

Sevacare (UK) Limited

# Sevacare - Birmingham Central

## Inspection report

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08 April 2019  
09 April 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

- Sevacare Birmingham Central is a domiciliary care provider supporting people in their own homes. Not everyone using Sevacare Birmingham Central receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service was supporting 252 people who were supported with the regulated activity of personal care.

- Following a visit from the local authority commissioners to the service in October 2018, the local authority stopped referring people to the service because improvements were required. The provider is currently working with the commissioners to make those improvements.

- At this inspection we found some improvements had been made. The service has improved in the key question of effective and caring which we now rate as good. Improvements have also been made under safe, responsive and well led, however, further improvements were needed and the ratings remain as 'requires improvement.' The provider has met the regulations.

People's experience of using this service:

- People told us they had not experienced missed calls following the last inspection. However, people told us the timings of their calls were inconsistent.
- People told us that they felt safe when the staff were in their home with them and the provider had ensured that systems were in place to protect people from the risk of abuse.
- Risk assessments were in place to minimise any potential risk to people's wellbeing.
- People considered staff to have the correct skills to support them with effective care.
- Where the staff supported people to eat and drink and with their healthcare needs, this had been done to people's satisfaction.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this in practice.
- People told us staff treated them with dignity and respect whilst providing them with care and support.
- People told us they made decisions about the care and support they needed.
- People did not always receive care that consistently met their needs and preferences. This was particularly in relation to the times they received their care visits.
- People and their relatives knew who to speak with if they had any complaints or issues to raise.
- The provider had systems in place to monitor the quality of care. However, these were not always effective.
- People and relatives said the management of the service had improved since the last inspection.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (Published 24 November 2018).

Why we inspected: This was a planned inspection which took place on 08 and 09 April 2019. At the last inspection the service was not meeting the regulations and they were required to send us an action plan.

Enforcement: After our inspection in October 2018 we served a Warning Notice to the registered provider which required them to be compliant with Regulation 12: Safe care and treatment by 18 December 2018. A Warning Notice is one of our enforcement powers.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

The service was not always safe.  
Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective  
Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive  
Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our Well-Led findings below.

**Requires Improvement** ●

# Sevacare - Birmingham Central

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector, one assistant inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency, it provides the regulated activity of personal care to people living in their own homes.

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:

We gave the service 48 hours' notice of the inspection visit as we needed to ensure that staff were available to support the inspection.

Inspection site visit activity started on 08 April 2019 and ended on 09 April 2019. We visited the office location on both dates to see the registered manager, office staff and care staff; and to review care records and policies and procedures. We telephoned people who use the service on 08 and 09 April 2019 to ask them about their experiences of using the service.

What we did:

When planning our inspection, we looked at the information we held about the service. This included the Provider Information Return (PIR), notifications received from the provider about deaths, safeguarding alerts and serious injuries, which they are required to send us by law. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also asked stakeholders, such as the local authority safeguarding team and commissioners, for their views of the service.

During the inspection we spoke with 25 people and 20 relatives to ask their experience of the care provided. We spoke with the area manager, the registered manager, three care coordinators and 15 care staff. We used this information to form part of our judgement.

We sampled 15 people's care records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also sampled records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Details are in the 'Key Questions' below

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations have been met.

- At our last inspection in October 2018 we rated this key question as, 'Requires Improvement'. We found the provider in breach of Regulation 12: Safe care and treatment and Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After our inspection in October 2018 we served a Warning Notice to the registered provider which required them to be compliant with Regulation 12: Safe care and treatment by 18 December 2018. A Warning Notice is one of our enforcement powers. At this inspection, we found improvements had been made and the provider was no longer in breach of the regulations. However, we found further improvement were still required, therefore the rating remains as 'requires improvement.'

### Staffing and recruitment

- At the last inspection in October 2018 some people had experienced either missed, late or inconsistent call visits and did not see regular staff.
- People told us that they had not experienced missed calls and this had improved from the last inspection. One person told us, "There are no missed calls now." Another person said, "I am happy the staff arrive on time they clock in and out and there have been no missed calls."
- We, however, continued to receive mixed views from other people regarding whether they felt there were enough staff working at the service to provide them with consistent care. Eleven people we spoke with told us the one key area where there are still issues was timing of calls. People told us that they had become used to this and it had not had a detrimental impact on them. One person told us, "I am really grateful because I now have a regular carer who does most of the week for me. There are never any problems when she is working. However, at weekends or when she is off sick or on holiday, I usually have no idea who will be coming until they literally knock at the door. It's usually then that the timings go slightly awry as well."
- We reviewed the provider's systems for recording times that staff attended calls. We sampled ten logs of calls and eight calls were not at the scheduled times on staff rota's. However, all calls were undertaken.
- The provider was aware of this and the way people received their care visits was being reviewed so that action could be taken.
- All the staff we spoke with told us staffing levels had improved and the planning of their calls were improving. Ten new members of staff had been recruited following our last inspection.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

### Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with said they felt safe with staff when they were providing them support. One person told us, "I do feel safe with the staff I would trust them with my life."

- Staff had received training on how to protect people from the risk of abuse and understood how to report and record any concerns to both internal and external agencies.
- The registered manager had fully investigated any concerns raised and reported them to the relevant authorities where required.

#### Assessing risk, safety monitoring and management

- At the last inspection in October 2018, we found significant concerns with the lack of detail recorded in people's care plans about the care and support they required.
- During this inspection we found that this had improved. Care plans contained information and clear direction on the support people required.
- Risks associated with people's health and social care needs had been identified and assessed. Information and guidance to care staff on how to minimise the risks were recorded.
- Staff we spoke with provided us with examples of how they keep people safe. One member of staff told us, "We move any trip hazards before using the hoist."

#### Using medicines safely

- People told us they were well supported with their medicines. One person said, "The staff are very helpful with helping me take medication."
- Medicine administration records (MARs) were well maintained and contained no gaps.
- Staff had received training in the safe handling of medicines and had their competency assessed and checked.

#### Preventing and controlling infection

- People told us staff always took precautions to stop the spread of infection. One person told us, "We've never once had to remind any of the carers to either wash their hands or change their gloves while they've been here looking after my husband."
- The staff had received training in infection control. They demonstrated they understood the need to wear protective equipment and to wash their hands where needed.

#### Learning lessons when things go wrong

- The staff understood they needed to report and record any accidents or incidents that occurred when they provided people with support.
- The registered manager had reviewed any incidents and accidents to see if any lessons could be learned to help them from re-occurring in the future.



# 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 our last inspection in October 2018 we rated the service under this key question as, 'Requires Improvement' due to the concerns we found. At this inspection improvements had been made and further were planned. As a result, the rating for this key question is now 'Good'.

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

- Some people told us that despite the timings of their calls, the service delivered quality care and support in line with their needs and preferences.
- Staff had a good understanding of people's needs and spoke knowledgeably about their preferences.
- Care records showed that people's needs and choices had been assessed with them before they started using the service. This included physical, mental, social and cultural needs.

Staff support: induction, training, skills and experience

- People told us their care staff had the relevant skills and experience to provide support to them. One relative told us that staff were able to use a hoist effectively and said, "[Relative] was quite nervous about having to use this piece of equipment because she thought she was going to fall out of the sling. She has some lovely regular carers now who really take the time to reassure her that everything is safe and that no harm will come to her."
- The staff we spoke with told us the training they received was good and it gave them the skills they required to provide people with effective care.
- Staff told us and we saw new care staff employed were required to complete an induction. This included completing a variety of training courses as well as shadowing experienced members of staff until the staff member felt confident to work independently.

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

- People told us they received sufficient support to eat and drink. One person said, "I have mainly one nice [member of care staff] at the minute who comes in twice a day to help me and I tell you he makes the best cooked breakfast I've ever had."
- Staff we spoke with described how important it was to involve people in choices about the food they wanted.
- Care plans listed people's likes and dislikes in relation to food and drink and any specific dietary, cultural or religious requirements.

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

- Where people required support from other professionals this was provided, and staff followed guidance provided by such professionals.

- Staff told us they worked alongside community health professionals and liaised with district nurses and others to ensure there was continuity of care and people health needs were met. A member of staff told us, "Any concerns with a person's skin we inform the district nurses and the office and record it straight away."

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

- People told us that the care staff recognised any changes to their health and were able to support appropriately. One person told us, "Staff seem to know what they are doing, for example they noticed my eye was blood shot and asked me about it, very observant and good."
- Care plans contained detailed guidance for staff to follow to support people with their health conditions.

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. The authorisation procedures for this within the community, such as in people's own homes falls under the court of protection and is called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.
- People told us that staff asked for their consent before providing them with care. One person told us, "Staff always ask 'what can I do?'."
- Staff demonstrated a good understanding of how to provide care to people who lacked capacity to consent to their care. They were clear about the need to offer choice to people and to act in their best interests. A member of staff said, "We can't force anyone to do something they don't want to."

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

● At our last inspection in October 2018 we rated the service under this key question as, 'Requires Improvement' due to the concerns we found. At this inspection improvements had been made and further were planned. As a result, the rating for this key question is now 'Good'.

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

- People and relatives told us that despite the timings of their calls the staff were consistently caring and kind. One person told us, "Staff are considerate, polite and friendly and I am happy with the care they give."
- Staff had a good knowledge of the individual wishes of people who used the service that related to their interests, friendships, culture and faith. A family member said, "Most staff that come here can speak [name of relative's] mother tongue."
- Discrimination was understood by the staff team. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the protected characteristics. A member of staff told us, "We respect people's faith, culture and sexual choices."
- Staff were aware of how to signpost people to the use of advocacy services if needed. An advocate is someone who supports people by speaking on their behalf.

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

- People told us they were supported to make choices about their care. One person told us, "Care staff will sit and listen to me, and will do anything I ask of them."
- The information contained in people's care records showed that their histories and backgrounds were considered. One person told us that one staff member shared their interest in sport and said, "[care staff] have been able to get to know me really well and it's really nice to be able to have a chat with them about things like the football."

Respecting and promoting people's privacy, dignity and independence

- People confirmed that care staff were always respectful of their privacy and dignity and were able to give examples of the things they did to support this. One person told us, "My carer will always draw the curtains and put the light on so that I can't be overseen by my neighbours and in the morning, the curtains are never opened until we finish having my shower and I'm dressed."
- Care staff gave us examples of how they treated people with dignity and respect. A member of care staff said, "I would never expose a person's body whilst doing personal care."
- The service supported people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their care which supported them to maintain their independence.
- Staff told us they were mindful to protect people's confidentiality by not discussing people they supported.

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations have been met.

- At our last inspection in October 2018 we rated this key question as, 'Requires Improvement'. At this inspection we found that some improvements had been made. However, further improvements are required.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We continued to receive mixed views from people regarding whether the care they received met their needs and preferences in respect of the timings of their calls. One person told us, "Sometimes the staff are a bit late but I have never been missed." However, eleven people told us that the timings of their calls could be better. One person said, "The times are not consistent it is all different times."
- People's records we viewed showed that some had received calls at inconsistent times. The provider was taking action to address this.
- All the people we spoke with were happier with the care and support they received when their regular care staff attended calls.
- People's care plans were person centred and detailed their likes, dislikes and preferences on how they wanted to receive their care and support.
- People had been involved in the planning of their care. Detailed care records had been produced that gave staff clear information on how to meet people's individual needs. Staff told us there was sufficient information to enable them to provide people with the care they required.
- People's communication needs were known and understood by staff. The provider was aware of the accessible information standard and information was available in different formats that met people's needs.

Improving care quality in response to complaints or concerns

- People told us they knew how they would complain about the care if they needed to. One person said, "No complaints with the staff. I would speak to the agency office if I had a complaint."
- We saw most records detailed the nature of the complaint, the actions taken to investigate and resolve the issues raised and a response to the complainant with an outcome of the investigation. However, some parts of the complaint forms had not consistently been completed to demonstrate that lessons had been learned.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care needs.
- We found staff were aware when people had made a choice not to be resuscitated in the event of a cardiac arrest the 'Do not attempt resuscitation' agreements were easily accessible.
- However, there was little evidence from records we sampled that people had been asked for their

preferences regarding their end of life wishes.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Regulations have been met.

- At our last inspection in October 2018 we rated this key question as, 'Requires Improvement' and the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. At this inspection, we found improvements had been made and the provider was no longer in breach of the regulations. However, we found further improvement were still required, therefore the rating remains as 'requires improvement.'
- Following a local authority contracts monitoring visit in October 2018 the commissioners set out an action plan for the provider with specific areas for improvements. For example, because of their findings they stopped new referrals to the service of people funded by the local authority while the provider worked with them on an action plan to improve the service. This will be reassessed by the commissioning authority at their next visit as part of their service level agreement.

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

- A person we spoke with told us, "If they [the service] could only bottom out the timings of calls so that it was more reliable and you didn't have to worry about where a carer was from time to time, then I would say they were well-managed, but at the minute they've still got some work to do on that."
- The service had a range of quality monitoring arrangements in place, which had improved. For example, there was regular audits of medication, accidents and incidents and care records. However, issues around timings of calls had not been acted on by the registered manager and it was not clear if these issues had been highlighted by audits. The timing of people's care visits was a repeated concern that we received at our last inspection.
- The provider's PIR stated that they carry out regular spot checks, carers assessments, supervisions and appraisals.
- However, the provider's quality audit system for staff supervision was not effective. For example, the provider's system showed three staff that had not received spot checks for four years and two staff had not received spot checks for two years.
- The registered manager and area manager told us that they were aware of the short fall in record management and a review of the quality monitoring had taken place. As a result of their findings, a branch auditor has been employed to oversee the management of records so all records are continually updated when required.
- The latest CQC inspection report rating was on display in the reception area of the service and on their website. The display of the rating is a legal requirement, to inform people, and those seeking information about the service and visitors of our judgments.

- Any notifications that the registered manager and provider were obliged to make such as those alleging abuse, had been made to the CQC and local authority.

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

- People and relatives told us although they could not recall the registered manager's name they did know some of the office staff who they felt were approachable. One person told us, "The office staff come out and check on the care staff and ask questions about what I feel."
- The staff we obtained feedback from told us all concerns raised were listened to. A member of staff said, "We make mistakes, we learn from it and get better."
- The provider understood the duty of candour and offered an apology and/or involved people when things went wrong.

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

- People were regularly asked for their opinion about the quality of care they received. This was completed through either an annual survey, care review or quality monitoring.
- Staff members we spoke with were complementary about the registered manager and felt involved in the running of the service. A member of staff said, "They [office staff] listen to our suggestions."
- Regular staff meetings gave staff the opportunity to share practices and experiences, learn and give their own ideas and suggestions on how to further improve and develop the service. A member of staff said, "I wouldn't change anything now and I'd be happy with my mum using this service."

Continuous learning and improving care

- A person who used the service told us, "I've been with them [service] a long time now and they have improved a lot over the last nine months or so and I'm really pleased because now I have regular carers who are lovely, for most of the time. The only remaining issue is the timing of calls and the fact that you can't always rely on them being within the hour slots that the agency says they should be."
- The registered provider had developed an improvement plan to monitor the quality of care provided. This also included the areas identified for improvement at the previous inspection.
- Staff we spoke with were complimentary about the improvements that had been made. A member of staff said, "People's experiences are better now."

Working in partnership with others

- The registered manager had developed good working relationships with other services such as the district nurses and local authority to support people to receive the care they required.