals.

Staff received training on the Mental Capacity Act (MCA) 2005 and principles of consent during their induction. The MCA sets out what must be done to make sure the human rights of people who lack mental capacity to make decisions are protected. The induction workbook included questions such as 'how would you ensure you gained consent from a service user with dementia before beginning their care?' which tested the carers understanding. Staff we spoke to understood the importance of gaining consent from people who used the service before undertaking any care, and what they should do if a person refused their support.

Requires Improvement

Is the service caring?

Our findings

There was a significant difference in the view expressed to us by people who received care and those of their families. For example ninety five percent of people who received care said their care workers were caring and kind, whilst only fifty percent of relatives did. Positive comments included; "The care workers are all caring and work hard;" "The carers have always been excellent."

People we spoke with repeatedly said it was important to them that they received care from someone who was familiar to them and who understood their needs. The lack of consistency was one of the, if not the major concern expressed to us. "I have three double-handed calls a day. The morning call is by regular carers, usually on time. The later calls are by different carers and often late." One relative told us; "They never keep to agreed times because carers are rushed off their feet."

Care staff also told us they liked to have regular calls to people they knew as it helped them build a relationship with them. This meant they knew how people preferred their care to be provided and saved people who received care from having to endlessly repeat instructions to people about their preferred pattern of care.

Apart from the perceived lack of dignity some people experienced when care staff were pressured for time, people told us their dignity was usually protected during care. Staff received a copy of the Sevacare (UK) Ltd 'Privacy and Dignity Policy for Providing Care', and during their induction period they undertook training in personal care, which included information on maintaining dignity and treating peoplewith respect. Two people expressed concern about specific care staff and a perceived lack of confidentiality. They told us that they had been able to address this with the service so that those care staff did not provide their care.

We asked staff about their approach to dignity and privacy when working with clients. All the staff we spoke with could give examples of how they would ensure that the privacy and dignity of clients were maintained while giving personal care, such as by closing curtains, and by ensuring no one else was in the room.

Staff we spoke with had a good understanding of the importance of encouraging people to be actively involved in making decisions about their care. People told us they were able to express their views on the service on an ongoing basis, during care plan reviews, service reviews and the annual satisfaction questionnaire.

People were given an information file, which contained a service user guide and statement of purpose as well as their care plan documentation. The service user guide provided a detailed overview of the services provided by the agency. People were also provided with information about advocacy services. Advocates are independent from the service and provide people with support to enable them to make informed decisions.

Sevacare High Wycombe do not provide palliative or end of life care. When that is required, it is provided through local NHS provision.

Recent changes in the local care sector provision has meant Sevacare High Wycombe were now in a better position to match staff resources to demand for a care service. This should reduce pressure on staff and make it easier for people to build positive relationships with their care staff. The rating of requires improvement reflects the fact that these changes had not yet been in place long enough to demonstrate sustained improvement.

Requires Improvement

Is the service responsive?

Our findings

An assessment of needs was carried out before people used the service. People confirmed they were asked how they wished their care to be delivered. We looked at completed assessments during the inspection which covered all aspects of people's needs. Following the initial meeting, a homecare support plan was developed with the full involvement of people using the service and/or those people responsible for them.

In response to our questions about involvement, 84% of people who responded said they were involved in decision making about their care and support needs. The majority of respondents (78%) told us they knew how to make a formal complaint and 67% that care staff responded well to any specific concerns they might raise.

Where people received care from a settled staff team, who understood their needs, they were very positive about the care being strongly focussed on them as individuals. Where care was provided by a succession of different carers, some of whom did not know the person they were supporting, the situation was very much less positive. "They are changing all the time and I have to explain things over and over" was one person's assessment.

People told us that carers did not always provide all the care stipulated in the support plan in the way they preferred it to be done. One of the relatives who contacted us told us they did not believe care staff always had time to read the care plan through. They acknowledged that their relative's settled team of care staff were very good and knew what they were doing and how their relative liked things done.

Every service user had a file in their home which contained documents relevant to the care provided to them by the service. We examined the equivalent care files in the office and found that they included a variety of documentation, such as a list of key contacts, service user guide, equipment and medication records and complaints procedure.

In addition there was a detailed assessment of health and care needs with information about communication, mobility, diet and nutrition, continence, skin integrity, mental health, social activities, aspirations and how the person liked to be addressed. Where fully completed with the input of the person concerned, this provided carers with detailed information which enabled them to care for people who used the service in an individual and personal way. We saw evidence that support plans were reviewed regularly and that service users and relatives were involved in the review process.

When we talked with care staff they told us how it was a vital part of their role to identify and respond to the changing needs of a client. This might be, for example, that the time allocated for a particular visit was no longer sufficient, as the client's needs had increased and the person had become more dependent on the carers support. Another example given was where a person's mobility was deteriorating, and they had been referred for a physiotherapy assessment.

People who used the service knew how to complain if they needed to and a copy of the company

complaints policy was included in each service user's file and kept in their home.

The service responded to complaints appropriately and in line with the organisation's complaints policy. In their PIR the provider informed us that there had been 38 complaints managed under their formal complaints procedure. We were informed all of these had been resolved. The common themes of complaints identified by the provider in their PIR were; call timing, communication and duration of visits.

Requires Improvement

Is the service well-led?

Our findings

There was a significant variation in the experience of people who received care, ranging from very good to very poor. There were continuing concerns expressed to CQC and the relevant Local Authority commissioning and contracts sections during the course of this inspection period. These were predominantly about lateness and duration of calls, incidence of missed calls, poor communication, scheduling, records and continuity of care. There were also people who reported instances of poor care being provided as well as people who were very satisfied with the standard of care they received. This lack of consistency reflected on the management of the service and its leadership.

Communication with the office by people who received care was a continuing source of dissatisfaction. Again, the experience of people varied, with some people satisfied with the response to their calls whilst others were dissatisfied.

The quality assurance system in place, whilst comprehensive, did not always reflect the level of dissatisfaction found from external bodies' quality assurance and communication with people who received a care service. The standard of record keeping, predominantly by staff in the home-held records was found to be variable. This had been addressed with the individual staff concerned and through team meetings.

We found the management of the service at both local and more senior level were open and co-operative. Recent changes in the arrangements for the delivery of care locally had improved the ability of the service to align care resources and demand. This was expected to be reflected in improved performance over the coming year; however this had not yet been confirmed over a sustained period.

Staff were significantly more satisfied with their work schedules compared with previous inspections. Staff said they felt listened to and supported. There were meetings and individual supervisions in place and they told us they felt able to raise any concerns with the manager and their senior staff.

There were policies and procedures in place which covered the required areas of the service's operation. For example, safeguarding, medicines management and recruitment. These policies were detailed and readily available to staff. The registered manager had submitted appropriate notifications to the CQC when required, for example as a result of safeguarding concerns.