

Sevacare (UK) Limited

Sevacare - Nottingham

Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sevacare – Nottingham is a domiciliary care service which provides care services to adults living in their own homes. Sevacare was registered to provide personal care to 171 people aged 65 and over at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Systems were in place to assess and manage potential risk for people. People received their medicines in a safe way that was prescribed by their GP. People were protected from avoidable harm and felt safe with the staff who cared for them. Safe recruitment processes were in place to ensure staff were safe to care for people. People were protected from the risk of cross contamination from infection. People confirmed the personal protective equipment used by staff on a daily basis to ensure people were kept safe. When things went wrong the service had systems and processes to ensure they reduced any risk for people.

People's needs were assessed before the provider took on the care package to ensure the service were able to support people's needs. Goals and aspirations were supported to ensure people achieved their potential. The principles of the Mental Capacity Act were taken into consideration to ensure people's choices were in their best interest. Dietary needs were assessed and monitored. Staff worked well with other health care professionals. People were responsible for their own home environment. People were supported to access health care when needed.

People were treated with respect and kindness. Where concerns were identified the registered manager put processes in place to address any concerns, such as language barriers. People were supported to express their views in a variety of ways. Dignity was adhered to.

People were supported by staff who knew their choice and preferences. Care plans were person centred. Care planning was personalised to ensure people had choice and control. However, we found inconsistencies with some of the care call times. Systems were in place to monitor and respond to complaints. End of life discussions had taken place and staff were trained to support people at the end of their life. People communication needs were assessed and reviewed regularly.

The registered provider was aware of the duty of candour. The registered manager provided a positive, focused culture. People were involved in discussions of their day to day care. The service built up and maintained a close working relationship with other health care professionals.

Rating at last inspection 08 June 2016

The last rating for this service was Good (published 20 July 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We have made a recommendation about the management of some of the monitoring systems.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Sevacare - Nottingham

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team on the first day consisted of one inspector and one Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of dementia care service. The second day was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because the manager spent time out in the community supporting staff, so we needed to be sure they would be available to support the inspection process.

What we did before the inspection

Prior to the inspection we reviewed information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information the service is required to send us by law. We sought feedback from the local authority and professionals that work with the service.

In addition, we considered our last CQC inspection report and information that had been sent to us by other agencies such as commissioners who had a contract with the service.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

During our inspection we spoke with eight people and three relatives to ask about their experience of the care provided. We also spoke with the nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider), the registered manager, two senior staff members, two of the care staff team, the care coordinator, administration staff and by telephone with an external health care professional who worked closely with the service.

We reviewed specific parts of eight people's care records and information relating to the registered providers recruitment processes and the arrangements in place for the administration of medicines. A variety of records related to the management of the service, including policies and procedures were also reviewed.

After the inspection:

We continued to seek clarification from the registered manager to support and validate the evidence we found during our inspection. The registered manager provided us a range of additional audits and quality assurance information along with outcomes of thorough investigations they had completed of issues we found as part of this process.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Systems were in place to manage and assess risk to ensure potential risks to people's health and safety were assessed correctly.
- Risk assessments in place identified known risks for people. The assessments were detailed and gave staff clear instruction on how to mitigate risk.
- One person said, "They [staff] make sure I am safe in the bathroom by making sure I am sat properly on the chair when they wash me. They make sure I am holding the rail, I could not have a shower if they didn't help." Another person said, "They [staff] make sure I am wearing my lifeline and will check I have taken my meds. I have seizures from time to time and the staff know what to do to keep me safe." A third person said, "they [staff] make sure I am safe in the shower and always shout out loud when they come to say who it is. I lock the door after them. I feel secure".
- One relative said "my (relative) needs the use of a hoist and all the staff are good with it. They will make sure they are comfortable and secure before hoisting them".
- Staff were aware where to find a person's risk assessment they told us they had time to read the information and the detail was sufficient for them to make an informed judgment.

Using medicines safely

- People who received support with their medicines told us staff supported them. One person said, "I have help with my medication in the morning. They (carer's name) has to take each tablet out of a separate package. They all wear gloves though and pop the tablets into a cup for me. I have arthritis and it makes it so much easier for me to handle. Once I have taken them, they will sign the sheet to say they have done it".
- People's medicines were clearly recorded in their medication administration record (MAR), which helped to reduce risks for people receiving the wrong medicine.
- Medicines were administered as prescribed and the level of support was clearly identified in the care plan, which reflected the provider's medication policy.
- Staff had received training to administer medicines safely. The registered manager told us staff competencies had been completed to ensure staff were administering safely. Where people were responsible for their own medicines the level of support match the providers policy. Risk assessments were in place to identify risk for people who were responsible for their own medicines. Records we saw confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that cared for them and relatives confirmed their relation was safe with the service. Most people told us they were cared for by staff who knew them although this may change when staff were off sick or on holiday. Some people told us they received a list to tell them who and what time staff would come. On the whole people said the list reflected the staff who walked through the door. One person said, "I don't get the same carers all the time but it's not a problem. I know who is coming cos I get a list". Another person said, "I mostly get the same two carers although I will get someone different if one of them is off. I get a letter every week telling me who is coming, and it is usually correct".
- Staff confirmed they received a rota and records we reviewed told us staff received a rota every week.
- Systems in place to monitor safeguarding's to ensure people are kept safe. People were encouraged to raise concerns.
- Staff had received safeguarding training and were aware of the processes and procedures they should follow to ensure people were protected. This include sharing with the local authority.
- Where required the registered provider completed an investigation and shared all safeguarding information with CQC.

Staffing and recruitment

- There were sufficient staff in place to care for the number of people who used the service. Recruitment was ongoing.
- There were processes in place to enable staff to be recruited safely. Checks had been made with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.
- A process was also in place to ensure references were requested to provide assurance about staff members previous employment.
- One person said, "Recently I seem to be getting the same staff, but it was never really a problem. I did ask where possible to get the more regular carers and they have listened. Another person said, "I have a small group [staff] that come regularly. I get a list, so I know who is coming. A lot of them are young folk and I like that, there is one chap in particular who is wonderful".

Preventing and controlling infection

- People were protected from the risk of cross infection. People described the equipment used when staff provided personal care. People told us all staff wore gloves and aprons. One person said, "Staff wore over shoes or took off their shoes when entering the house." One relative said, "they [staff] are all very professional and wear protective gear. Some will wear overshoes and others will take their shoes off when they come in, they are very respectful of our property".
- Staff had received infection control training and the provider had policies and procedures in place to support good practice.

Learning lessons when things go wrong

- Lessons were learnt from when things went wrong, and actions were taken to reduce the risk. One person shared a concern with us during our inspection. We raised the concern with the registered manager who undertook an immediate investigation.
- Where learning points had been identified, the registered manager shared them with the staff team. The registered manager contacted us after the inspection and told us the measures they had put in place to ensure the issue did not reoccur.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and delivered as reflected in their care plan.
- The registered manager assessed people's care need before they took on the care package. Health care professionals confirmed the registered manager visited people in hospital and assessed their needs before a person used the service.
- Where required reassessment was carried out and shared with the commissioners of care. For example, when an increase in a care package was required, as a person's condition had deteriorated.
- People's care plans contained information for specific health conditions, dietary requirements and daily routines. There was detailed information on how staff should support people if they had health conditions or use of specialist equipment. such as, using a hoist or protocols for people with epilepsy or diabetes to ensure they received effective care.
- People were supported to enable them to achieve their goals and aspirations. An example of one person who hadn't been swimming since their condition was diagnosed. The service worked with the person and now they attend the local leisure centre, so they can participate in swimming.
- Staff we spoke with demonstrated their understanding of equality and diversity principles and understood how to support people where their needs or wishes were identified.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- MCA assessments had been completed when people who lacked capacity had been identified.
- MCA had been taken into consideration when there was concerns with people's capacity. Staff supported people in their best interest when they lacked capacity.
- Records we viewed told us people had consented to care and support.

Staff support: induction, training, skills and experience

- People told us they thought staff had the skills to look after them although some people said they thought some staff were more skilled than others. One person said, "Some [staff] are very good, but others mainly new ones are not so good and need more training". Another person said, "On the whole the staff are very competent. If we get someone we have not had before my (relative) will make sure they read the book". The relative said, "I will usually introduce new staff to my (relative). New staff don't always ask for the book, so I make sure they see it".
- Staff received opportunities to update their skills and knowledge through training they received.
- The registered manager staff accessed their online training through the internet. The portal was monitored to make sure staff were up to date with their training requirements.
- Staff had received an induction to the service and the registered manager carried out regular supervision to ensure staff were supported with their development and performance.
- Staff were assessed in the community by a team leader then signed off for competency to ensure the care they provided was effective and met people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were assessed and monitored. Where required people were supported with the preparation of food. People told us staff helped with their meals by reheating ready meals or making them a sandwich. One person said, "They always ask me what I fancy before they cook it. I have ready meals and they will put it on the plate, so it is nicely presented. They also make sure my jug of juice is well filled before they leave".
- Dietary needs were recorded in people's care plans and daily logs to make sure their nutritional needs were met.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had systems and processes for referring people to external bodies to help ensure they received appropriate treatment and support. The registered manager told us they had a good working relationship with other healthcare professionals and when required referrals were made to GP's and district nurses. They also worked a long side Speech and language therapists and dietitians to help people achieve positive outcomes.
- The registered manager said they worked with the local authority and shared best practice when needed. They also said they take on recommendations for making sure people received effective care when needed. Local authorities confirmed they had a good working relationship with the registered provider but had concerns regarding duration of calls. Other healthcare professionals also told us the working relationship was good and the service provided a good standard of care, but also felt the duration of call times could improve.

Adapting service, design, decoration to meet people's needs

- People were responsible for their own home environment. Risk assessments for the environment were undertaken at the initial assessment. Any hazards were identified and removed with the person's permission.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care professionals when needed.
- Records showed people's health needs were being met. We saw records of when a GP or District Nurse had visited people. People confirmed that they had access to health care professionals such as a GP. One person said, "They [staff] know me so well they can tell if I am going to be ill and will call an ambulance. They understand my condition, having regular carers is the key".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they found staff were kind, caring and treated them with respect.
- One person said, "They are all very nice and caring staff, but I am more comfortable with (carer's name) as I have known them the longest". Another person said, "The staff are always asking if I need anything else. I have got to know them, and we have a nice rapport between us. I think they are very caring. They are very professional and treat me with respect". One person told us they had experienced issues regarding people speaking in their first language and that they were concerned about this. We spoke with the registered manager regarding these concerns and they had addressed this following the inspection. The relative said, "They [staff] are very caring to both me and my (relation) and we get on well. They will always ask if there is anything else, they can do before they go". We did not receive any concerns from other people we spoke with regarding being rushed.
- Staff who cared for people on a regular basis showed an understanding of their needs, preferences and routines. Other staff told us they read the care plan to ensure they were up to date with the persons care requirements.

Supporting people to express their views and be involved in making decisions about their care

- People told us they had a care plan which they felt they had been fully involved in developing. Most people were able to tell us the plan had been updated over the last year. One person said, "A bloke (didn't know name) came yesterday to do the book work, he went through it all and asked if everything was going alright. I don't know how often they come; it doesn't seem a regular occurrence". Another person told us, they do everything as required in the plan; I think it covers everything. It was updated about three weeks ago. I think it was (Name) who came, and she filled in a questionnaire whilst she was here".
- The registered manager told us they had a 'client forum' and 'let's get to know you meetings' where people and staff can engage and get to know what the person wants. This empowers people. Through the provider information return the provider told us they understand people have the right to choose and make informed choices.
- People were supported and helped to express their views; where required people would be supported by an advocacy service. We saw where the service supported a person to access an advocacy service when they were receiving specialist treatment and were required to make an informed decision about their care and welfare.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld.
- One person said, "They[staff] are very nice; we have set up a good rapport. They always ask first before they do anything. They make sure they maintain my privacy". Another person said, "They don't rush me, they are very good, I do things at my own pace. We have a laugh too. I look forward to them coming there is one chap that I am very fond of he is so kind and so good we have good fun, but I can also ask serious questions and he will answer. He really is a good fella". A third person told us, "The staff are always asking if I need anything else. I have got to know them, and we have a nice rapport between us. I think they are very caring. They are very professional and treat me with respect".
- People were encouraged to be independent and felt supported when making their own choices.
- Care records were securely stored, and computers were password protected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Required Improvement. At this inspection this key question has remained Required Improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew and understood their preferences.
 - Each person who used the service had a care plan that set their needs and guided staff how to support them. Care plans were reviewed regularly with people and any changes to support were recorded. However, one relative told us their relative's care plan needed updating as their needs had changed. We spoke with the registered manager and they completed an investigation and confirmed staff had no input with the person's support at this time. They found the care plan had been completed, but due to mitigated circumstances not put in place in the person's home. They said they would address this immediately.
 - People confirmed they were aware of their care plan and that staff updated the records daily.
 - Overall care call times were adequate however, during the inspection concerns were raised regarding the call times and staff staying the duration of the call. One person said, "The care calls are often late and there was one occasion not long since where they came, and I was already in bed. It has all seemed to go to pot since I have needed more than one call a day. I am not sure how they organise things though because they [service] seem to have the staff going backwards and forwards a lot with the routes. They do stay the full time though, so I can't complain". Another person said, "I don't know how long they are supposed to come for, but they always do whatever I need and have never let me down. Occasionally they may be late, if it's a stranger when the regular is on holiday. There was one time pretty recently when they were very late, and I had to ring but they came eventually."
 - Relatives confirmed there were issues with care call times especially if staff were new to the call. One relative said, "I usually cancel the visit at that point though as it is not much good to us if they are late. There was an occasion last week (I think it was Monday morning) when one of the new ones didn't come at all. The concern for me is what if that happened and I was away and not able to help my (relative)". We found this to be a monitoring issue.
 - The registered manager and office coordinator were monitoring call times, but this was not robust to manage the inconsistencies we found.
- We recommend the provider to review their systems in place to monitor duration of the calls and ensure people are not left in isolation.

Improving care quality in response to complaints or concerns

- The registered provider had systems in place to monitor and respond to complaints. There was an analysis and monitoring procedures to identify any themes or trends which may occur.

- People told us they would know how to raise concerns. They said office staff were polite, but some people thought staff didn't always pass on messages. One person said, "I have brought issues up in the past, but I am not sure they are always resolved fully as they don't get back to you". Another person said, "I have contacted the office occasionally to ask for extra calls at last minute and they have been very good". A third person told us the office staff are very good, I usually speak to (manager) or (care coordinator), if I ring for anything one of them will always sort it out. I do have more difficulty with the 'out of hours' though as they don't know the area and it can be difficult if you are describing something".
- The registered manager confirmed there had been issues with the out of hours team and this was being addressed.
- We found complaints were dealt with in a timely manner and thoroughly investigated with a clear audit trail and outcome.

End of life care and support

- There was nobody receiving end of life care when we inspected.
- Discussions had taken place regarding people's wishes about the care they would like at the end of their lives.
- Staff told us they had received training to help support people in end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. The service Identified the type of communication requirements for each person. They Liaised with other professionals and reviewed people's communication needs regularly.
- Information was shared in different formats, such as, large print or pictures. This showed us they were following the Accessible Information standard.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibilities.

- The registered provider is required by law to notify CQC of reportable incidents. This enables the CQC to monitor the service and ensure they are following regulatory requirements.
- The registered provider had clear vision and a set of values that demonstrated good quality person centred care. This was also demonstrated by staff and the management team.
- Audits and monitoring systems were in place and systems had been identified to ensure the service provided effective care in a timely manner. Audits looked at aspects of the service such as medicines administration, person centred planning, staff training and health and safety and the calls system. However, some care calls were not always monitored for staff staying the duration of the call. The registered manager said, Sevacare will be addressing any poor punctuality with carers and will be addressing any future complaints through the complaint's procedures. They said, "This will be an ongoing target and will be reviewed by Senior management monthly."

Health care professionals also reported the care call times to be unpredictable in some cases. We checked the care call rotas for over one month and found several inconsistencies for the length of calls. Call that were between 30- and 45-minutes duration staff were staying between 7 and 29 minutes. On some occasions when the call was for one-hour staff did stay over the time of the call.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Registered manager was aware of her role and the day to day culture of the service. They Promoted a positive culture and focused upon achieving good outcomes for people.
- Some people were not confident to identify the registered manager of the service. One person said, "The manager is nice, very approachable, I think she is called (name), she sorts out any problems, you have to ring her and tell her".
- Four people and two relatives were not sure who the manager was and gave us a variety of names. We spoke with the registered manager and they reassured us that photos and branch structures would be posted out to all the service users as soon as possible to assist them in this area.

- Staff told us the registered manager was supportive and approachable.
- Records relating to care and treatment were kept up to date. Risk assessments contain detailed or up to date information to mitigate risks. Risk assessments for people who were responsible for their own medicines were in place.
- The registered provider had systems in place to monitor the quality of the service provided. Audits and systems were used to ensure the service and staff were providing quality care, for example, spot checks of care provided and telephone interviews to people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in discussions regarding their day to day care.
- Team meetings were held monthly. Staff confirmed they attended team meetings. One staff told us the team meetings were every two months.
- Staff engaged in a variety of ways to share information including a closed internet group. Handover calls to ensure information was shared and updated daily.
- The area manager told us one of the service achievements was to engage staff chat and client forums, which the registered manager had introduced. They had also set up an activity week where people who used the service could identify an activity they would like to participate in. The activity week was a success and empowered people to do what they wanted to do.

Continuous learning and improving care

- The registered manager told us they attended management forums to share best practice.
- The service built up and maintained close working relationships with a range of external health and social care professionals to ensure people continued to have their needs met.
- The registered manager made a consistent effort to learn from mistakes. Undertake investigations and keep staff informed of any changes that could affect people's care. We had evidence of this from the action taken to concerns found during the inspection. The registered manager took a proactive approach to address the issues identified.

Working in partnership with others

- Partnerships had been encouraged and developed. There was a positive response from health care professionals we spoke with.
- We saw evidence that people were supported to access healthcare such as GP and District nurses.