

Sevacare (UK) Limited

Sevacare - Tamworth

Inspection report

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13 February 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Sevacare Tamworth is a domiciliary care agency that was providing personal care to 115 people in their own homes and over at the time of the inspection. At the time of inspection, the service cared for people in the wider communities of Tamworth, Burton-on-Trent, Lichfield and Burntwood, as well as at an extra care housing location in Burton-on-Trent.

People's experience of using this service:

All of the people we spoke with felt safe with the care and support they received from staff. One person summarised this by telling us, "I feel very safe because of the way they treat me with respect and they are caring, they know my limitations. "

People told us the service did not miss any calls and that generally staff were on time, with a few exceptions that had been explained. All of the people we spoke with talked positively about the staff who came to see them and felt they were competent in their role. Apart from a few smaller issues, people we spoke with told us they were satisfied with the care they received and talked positively about the service.

People told us staff were able to meet their needs and were respectful of their individual preferences and diversity. We found that complaints raised had been listened to and investigated by the registered manager. People who used the service and staff told us the registered manager was approachable and helpful.

Some people felt that communication between the service and them could be improved, especially regarding who would come to provide the care. The service was aware that particularly at weekends there needed to be greater consistency of staffing and the registered manager was addressing this.

We found that some record keeping needed to be improved to ensure people's information was personalised and up to date to inform care. We received positive feedback from the local authority about how the service worked in partnership with them to meet people's needs.

The service continued to meet the characteristics of Good in most areas. More information is in the full report, which is available on the CQC website at www.cqc.org.uk.

Rating at the last inspection:

At the last inspection the service was rated Good (9 September 2016). We rated the service as Requires Improvement for 'Well-led', which remained at this inspection.

Why we inspected:

This was a planned inspection that was scheduled based on the previous rating. We inspected to check whether the service had sustained its Good rating.

Follow up:

We will continue with our ongoing monitoring of the service.

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 remained Good.

Further detail is in the detailed findings below.

Good ●

Is the service effective?

The service remained Good.

Further detail is in the detailed findings below.

Good ●

Is the service caring?

The service remained Good.

Further detail is in the detailed findings below.

Good ●

Is the service responsive?

The service remained Good.

Further detail is in the detailed findings below.

Good ●

Is the service well-led?

The service remained Requires Improvement.

Further detail is in the detailed findings below.

Requires Improvement ●

Sevacare - Tamworth

Detailed findings

Background to this inspection

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 and an expert by experience, who made phone calls to people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert had experience particularly with services for people with a physical and/ or sensory impairment.

Service and service type: Sevacare Tamworth is a domiciliary care agency, providing care to people 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 72 hours' notice of the inspection. This was because we had written to people prior to calling them, so the service could check with people ahead of our visit that they would be happy for us to visit them in their home. We also needed to ensure that a manager was available at the extra care housing site on the day of our visit there.

Inspection site visit activity started on 12 February and ended on 13 February 2019. We spoke to people on the telephone on 11 and 12 February 2019. We visited the extra care and office location on both dates to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection

- We reviewed notifications we received from the service in line with their legal obligations.
- We looked at information the provider had sent us about the service in the Provider Information Return (PIR)
- We reviewed CQC surveys from people who used the service.
- We asked the local authority to give us feedback about the service

During the inspection

- We looked at six people's care records.
- We reviewed records of safeguarding investigations, accidents, incidents and complaints.
- We checked audits and quality assurance reports, as well as recruitment, supervision and training information.
- We spoke with 17 people who used the service and observed interactions between people living at the extra care housing location and their staff.
- We talked to six care staff members, a location manager and the registered manager.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with felt safe using the service.
- People's comments included, "I feel very safe, because they give me confidence, they supervise me and make sure I stay standing if I am unsteady" and "Yes, I feel safe, because I have had the same carers for many years, I trust them all, they are all friendly".
- Staff were aware of their safeguarding responsibilities and the service's procedures to keep people safe. Staff told us they had confidence in managers to address any concerns.
- Staff were also confident to 'whistle-blow' to other organisations, such as the local authority or CQC, if it became necessary. The provider's policy supported this.
- The service investigated safeguarding concerns appropriately and we received positive feedback from the local authority regarding this.

Assessing risk, safety monitoring and management

- People told us if they had any worries or concerns, they could call the office to speak to someone. People told us they felt safe when staff supported them with their mobility needs and transfers using specialist equipment.
- People had a general risk assessment in place that was at times, but not always, supported by more person-specific information. This included information about specific health risks or emergency information.
- Staff assessed people's risk of developing pressure sores and monitored people who were at risk.

Staffing and recruitment

- People and staff told us there were enough staff to provide care to people in the community so that calls were not missed. However, people also told us their call times could sometimes vary and weekend cover was not always consistent. Staff confirmed this.
- Most of the people we spoke with told us that staff were rarely late.
- The service continued to use appropriate checks to ensure new staff were suitable to work with people who may be vulnerable as a result of their circumstances. Where applicants had received poor references, records of recruitment decisions could be improved. We discussed this with the registered manager.
- Recruitment at the branch was ongoing. The registered manager explained that finding and keeping staff had been difficult. Staff incentives, such as paid car mileage, had been introduced to attract a greater workforce. However, the majority of the staff we spoke with had worked for the service for a number of years.

Using medicines safely

- People were supported to be as independent as possible with their medicines. People's wishes regarding

staff support with their medicines had been recorded in their care plan. One person told us, "[My medicines] come in a blister pack, staff put them in a container for me and I take them myself."

- Staff signed records when they had supported people to take their medicines. Spot checks ensured that staff were competent in giving people their medicines.
- People had protocols for medicines they needed to take 'as required', but we discussed with the registered manager that these would benefit from more detail.

Preventing and controlling infection

- People confirmed that staff kept good infection control and used appropriate protective equipment.
- We found the extra care housing location to be clean and hygienic.

Learning lessons when things go wrong

- The registered manager kept an overview of incidents and accidents and had investigated these appropriately. They had spoken to people and staff involved in incidents and identified necessary actions to be taken. This helped the service to learn lessons when things went wrong and prevent reoccurrence.

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

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

- The service worked with commissioners to provide a 'bridging' service for people, for example when they needed support after hospitals.
- The service successfully supported around 40% of people using the bridging service to no longer require the care following the six-week bridging period. Following this, people were supported to either continue with their care if the service had capacity, or to look into alternatives. The service developed a detailed assessment and care plan if people continued to use it after the bridging period.

Staff support: induction, training, skills and experience

- All of the people we spoke with felt staff had the right skills to care for them.
- People's comments included, "They come in and they know what they have to do and get on with it", "They all seem to know what they are doing, I do not have a problem with any of them, they tell me about training they do, new people shadow, too" and "Yes they are very experienced, they all know their job".
- Staff felt well supported and told us managers were always supportive and at hand. Staff received an induction and regular supervision, as well as training in a variety of relevant subjects. Senior care staff observed colleagues at least six monthly to ensure they were still competent.
- Staff told us they were concerned all learning had moved to online learning, including manual handling training. However, on the second day of our visit the provider confirmed that manual handling training was being delivered as a practical session again to ensure staff competence. We received a list of arranged dates to confirm this.

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

- Staff monitored where necessary how much people ate and drank and recorded this. We discussed with the registered manager some areas where staff could record more clearly how much people had to eat and drink, to assist health professionals with assessments.
- People told us staff assisted them to prepare food and drink and ensured there was enough of it. This included people who had specific dietary needs. One person said, "I wouldn't manage in the morning without them and at lunchtime it enables me to have meals that I want, it maintains my independence."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff ensured they were seen by a health professional when they needed to.
- External nurses, such as district nurses or community nurses, worked in partnership with the staff to provide additional training and direct their care.
- Staff recorded what actions they had taken when they had noticed people's skin had changed and had

become at risk of sores. We discussed with the registered manager that at times more specific care plans were needed ensure there was consistent information and guidance.

- However, all of the people we asked confirmed to us that staff were skilled at protecting them from the risk of pressure sores. One person said, "Every day they check for that sort of problem, they would advise to contact the district nurse or doctor."
- Staff provided specific care and support for people's health needs and we saw in their 'client reviews,' that people commented positively about this.

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

- Sevacare – Tamworth provides a service to people in their own homes, so we inspected the personal care element of their support and not the premises. People told us however that the service had supported them to access mobility equipment and told us staff ensured this was ready for them to use if they needed it.
- We saw that at assessment stage people were asked whether they would like the service user guide, or 'statement of purpose', or any other documents in any other language or format.

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

- People told us staff always asked for their consent before providing care.
- People's comments included, "They ask me what I want and I tell them, they never presume things" and "The main carer does not always ask now because she knows the routine, if anything was out of the ordinary they would ask and others would ask what we want them to do."
- People told us they were supported to make important life decisions, for example regarding 'Do not attempt resuscitation' instructions.
- The service assessed people's capacity to make decisions about their life. People's consent to their care plans and risk assessments were recorded. If people were unable to sign, there was an explanation recorded.
- Nobody was being deprived of their liberty under an order by the court of protection. We clarified with the registered manager some aspects of making decisions in people's best interest, however we understood that the service worked closely with the local authority to protect people's rights.

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.

Ensuring people are well treated and supported; equality and diversity

- All of the people we spoke with talked positively and highly about the staff team.
- When we asked people who use the service if care staff were patient and kind, people told us: "They are always smiling and are very caring, they chat to me."
- "Yes, I have never felt intimidated by them, they do not make me feel like they are rushing but I know they have a job to do."
- "They are very helpful, they call me by my first name which I do not mind, we have a bit of banter and a laugh which makes the world go 'round.'"
- We also observed kind, personal interactions between people and staff when we visited the extra care housing site.
- Staff spoke about people using the service as a "family" and were knowledgeable about their preferences.
- The service recognised and supported people's diversity with dignity and respect. We heard a good example from a person with specific diverse needs, who shared their personal story with us. This person told us how staff treated them as an individual and met their needs with kindness, respect and honesty. This was an excellent example of how staff delivered care sensitively and thoughtfully, and supported diversity needs and in line with the expectations of the Equality Act 2010.

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

- People who used the service and their relatives were involved in decisions about their care.
- People had been consulted with in the design of their support and this was evidenced in their care plans.
- People told us staff respected their preferences and the service sought to accommodate for example their choice of a male or female carer as much as possible.
- At the time of inspection, nobody required an independent advocate. The service had information available regarding this, if people needed it.

Respecting and promoting people's privacy, dignity and independence

- The registered manager explained to us how they handled people's information sensitively and in a confidential way. The provider had made adjustments to how people's information was shared in line with the General Data Protection Regulation.
- People had no concerns about their privacy and dignity being maintained. One person told us, "I would recommend them [to others], because they are very confidential."
- Another person said, "The carers always cover me with a bath sheet when I come out of the shower and shut the door in the bedroom and close the blinds."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- We asked people if the service met their needs. People told us that staff supported them to do what they could and helped if they needed to. People also described how staff encouraged them, for example to do their fitness exercises to stay well.
- The service developed detailed plans for people from the initial assessment of need they received from commissioners.
- People's care plans introduced the person to staff from the individual's point of view, which gave a more personal feel. These introductions included a life story of the person, such as the person's family, a current or previous career, specific interests or things important to the person.
- Care plans followed a generic format, however although they were 'task based' they were generally written in a way that included meaningful details for the person. For example, care plans described a favourite place the person may be sitting in when staff arrived for their call.
- Care plans were written respectfully by staff, but in the voice of the person using the service and with input from the person and their families.
- Care plans and risk assessments were reviewed at least annually or sooner if required.
- We considered that some of the information in specific care plans and risk assessments would benefit from personalisation. We looked at this further when assessing whether the service was well-led.
- At home visits, senior staff discussed with people if there was anything they wished to achieve more independence in, and how staff could support this.
- At the extra care housing location, we found a variety of activities on offer to engage and stimulate people.

Improving care quality in response to complaints or concerns

- The registered manager kept a log of complaints they had received and we saw that all had been resolved. A complaints procedure was included in the service user guide, or 'statement of purpose' and this was available in different formats. People confirmed they knew who to complain to.
- Complaints were thoroughly investigated and action plans written to improve the quality of care. The person raising the complaint was informed of the outcome of the investigation and an apology was offered.

End of life care and support

- At the time of our visit, none of the people using the service was receiving care at the end of their life.
- Staff explained that when people needed end of life care, this was provided by external professionals, such as palliative nurses.
- However, staff also gave us examples of when they had worked side by side with nurses at the wish of people who wanted to remain in their home and receive support from staff. Staff described their care to people at this time as dignified, supportive and respectful of people's 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

Leaders and the culture they created support the delivery of quality, person-centred care. However, some aspects of record-keeping and communication with people was inconsistent.

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

- The recording of information in people's risk assessments was not always person-centred. We understood from people's comments that staff were knowledgeable about their needs. However, this was not reflected in all care plans to ensure consistency of information.
- For example, a generic risk assessment template was used for all people who used the service. At times, this included person-specific information and more detailed plans. At other times, statements were general, such as "service users may be at risk of...", without giving detail of how this affected the individual.
- On one single occasion, we found that a health condition had been included in the generic risk assessment plan for a person who did not have this condition.
- We also considered with the registered manager that staff carried out care interventions as directed by nurses, but that guidance regarding this had not always been recorded in the person's file. This was necessary to ensure information was shared effectively and consistently between all staff.
- There were audits in place to check the quality of care, however we considered with the registered manager that the lack of consistency and personalisation of information in people's care plans needed to be identified.
- However, the registered manager clearly led on a very person-centred culture in the delivery of care and was very knowledgeable about the people using the service. People we spoke to had no concerns about the delivery of care. We therefore considered this was a record-keeping issue that needed to be improved.
- All but one person we spoke with knew the registered manager or the location manager. People said about the registered manager, "Yes I know the manager, they are approachable" and "Yes I do know who it is and I have met him several times. Yes, he does listen to me."

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

- Three out of the people we spoke to on the telephone, told us they did not receive a rota or advanced information of who would be coming to provide care, especially at weekends.
- The registered manager explained that rotas were not sent out automatically, but at people's request, so as not to send information people did not want or would not use. They also explained a central helpline was available for people to call to obtain such information.
- However, we considered that there was improvement needed to the communication between the service and people using it, as the issue had been mentioned to us by several people.
- There were no newsletters or regular meetings for people using the service. However, the service had an open-door policy and we met two of the people who used the service, who regularly went to chat with staff.

Both were very complimentary about the caring, respectful, diversity-embracing and honest culture the registered manager and their team, had created.

- People received a regular review meeting at home, to discuss how things were going. In these reviews, senior staff asked what had been going well and what needed to be improved. The reviews in all the care files we viewed were positive.

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

- A range of policies was in place to guide staff in their role. These were reviewed regularly.
- There had been no staff meetings since June 2018, however this was something the registered manager was addressing.
- Staff received updates through handovers, as well as together with their weekly rota.
- Local, branch and provider audit checks supported the quality development of the service.
- The registered manager notified CQC of specific events. The registered manager discussed with us the need to send certain types of notifications and we clarified this.
- Ratings from the last inspection were displayed on the provider's website and prominently in the reception of the branch office.

Continuous learning and improving care

- Staff told us managers listened to them.
- We learned that staff had fed back to the registered manager and provider about their concerns regarding the lack of practical manual handling sessions. The provider had listened and reintroduced these.

Working in partnership with others

- The service worked with a variety of stakeholders, such as the local authority and clinical commissioners.
- We received very positive feedback from the local authority.
- The registered manager met with the local authority's quality team monthly to monitor and review their performance together. This included for example how often people received their calls early or late, so that necessary improvements could be made.
- The provider carried out annual surveys with people who used the service. The results led to clear action plans and the findings were discussed with the staff team to help improve things.