

Servesoul Limited

# Servesoul - Camden Office

## Inspection report

67A Camden High Street  
Camden  
London  
NW1 7JL

Tel: 07932953537

Website: [www.servesoul.co.uk](http://www.servesoul.co.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Servesoul - Camden Office provides domiciliary care services to people living in the community in their own homes. There were currently 2 people using the service. The service provides personal care to older people living with dementia who also have other personal care needs.

This is the first inspection of the service since initial registration in November 2016.

A company director was also the 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.

People using the service had a care plan which contained information about the person and their care needs and requirements. As part of the care planning process, senior staff carried out risk assessments which covered the home environment, moving and handling and health and safety.

Care staff were able to identify types of abuse and were clear about the actions they would take if they had any concerns.

The registered manager and care staff had a good understanding of the Mental Capacity Act 2005 and how this impacted on the provision of care and support. Care plans demonstrated that mental capacity assessments took place. Action that was needed as a result of people lacking capacity was taken.

Care staff told us, and documents confirmed, that they received training in the safe administration of medicines. The registered manager and deputy manager monitored medicines recording and administration and there were robust systems in place to ensure this was managed safely.

The service had safe recruitment processes in place which included obtaining references and the completion of a criminal record check prior to the care staff commencing their employment. Care staff we spoke with told us that they felt supported in their role and received regular supervision. As care staff had all been working at the service for a little over six months annual appraisals had not yet taken place although the registered manager told us this would occur when they were due.

Care staff, when they first started working at the service, received an in-house induction and training in all mandatory subjects which included first aid, safeguarding, moving and handling and medicine administration.

Spot checks took place in order to monitor the care and support provided to people along with regular reviews of people's care and support needs. No missed or late visits had occurred.

The service had a complaints policy which was given to people using the service and relatives. The registered manager reported that they had not received any complaints.

As the service was relatively new, operating quality assurance questionnaires had not as yet been completed. However, being a small service there was regular contact with people by the registered manager and deputy manager.

As a result of this inspection we found that the provider met all of the key lines of enquiry that we looked at. Please refer to the main body of this report for further details.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. The staff assessed people's individual risks associated with their care in order to mitigate or reduce risk to ensure people's safety.

Medicine administration was managed in a safe way. Medicine Administration Records listed the full details of the medicines that were administered.

Care staff knew about keeping people safe from harm and that they had to report any suspected signs of abuse to ensure people's safety.

Good ●

### Is the service effective?

The service was effective. The staff considered mental capacity assessments to identify if any person lacked capacity and followed up with appropriate action when required.

Care staff received an induction when they started work with the agency.

People were supported with their health and social care needs by the agency.

Good ●

### Is the service caring?

The service was caring.

Care staff knew the people they cared for well and were able to describe how they would support people based on their individual needs and preferences.

Good ●

### Is the service responsive?

The service was responsive. People's care needs were assessed prior to them receiving care and changes to care needs were reviewed on a regular basis.

A complaints policy was available and was also given to people and relatives when the service began. The service had not received any complaints.

Good ●

## Is the service well-led?

The service was well led. The service had effective systems in place for monitoring the standard of day to day care.

As the service was relatively new it was too early to judge the effectiveness of the monitoring systems. However, the registered manager was able to show us the quality checks they had in place and told us how they would keep the quality of the service under review.

Good 

# Servesoul - Camden Office

## **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 is 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.

This inspection took place on 25 September 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by one inspector.

Before the inspection we looked at information that we had received about the service and any formal notifications that the service had sent to the CQC. We looked at two care records and risk assessments, four staff files, two medicines records and other documented information related to the management of the service. We spoke with the registered manager, deputy manager and one member of care staff. Three other care staff also gave their views of the service via email.

During our inspection we made contact with the relatives of the two people using the service as these people had complex needs and were unable to provide us with their views. One relative replied.

# Is the service safe?

## Our findings

The provider used a risk assessment process that held information for care staff about minimising risks to people receiving care. The registered manager and deputy manager were responsible for ensuring that each person using the service had a completed risk assessment which included information about risks and minimising these risks. The action needed to reduce any potential harm due to these risks was identified and recorded. Care workers knew the possible risks that people they supported faced, and what to do in order to minimise these.

Both people received support with taking their medicines, although only one required this support from care workers with the other person being helped by their family. Care staff recorded the support they provided and completed a Medicine Administration Record (MAR) which was held along with the person's care plan. The MAR charts described the medicines that were prescribed and taking. Spot checks carried out by the registered manager and deputy manager included checking that medicines records were up to date and that care workers were competent at managing medicines safely.

Training records showed, and care staff confirmed, that they had received training in managing and administration of medicines. A relative had signed to confirm that they, and their relative receiving medicines, had been consulted and had agreed to this support.

Care staff knew what safeguarding was and were able to describe what was meant by abuse and the types of issues that constituted abuse. They were clear on the actions they would take in response to any concerns, although no concerns had arisen. Training records showed that care staff received safeguarding training and as all staff were new the registered manager told us that this training would be updated when required. We will look at this again at our next inspection.

The registered manager expected staff to send a text message to confirm they had arrived at each visit to people using the service, which they did. We saw records which confirmed that staff arrived on time for their visits to people.

Safe recruitment processes were used to ensure staff were suitable and safe people to work with people. Recruitment files contained the necessary documentation including criminal record checks, references and identity verification which including passports. Evidence was also available of staff member's right to work in the UK if they were not UK nationals.

All care staff had full access to personal protective equipment. We observed that care staff were able to come to the office and collect any supplies that they required.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The registered manager and deputy manager undertook mental capacity assessments when people were first referred to the service. Mental capacity was assessed as a part of each person's overall care and support needs and any further referral for assessment was made to the placing authorities, and were, if required. These assessments had been carried out earlier in 2017 and were unchanged at the most recent reviews.

Care staff we spoke with were able to describe the needs of the people they cared for and how they would respond if any concerns arose about their well-being. Care staff were clear about seeking people's permission to provide care. The provider sought people's consent to receiving care and where people had not been able to do this then best interests decisions were made with the involvement of their relatives.

In-house induction was provided to all new care staff in line with the Care Certificate. The service is registered with Skills for Care. As part of the induction, the registered manager went through all internal procedures of the service which included key policies and the day to day procedures about working for the agency, with new staff. One member of the care staff team told us, "I am very happy to be part of a professional working environment. They offer professional staff that are trained to the highest standard and in doing so provide a very safe care for clients." Another told us "The manager supports me and helps me a lot."

Care staff told us that they received regular supervision with the registered manager or deputy manager. The service had a supervision policy which stipulated that care staff would receive supervision regularly, although not how frequently. Staff records showed that staff were involved in supervision sessions and other regular communication with the agency. This demonstrated that the registered manager was using systems to offer staff the support they required to do their work.

The service provided light meal preparation for people where this was required. This included heating up food prepared by the person's own family, or making a snack such as sandwiches.

Care plans, compiled by the registered manager or deputy manager, included information about people's physical and healthcare conditions. Care staff did not routinely attend healthcare appointments with people as this was usually managed by people themselves with assistance from their family as needed. However, the registered manager said that this would be provided by the service if someone was unable to be supported by a relative or friend. Staff told us they knew how to respond to any emergency situations and that there was always advice from management staff available by telephone if ever that was needed.



## Is the service caring?

### Our findings

A relative told us "The carers are excellent and very caring."

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. A member of the care staff team told us "They [the agency] offer support and they care about their client's well-being."

Care staff were able to tell us about promoting people's independence. A care worker who works more intensively with one client told us about how they maximised choice and liaised with the person's relatives about activities and the person's day to day support needs. They spoke affectionately about the person they supported and were able to fluently speak the person's first language. They believed this helped a great deal in providing care and support that the person needed and we noted that for both people using the service the staff team had the necessary language skills. This supported clear communication and demonstrated that the service considered this as an important part of supporting people.

Care staff gave specific examples of how they would ensure they maintained a person's privacy and dignity at all times. One member of the care staff team explained what they did to ensure privacy even when they were providing care when relatives were also present. This description along with what other people told us demonstrated the service took people's right to privacy and dignity seriously.

The provider gave clear information to care staff and trained them in order to provide dignified and considerate care. Planning the care of people took account of the whole person and did not focus purely on physical care needs. Our conversation with a care worker and the written feedback received from others demonstrated a person centred approach and commitment to viewing people as individuals.

## Is the service responsive?

### Our findings

A relative told us "I am extremely happy with Servesoul. Out of all the agencies I have been with they are the most efficient, quick to answer any email/call and very helpful."

The provider's complaints policy was given to people and relatives when a service was first commissioned. The policy described how to raise a complaint and the time frames in which the complaint would be dealt with by the provider. The service had not received any complaints since registration with CQC.

The service carried out an initial assessment regarding people's care and support needs before a package of care was agreed and provided. The service recorded individual personal details, information about people's health, medicines and care support. Environmental, health and safety and moving and handling risk assessments were also undertaken so that the agency could confirm whether they would be able to meet the needs of the person.

Each care plan was initially written when the person first started to use the service. We found that each person's care had been reviewed since the service began providing support earlier in 2017. This ensured that care staff had the most recent information in order to respond and meet each person's current care and support needs. A copy of the care plan was also available in each person's own home.

As a part of the care and support a person received care staff completed daily notes. These notes were kept at each person's home and care staff brought these into the agency office periodically in order to store them on each person's care file. We looked at the daily log notes for the two people using the service and these described the type of care and support that was provided during each visit. Recording was consistent and provided a concise record of what had been done to support each person. Any changes to a person's well-being were identified and responded to.

The provider was registered with the information commissioner's office, which demonstrated a commitment to adhering to confidentiality and freedom of information legislation.

## Is the service well-led?

### Our findings

A relative told us that they were "very happy" with the service.

Care staff were positive about the registered manager and felt supported in carrying out their role. One care worker told us "I rate [registered manager] 5 out of 5, because his customer service was excellent." Another told us "He is a great manager and he is good at his job."

There were systems in place to monitor and oversee the quality of care that the service provided. People we spoke with and care staff mentioned they had regular contact and communication with the agency. The registered manager told us they shared responsibility for carrying out spot checks with the deputy manager. We suggested that spot checks be more clearly recorded as spot checks rather than as observation of staff or other visits to discuss care with the client, however, it was evident that visits and regular contact with people was happening.

The registered manager told us, and care staff confirmed, that they visited the office regularly. We also saw two staff visiting during our inspection, one of whom was introducing a potential new care worker to the agency. Care staff told us they could speak with the registered manager and deputy manager who were always available.

The service had a rota management system which was used to plan and organise each staff member's rota for organising visits to people. We looked at this system for the last six months and found that it was well managed and any changes needed due to unforeseen circumstances were effectively responded to.

It was too early in the operation of the service for an annual quality assurance process to be undertaken. It was, however, evident that continued contact was maintained with people and their views were sought. We will review the quality of oversight and monitoring of the service at our next inspection to allow the provider time to fully establish and operate these systems.