

Sevacare (UK) Limited

Sevacare - Wednesbury

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

Summary of findings

Overall summary

Sevacare (Wednesbury) is registered to provide personal care and support to people in their own homes. At the time of our inspection 300 people were receiving support, with 275 of them accessing personal care. Our inspection was announced and it took place on 25 April 2016. At the last inspection on 08 September 2014 the service met all of the standards.

The manager was registered with us as is required by law. A registered manager is a person who has registered with the Care Quality Commission 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 were kept safe from harm. Staff we spoke with were clear about how they could access and utilise the provider's whistle blowing policy and that they knew how to keep people safe. People received their medicines appropriately, as and when they should, and staff were suitably trained to administer them. People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration. People were supported to ensure their health needs were met.

There was a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. They obtained consent where possible and explained their actions to people. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible. People and their relatives were involved in the planning of care and staff delivered care in line with what was considered to be people's preferences and wishes.

The complaints procedure had been given to people and they understood it. People were confident that their concerns would be listened to and acted upon. People were asked for feedback and their replies helped to shape the way that care was provided. People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective. Quality assurance audits were undertaken regularly. The registered manager had also ensured that checks on staff were undertaken periodically. We received notifications regarding incidents and accidents, so that we could see how staff responded to people's needs, and the action taken to reduce the risk of reoccurrence.

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.

Risk was identified and plans put in place.

Suitable numbers of staff were employed with the skills, experience and training in order to meet people's needs.

Medicines were administered safely.

Is the service effective?

Good ●

The service was effective

Staff had the appropriate level of knowledge and skills to meet people's individual needs.

Staff asked people's consent prior to carrying out care.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

People were encouraged to make choices and to be as independent as possible.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were able to participate in planning their care.

Staff were aware of people's likes, dislikes and abilities.

People told us they knew how to make a complaint and felt confident that the registered manager would deal with any issues raised.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff spoke positively about the approachable nature of the registered manager.

The registered manager carried out quality assurance checks regularly.

Notifications of incidents were sent to us.

Sevacare - Wednesbury

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 April 2016 and the registered manager was given 48 hours' notice, because the location provides a domiciliary care service and we needed to be sure that staff would be available. The inspection was carried out by one Inspector.

Before the inspection we requested that the provider sent us a completed Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with ten people who used the service, four relatives, seven care staff members and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to ten people by reviewing their care records. We reviewed four staff recruitment and/or disciplinary records, the staff training matrix, five medication records and a variety of quality assurance audits.

Is the service safe?

Our findings

People told us that they felt safe, with one person saying, "They look after me well, I feel I am safe". Another person told us, "I am very safe in their hands". A relative told us, "We have no concerns they [staff] do as we ask them to do". Whilst a member of staff said, "I like to hope that I keep people safe. We are trained not to put people at risk".

We saw that the risk posed to people had been identified and that risk assessments were in place. We found that risk assessments covered issues such as mobility and falls, physical health, medication and skin viability amongst others and that each assessment focussed on the best interests of the person. People told us that they had been included in the writing of risk assessments and that their opinions had been sought. We found that risk assessments were updated regularly, but additionally, staff we spoke with told us that if they felt at any point that risk assessments needed to be updated or there were any changes in people's needs they would inform managers so this could be done.

Staff told us that they understood the procedure to follow in the event of an emergency. One member of staff told us, "If there was an emergency I would stay with the person and call 999 followed by the office and then family. We found that there was a fire evacuation plan in place for each person and this included a detailed clear exit route assessment. We saw that accidents and incidents were recorded appropriately.

Staff told us that they had been trained in safeguarding and one member of staff told us, "I keep people safe, as I understand how to safeguard. I feel that I could spot signs of abuse, such as, bruising or a change in personality". We found that incidents had been reported to the appropriate external agencies.

People told us that staff levels were good with one person saying, "There are enough staff". Another person said, "They usually turn up on time, unless they have an emergency and that is acceptable". A relative said, "I think that they have enough staff because it's a big company. We are aware that they have recently taken more staff on". A staff member told us, "There are always sufficient numbers of staff. We help each other out and always make sure that calls are covered. If we run late the office always lets people know". A second staff member told us, "I am happy with the time allowed to us to get to calls, we aren't rushed".

Staff informed us that they had all provided references and applied for a police check before commencing work. We found that prior to employment all staff undertook checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. We saw that where a disclosure had been returned with a concerning factor, this was considered fully and appropriate tasks were carried out to ensure that people were safeguarded.

People told us that they received their medication as they should, with one person telling us, "My medicine is always given on time". A relative told us, "I find that they [staff] are good with medicines". A staff member told us, "We are trained to do meds. I asked for extra training on giving a specific drug, just so I felt comfortable and this was given". We looked at MAR sheets and that showed that medicines had been

recorded correctly to show when they had been given. We did see some gaps in recordings, so we could not be sure if a person's eye drops had been given, but the registered manager told us that this had been missed during the recent audit and would be looked into to seek clarification. We saw that body maps were completed to record the use of non-prescribed and prescribed creams.

Is the service effective?

Our findings

People told us that staff cared for them effectively. One person told us, "They [staff] always turn up on time to me, I don't notice how long they stay but they don't just disappear. They look after me well and know what they are doing". A relative told us, "They [staff] are trained to help and it shows. It gives me peace of mind knowing they are there for [person's name]".

Staff told us they felt they were prepared for the job they carried out with one staff member saying, "Training is really encouraged, I am doing my NVQ in care and I am very supported". Another member of staff told us, "Training is a big help and we learn so much from it, but this job is also about natural instincts, it is like a calling and I wouldn't work here if didn't want to help people". Staff told us that recent training they had attended included safeguarding and manual handling and we saw evidence to confirm this.

Staff told us that they had received a detailed induction and one staff member said, "I couldn't start work until my induction was done. I had worked in care extensively before, but I still had two days of shadowing experienced staff. I received feedback from the staff and only went out when I felt ready and the managers gave me easier calls until I felt settled. The company couldn't afford not to do proper induction we are working with people here". A second staff member told us, "I had two weeks of shadowing just watching other staff and asking questions and making notes and then they watched me". We saw an 'induction flow chart' where tasks completed by newly employed staff were signed off as completed and then signed by the observer and new starter.

Staff told us that they received regular supervision and support with one staff member saying, "My supervision is every 6-8 weeks, but I can go to the manager in-between if I want to. I am certainly not scared to approach her at all". A second staff member told us, "In supervision we are asked if we are happy and if we have any concerns to discuss. It is an open door policy and the managers listen". Staff told us that they received an annual appraisal where they were able to discuss their progress and set goals for the coming year.

Staff members informed us that they felt that the expectations on them were realistic, with one staff member saying, "We are given a reasonable amount of time to get from one call to the next". Another staff member told us, "It is very effective. I had to wait with a client who needed an ambulance, so they got someone else to cover my next call immediately". Staff felt that calls were answered as they should be with one staff member saying, "I have never known a call not to be covered. Red alerts come up on computer system if call is missed and somebody gets out there even if they are a bit late". Another staff member shared with us, "If training is out of date, say medication for instance, the computer system will not allow the staff member to be allocated a call where they give medication".

People told us that staff always asked for consent to carry out their personal care with one person telling us, "They ask me before doing things and they also tell me what they will be doing". A relative told us, "Staff are always talking to [person's name] asking if it's ok to help. They are brilliant". A staff member told us, "I understand people's non-verbal communication when they say yes or no. It is easy to get to know them as

we have specific people on our lists". We saw that consent forms were signed, by people and where required family had been involved. There was also a detailed section of the care plan entitled 'Who will make decisions about me' and this gave further information.

In addition to their knowledge around consent, staff were able to demonstrate that they had knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The Deprivation of Liberty Safeguards (DoLs) set out that 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. We found that an assessment of mental capacity was done when someone initially began to receive care from the agency and this questioned whether the person had an understanding of the service provided and whether they could retain information.

People told us that they were supported to maintain a balanced diet and that they received adequate food and drink. One person said, "They make sure that I have enough food". Another person told us, "I always have drinks, cups of tea, water is left out for me". A relative told us, "The food is ok lots of drinks are given out. They also leave sandwiches and biscuits to be eaten throughout the day". A staff member told us, "We always leave snacks and drinks out for people where they can reach them. We never know if their next call could be delayed by an emergency and we don't want them to be without food and drink". A second member of staff said, "It is important that if someone requires drinks and snacks, that they receive them. The management tell us we must pop to the shop to buy things if someone has nothing in their home". We found that where required people had their fluid and food intake monitored and any worrying trends were flagged up to family or health professionals.

People told us that they felt confident that staff would call a doctor for them if they felt poorly. Staff told us that they assist people to remember any appointments that they may have including medical appointments. A member of staff shared with us, "All of the medical appointments we are aware of we put in people's calendars, but we also ask them about appointments that they might have, we prompt them to make sure they attend". We found that care plans included any on-going health needs and listed any known allergies or causes of adverse reactions.

Is the service caring?

Our findings

People told us that staff were caring, one person told us, "They are kind and they care about me". Another person said, "I am very happy with the staff member who comes to me and I want to continue with the service. I look forward to their visit and I enjoy it. There is a very caring aspect to the company and I am conscious that they are not just going through the motions". A relative told us, "The staff do for my relative, the same as what I do. It's the little things like putting [relatives] shoes ready for them. A staff member told us, "We form positive working relationships with the people we care for, one person always tells me that they love it when I come back from any leave that I take".

People told us that they made their own decisions wherever possible, with one person telling us, "I can choose what I want to do as it's my own home, but they [staff] are a big help when it comes to things like helping me decide on clothes, but it's all up to me". A second person shared with us, "They [staff] constantly ask me to make my own choices". A relative told us, "[Person's name] gets on with the carers, but is way too stubborn to be told what to do. They [staff] respect this and always allow her to decide". A staff member told us, "We support people to make decisions on what they want to do".

We found that people were encouraged to remain as independent as possible and one person said, "I am encouraged to get up and do little jobs, I wouldn't want to be sat down all day and it's nice to help out when the carers call". A relative told us, "They [staff] encourage people to do what they can for themselves". A staff member shared, "It's all about helping people to stay in their own homes and to do that they need to be active and up and about doing things for themselves if they can".

People told us that their privacy and dignity was maintained at all times. One person told us, "They always keep me covered when they give me a wash". A second person told us, "They [staff] are very professional and there isn't the slightest bit of awkwardness when they carry out personal care". A relative told us, "The staff really keep my relatives privacy and dignity, but she would tell them if they didn't". A staff member told us, "I would never leave anybody undressed, as I think about how they would feel". A second staff member said, "Some people we care for have family living with them. We always make sure that we are in a different room to give personal care, we close the curtains and shut the door and use a towel to cover them". People we spoke with told us that staff respected them and their property during the time they provided care.

Is the service responsive?

Our findings

People told us that the care they received reflected their needs, with one person telling us, "I was involved in the care plan, staff asked me what to put in it". A relative told us, "They do things for [person's name] that I have asked for as part of the care plan". A staff member told us, "I have read the care plans for all my clients and read them regularly. If I see a new person and no care plan has been completed because of the quick timeframe, we always ring the office and they give us the information we need". We found that care plans were signed by people or their relatives and that reviews of care plans took place at least annually and that the plan met personal care needs. Expectations of care and preferences were included in the care plan alongside long term goals and aspirations of the person. Examples we saw included the requirement of a shower and not a bath and also prompt meals at specific times.

We found that equality and diversity was addressed when the care plan was compiled and this included religious and cultural needs explored, such as foods and the manner in which people were cared for. We saw that people were also asked if they were agreeable to having carers from different cultures and who may use different languages.

We saw that feedback from people helped to shape the service and that people were asked for their opinions regularly. We viewed records that showed the results of telephone monitoring. Questions such as 'Does the carer turn up on time?' 'Are you happy with your carers' and 'Does the client have an up to date care plan?'. People told us that their responses to the questions often led to a change in practice and that they were listened to, such as retaining a preferred member of staff. We found that additionally there was also an annual satisfaction survey sent out to people. Key findings were sent out to people detailing the actions taken.

People we spoke to told us, that they had only had any cause to complain about minor issues, with one person telling us, "I had a minor concern and phoned the office to discuss it with them. It was sorted within a couple of hours". Another person told us, "They would listen if there was a problem. The manager will listen to any complaints". We found that complaints were dealt with appropriately. Immediate contact was made with the complaint, followed by an investigation the results of which were then sent onto the complainant. Outcomes and learning was cascaded down to staff and this could result in extra training or raising issues in supervision or more serious consequences depending on the situation.

Is the service well-led?

Our findings

People told us that there was an open and inclusive culture within the service. One person told us, "If I needed anything I know that the manager would listen". A staff member told us, "Being here it feels like a family, they care for you [staff] as well as the clients".

Staff told us that they were encouraged to whistle-blow, where they would make a disclosure, if they witnessed any concerning practice from colleagues. One staff member told us, "We have been given the contact numbers we need and if we saw anything that concerned us we would whistle-blow". Another member of staff shared, "We understand the process and have the numbers of who to contact if we needed to".

We saw records that confirmed that team meetings were carried out regularly and usually around every 6-8 weeks. A staff member told us, "The manager always listens to ideas and suggestions and we can speak up in meetings".

People told us that they knew the registered manager. One person told us, "The manager is very approachable". A relative told us, "She will always come to the phone if we ask for her". A staff member told us, "[Registered manager's name] is very visible, she is out in the main office with the other staff and is always happy to talk".

The registered manager informed us how unannounced spot checks were carried out at regular intervals to assess staff productivity and that regular observations of practice were completed to ensure that people were being cared for appropriately. Staff confirmed this and told us that senior staff turn up to calls to check if tasks are done correctly. They look at the appearance of the staff member, the time of arrival and how long they stay for. We saw records of these audits.

Regular quality assurance audits were carried out and the registered manager had a risk management plan that identified any patterns in risk. Staff told us that where audits had identified concerns they were informed of this. Such audits included those scrutinising medicines, skin viability, care plans and staffing levels amongst others. We also found that contingency plans were in place should any issues arise. An example of this was that administration staff were fully qualified to provide care should the need arise and this meant that in the case of an emergency a person would know who was turning up at their home.

We found that data was protected appropriately and files were stored securely. Notifications of any incidents were sent to us in a timely manner, so that we were made aware of how any incidents had been dealt with.