Care Quality Commission

Sevacare (UK) Limited

Sevacare - High Wycombe

Inspection report

Unit 7
Pilot Trading Estate
West Wycombe Road
High Wycombe
Bucks
HP12 3AH
Tel: 01494-445600
Website: www.sevacare.org.uk

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Ratings

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

Overall summary

Sevacare High Wycombe provides care and support to approximately 348 adults and older people in their own homes. This includes adults with physical disabilities and older people living with dementia. Sevacare High Wycombe does not provide services to children.

Sevacare High Wycombe has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

This announced inspection took place on 30 April and 06 May 2015. We gave the provider notice of our visits to make sure we could access the people and information we needed to.

Summary of findings

When we previously inspected the service on 13 August 2014. We found the provider had not fully met the requirements of the Health and Social Care Act 2008 and associated regulations. This was because they did not consistently provide a safe, effective, caring, responsive or well-led service for those people who used it.

We required the provider to tell us what action they would take to improve the service.

The provider wrote to us to say what action they would take and we checked progress in meeting those actions as part of our visit.

Although there were signs that there had been improvements made since the previous inspection, there remained areas which required further sustained improvement. Concerns were still expressed about consistency of care and communication when changes in care staff took place or when care visits were subject to delay.

People told us communication with the service was not always good. They cited in particular out of hours or weekends in particular.

Staff recruitment had been successful, which was beginning to have a positive impact on people's care. Staff were also positive about recent changes which had made some of their workloads more manageable and targets achievable.

The provider had worked with the relevant local authority to reduce some of the pressures on the service and this had been reflected in a reduction in complaints, including around medicines and food.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People now received appropriate support with their medicines and food.

People now received support from the appropriate number of care staff.

People were protected from the employment of unsuitable people to provide their care.

Good

Is the service effective?
The service was still not consistently effective.

People told us whilst it had improved, consistency of the staff providing their care remained unsatisfactory.

People were not consistently advised of changes to their care staff or when care staff were running late.

Staff were supported through training to provide effective care for people.

Requires improvement

Is the service caring?
The service was not consistently caring.

People said at times their care was rushed as staff appeared to be under pressure.

People were satisfied their dignity was protected during the provision of their care.

People told us their experience of care varied significantly at different times of the day and week.

Requires improvement

Is the service responsive?
People did not always feel they received the support they needed with bathing.

People told us they knew how to make a complaint if they needed to.

Staff who had a regular group of people they supported were knowledgeable about their needs and how they liked them to be met.

Requires improvement

Is the service well-led?
People told us they had received visits from senior staff to ask them how they felt about their care experience.

Staff told us they thought things had improved and that although busy their workload was better managed.

Requires improvement

Summary of findings

Although improvements in the service had been recognised, there were still areas of the service's operation which required further consistent improvement over time.

Sevacare - High Wycombe

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 was 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.

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

Before the inspection we reviewed the information we held about the service. This included information the provider had sent to us in their Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We received an action plan from the provider dated 30 April 2015. This set out the action to be taken in those areas identified as requiring improvement following our inspection of August 2014. It confirmed the improvements would be in place and completed by the 30 April 2015. The action plan was detailed and included confirmation that the required resources to carry it through were in place.

We received positive information from the local authority commissioning team. We have not received any safeguarding information of concern since our previous inspection.

We looked at five people's care plans and at staff supervision and training overviews. We spoke with seven members of staff and with the registered manager and a senior manager of Sevacare.

Throughout this inspection we again received full co-operation from Sevacare. We were provided with all the information we asked for and had full access to those records we needed to see.

Following our inspection we spoke with 17 people who received care and support and to two relatives of people who did. We also visited five people in their homes, with their agreement and by appointment.

Good

Is the service safe?

Our findings

When we inspected the service in August 2014, we found the service was not consistently safe. This was because of inadequate medicines practice, planning and delivery of care and staffing. These represented breaches of the Health and Social Care Act 2008 (Regulated Activities regulations 2010).

In their action plan dated 7 April 2015 Sevacare set out the steps they had or were taking to address these issues. This included enhanced monitoring of medicines practice and additional staff training in the safe administration of medicines. There were detailed medicines policies and procedures in place. We confirmed from speaking with staff and from staff training and staff meeting records that medicines training had been provided. We saw medicines practice was a key topic at staff meetings and in communications to staff. In the PIR of March 2015 the number of medicines errors reported for the previous 12 months was two. When we spoke with people who received support with their medicines, no issues or concerns about their medicines support were raised with us. We saw when people were to receive support with medicines, a medication risk assessment had been completed to identify and eliminate or manage risks to them from unsafe medicines practice.

In their response to our report of the inspection of August 2014, the provider noted the staffing position had; "Vastly improved" with the average hours worked by care staff in May 2015 being 26.5 hours per week. This was in contrast to August 2014 where carers had worked in some cases between 63 and 94 hours. The registered manager confirmed they had been able to match care staff resources more closely to the number of people who received care and support. This had been achieved by continuing staff recruitment and by managing the demands of the local authority contract by authorised sub-contracting in order to prevent over-stretching care and support staff.

The number of care and office staff had significantly increased from 106 at the time of our inspection of August 2014 to 132 in May 2015. This did not include 47 care staff temporarily inactive because of leave, maternity or sickness. In addition, in May 2015 there were16 care staff who had completed induction training but who were waiting for their Disclosure and Barring Service clearances or references before they were able to start work.

Recruitment was ongoing and included weekly up- dates on social media sites. Advertisements had been placed in a variety of locations within High Wycombe area including shopping centres. The registered manager had worked closely with the local job centre and holds regular meetings with them. They have undertaken delivery of leaflets, targeting specific potential applicants and there were open days booked ahead.

Staff told us workforce planning was now significantly better organised. The information and planning 'template' used to allocate work to staff had been updated and was being kept up to date. This meant that even where the number of staff and the number of people who received care were the same as previously, there was more efficient use of staff resources. This reduced pressure on staff and improved the service for people who received care and support.

Staff we spoke with told us they thought things had improved. "Much happier" was one comment. There were still pressures on staff time, particularly where the duration of calls was only 15 minutes. Of the 17 people we spoke with about the care and support they received from Sevacare,

eight thought carer staff were sometimes; "rushed". They thought this was because of pressures on the staff. In contrast, one person said; "I feel as if they have got all the time in the world". In the Sevacare service user satisfaction survey of January 2015, of 18 responses, 13 people said care staff always provided all the care they were meant to and 5 that they usually did. Ten people said care staff always had enough time to provide the required care, four sometimes and four usually.

People who received care told us they felt safe when care was being provided to them in their home. We were not told of any occasions where only one care staff had provided care when two care staff had been assessed as required to do so safely.

When we looked at complaints recorded for 2015 we found there were five about missed visits, three about the time of visits and 1 about moving and handling.

In the annual satisfaction survey carried out by the provider in January 2015, out of 17 people who responded to the question about missed calls in the previous 6 months, 14 had not had a call missed, two people had one missed call and one had more than one call missed. Of the 22 people

Good

Is the service safe?

we spoke with either by telephone or during a visit to their home, only two had a visit missed that they told us about. Overall, the performance of Sevacare in respect of missed visits had improved since our inspection in August 2014. In part this could be attributed to the reduction in new referrals and the increase in sub-contracting but more positively to the increase in care staff and more effective planning. One person told us they had previously experienced several missed calls before their new 'regular' carer started, but that now they were; "very satisfied" with their care.

There was one instance we found where a person who received care and support chose to throw a key down to their care worker rather than use the key safe provided, as their family were concerned they might forget the key safe number. This was reported to the registered manager to follow up and carry out a risk assessment as appropriate.

Of those people we spoke with who had reported some degree of dissatisfaction with their care, five said that they felt things were now better than they had been; "The situation has now improved" was one typical comment.

Staff confirmed they had received safeguarding adults training. This was supported by staff training records. These included details of initial safeguarding training for new staff as part of their induction, followed by refresher training for all staff. Staff were able to explain to us what constituted abuse, how it might be recognised and what they would do if they saw or suspected it.

We saw copies of the provider's safeguarding policy and procedures were available to staff, including contact details for the relevant local authority safeguarding teams.

People were protected from identifiable and avoidable risk. Risk assessments were carried out as part of the initial referral process. Risks to the person or staff were identified and plans put in place to manage or eliminate them. The care plans we saw included risk assessments for moving and handling, environmental risks, health and safety and medicines, amongst others. We confirmed risks were reassessed at regular intervals or when required because of an identified change in risk.

People were protected from avoidable risks of infection. Staff said they had received training in infection control and food hygiene. This was confirmed in training records we saw. Staff said they had access to the protective clothing they required to maintain safety and hygiene, for example disposable gloves and aprons. People confirmed these were worn by care staff.

The provider confirmed there was a business continuity plan in place. Sevacare is a national care provider and would be able, where necessary, to provide support to the High Wycombe branch and service users through other Sevacare services.

Computer systems were backed up and were password protected where they contained confidential information. Staff received training in first aid and knew how to respond to specific emergency situations in people's homes, for example in the event a person had fallen and injured themselves.

People were protected by a robust recruitment process for staff. We looked at three recruitment records and found appropriate checks were made to safeguard people who received care from the employment of unsuitable people.

Requires improvement

Is the service effective?

Our findings

When we inspected the service in August 2014, we found the service was not consistently effective. This was because of some poor practice, planning and delivery of care in respect of people who required support with their food. This represented breaches of the Health and Social Care Act 2008 (Regulated Activities Regulations 2010).

In their action plan dated 7 April 2015 Sevacare set out the steps they had taken or were taking to address these issues.

Where people's care needs included the provision of food and drink, we found improvements had been made. Diet and fluid charts had been introduced for staff to record where required. These were now being audited monthly when returned to the office with the communication books from people's homes. Spot checks on the records held in people's homes also now included scrutiny of diet and fluid records.

Care staff had been reminded in team meetings about issues and requirements when supporting people with their food and fluid intake. This ensured people received the support they required.

We saw the latest version of the service user care assessment (October 2014) included a section specifically to record all assistance required with diet and nutrition. This included special dietary requirements, food preparation, specific feeding methods or other significant issues relating to diet and nutrition, for example when food had to be provided at specific times or intervals. One person told us that they had diabetes and whilst care staff usually arrived on time, if care staff were late at lunchtime they had to "keep themselves going with a piece of toast or a biscuit."

Consistency of staff was still a significant issue for the people we spoke with, especially at weekends or when their 'regular' care staff were on leave or absent for any reason. One person told us it was "hopeless" when their usual carer was absent, another said they had three regular carers and that the care they received was; "Usually alright – it's when they change for holidays or are off sick then it's a bit awkward". They said the replacement care staff; "Don't know where things are" or "how they like things done." Another person said that when their usual care staff was on holiday; "There's a bit of a muddle", and gave the example of the replacement care staff member misreading the shopping list and getting far more cheese and milk than they required.

In contrast one person told us that whilst their care staff were not always the same people they did have "one or two regulars". They indicated that in their experience new staff shadowed existing staff before calling alone themselves. They said new staff; "usually know what to do and get on with it".

Overall, all those people we spoke with, even those who were still experiencing problems, told us they thought consistency had improved recently.

There was a very significant level of disaffection about communication. The findings of the Annual Service User satisfaction Survey of January 2015 recorded that out of 17 people who responded to the survey, 10 knew how to contact Sevacare after hours whilst seven people did not. Of the 24 people we contacted, either by phone or in person, 10 reported problems arising from lack of contact by the service when carers were late or were to be changed. They all reported that contact

at the weekend was a particular problem. People's expectations of being contacted when staff were being changed or were running late were very low. One person noted; "Neither the carers or the office ring me to let me know if care will be delayed." Another person told us that when they ring the office and cancel calls because of other appointments, the message is not always passed on to care staff who then turn up as usual. Another person had the same experience which they found; "Particularly annoying". Another couple told us the office never let them know; "about any changes in carer or of any delays". Only three people said they had good communication from the service.

Most people said they could communicate adequately with their care staff although one person noted of some staff for whom English was not their first language; "The younger ones speak English better, but others are struggling to make themselves understood."

Even when people had issues with the consistency of their care staff or lack of communication, they were in general positive and appreciative of the standard of care and support they received.

Requires improvement

Is the service effective?

"Generally happy", "personal care very good", were some of the comments made. In the Sevacare Service User Satisfaction Survey of January 2015, 16 out of 17 respondents thought care staff were either competent or very competent. One person thought they were incompetent. Of the people we spoke with, one told us they thought staff induction training in the use of hoists was not always effective, as they had to tell new staff how to use their particular hoist the first time they came to provide support.

Staff told us they received effective induction training. They also confirmed a range of other training was received to support them provide effective care. We saw records of training undertaken by care staff in, for example; Parkinson's, Stoma Care, stroke awareness and muscular sclerosis.

Staff were aware of the implications for their care practice of the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people's right to take decisions over their own lives whenever possible and to be included in such decisions at all times. We confirmed with staff and by looking at training records that MCA training was included within safeguarding training during staff induction and through periodic updates thereafter.

Staff told us they received supervision. Records showed this varied in frequency between monthly to three or six monthly in some cases. We saw records of spot checks carried out by senior care staff to monitor the effectiveness of care staff in people's homes (with the agreement of the people concerned).

There were regular team meetings held, which provided support and opportunities to focus on specific areas for development of the care team's performance. Staff confirmed they received an annual appraisal. Training records were monitored to ensure staff were up to date with essential training to maintain their core skills, for example in moving and handling and medicines.

We saw evidence of how care staff and the care management for the service worked with health and social care professionals to identify and address any specific concerns raised by care staff about the health and welfare of people they provided care and support to.

Care plans included contact details for family and health services relevant to the person. This meant people had access to the health support they required. One person confirmed that they always told the 'office' in advance when they had an appointment, for example at hospital when they needed to be ready early and that care staff "had always" arrived on time on those occasions. Another person told us that as they go to a day centre two days a week, they need to be ready early on those days. They said this had always been achieved.

Requires improvement

Is the service caring?

Our findings

When we inspected the service in August 2014, we found the service was not consistently caring. This was because people did not feel they had control over their care or involvement in the way it was delivered. This represented breaches of the Health and Social Care Act 2008 (Regulated Activities Regulations 2010). In their action plan dated 7 April 2015 Sevacare set out the steps they had taken or were taking to address these issues.

People's sense of being involved in decisions varied. In part this appeared to be a matter of individual perception as to how much control they expected to have. The more able and assertive people told us care staff were responsive and took account of what they said. One person noted; "They always ask is there anything else you want?" before leaving. Another person who received help with their food said care staff always ask if there is "anything you particularly fancy?"

Care plans included contact details for significant family members and health and social care professionals involved with the person. People who received a care service said they felt able to discuss their care provision with their regular care workers. They confirmed in those cases where they had a fairly settled team of care workers they felt able to explain when and in what way their care was provided.

We found staff understood the need for people's dignity to be protected during the provision of personal care and how this could be achieved. For example by covering people appropriately and ensuring bedroom and bathroom doors were closed when there were other people in the home.

People confirmed they felt they were treated with respect. Three people in particular said they were impressed with the way their dignity was protected whilst very personal care was being provided. Overall people were supportive of the standard of care they received even when they said staff were very busy and "rushed". In their Annual Service User satisfaction Survey of January 2015, of the 18 people who responded 9 said care staff were caring and 9 very caring.

Where people had regular care staff they were most positive about the service. There were often different assessments of the care experienced from different care staff providing care to the same person. For example, three people were very complimentary about a male care staff member who provided their weekend care. Others differentiated between individual care staff on different days of the week or at different times of the day. However, overall people were very appreciative and in general positive about the approach of staff, staff demeanour and their relationship with them. "They are like part of the family", "they have become friends" "they are sweet" and "they are lovely" were all comments made to us about care staff.

Requires improvement

Is the service responsive?

Our findings

People were most positive about the responsiveness of their care service where they had a settled team of care workers at regular and consistent times. Since the previous inspection in August 2014 we found people were more positive about the consistency of staff, although individual experiences still varied.

People confirmed they, a relative or social care professional had been involved in the initial care planning process. This was confirmed in those care plans we looked at.

Staff told us they were aware of the need to provide care in a way which reflected and respected people's individual wishes. They also recognised the importance of taking account of how people felt on a particular day or time, as this could influence what care was required and how it was to be provided. Staff told us this was made harder when they had to provide care to people at short notice because of changes in staff rotas caused by, for example, staff sickness or unexpected absence.

When we spoke with people about their care, one area which caused frustration was in meeting their wishes in respect of bathing or showering. There were a number of possible reasons for this, including lack of clarity or understanding between people who commissioned services, those who provided services and those who received them. In two cases the time allocated was said not to be sufficient to achieve the frequency of showering the person had been led to expect. In others, there were issues with the suitability of the bathing facilities available.

The new October 2014 Assessment of needs document provided to us was very comprehensive. It included details of the individual concerned and a section on expectations and preferences, long term goals, aspirations and objectives.

Although people's preferred times for calls were recorded during the assessment process, it was recognised that factors outside of the control of the provider could sometimes mean it was not possible to meet them consistently. The people we spoke with were in general quite accepting of this and had relatively low expectations because they recognised care staff were; "very busy".

There were some people we spoke with who had experienced calls significantly outside of an acceptable variation and were, understandably, less than satisfied with this. In their Annual Service User Satisfaction Survey, the provider recorded people's response to the question; "Do your carers arrive within half an hour of the specified time?" Of 17 responses, nine said they always did, six that they usually did and two that they sometimes did.

Care records included details of reviews and those we saw on this occasion were up to date. We saw evidence of reviews of people's care which had been undertaken due to changes in circumstance or when specific concerns had been raised. The majority of people we spoke with confirmed they had received visits from time to time by senior care staff who asked them about their care and how it met their needs. In their PIR the provider informed us that in the last 12 months they had carried out 696 quality assurance visits to people's homes to monitor people's care experience.

Care staff confirmed they reported to senior staff or the registered manager where they felt people's care needs had significantly altered. Senior care staff also told us they carried out spot checks to ensure people's needs were still accurately reflected in the care documentation and that people's needs were still being met appropriately. This could lead, for example, to a calls duration being extended, or to becoming double handed where only one care staff was no longer able to meet their needs safely.

We saw copies of the home held information pack. This included contact details for Sevacare and other bodies, including, for example, CQC and the local authority commissioning team where applicable. There were also details about how to make a complaint. People told us they knew who to contact in the event they wanted to make a complaint. Some told us they had complained and improvements had been made. Other people said they did not bother to complain but knew how to if they decided to.

In their PIR the provider recorded that in the previous 12 months they had received 52 complaints of which 26 had been resolved within 28 days. In the period from January to April there had been approximately 9 complaints. The major themes identified were call timing, communication and duration of visits.

Requires improvement

Is the service well-led?

Our findings

When we inspected the service in August 2014, we found the service was not effectively managing, assessing or monitoring the quality of service provision. This represented breaches of the Health and Social Care Act 2008 (Regulated Activities Regulations 2010). In their action plan dated 7 April 2015 Sevacare set out the steps they had taken or were taking to address these issues.

People had different experiences and assessments as to how well the service was managed. Overall when asked, people agreed the service had, in some areas, improved. For example in the consistency of care. The number of complaints made about visits being missed entirely had also significantly reduced since the inspection of August 2014. For others, the position had not got worse but neither, in their judgement, had it got better. This was particularly the case where time of visits or duration were still a cause for concern.

The demand on the service had been very actively managed with the support of the local authority commissioning team. The ability to sub-contract some care packages and a reduction in new referrals had given the provider time to improve co-ordination and administration both by increasing staff and auditing systems and procedures to identify areas where improvements were required. Staff told us these measures had provided some 'breathing space' and that their workloads were now more manageable.

The provider had undertaken and was still undertaking a significant recruitment drive. The local labour market was very competitive, with a large number of residential and domiciliary care providers and NHS services competing to recruit suitable care staff. The provider was working in co-operation with workforce planning and local recruitment services and had been able to recruit new staff. For example, in their action plan as well as providing details of the work being done with Learn Direct and other social care training providers the provider included details of their joint working with the local job centre. At the time of the action plan there were 17 new staff awaiting completion of the recruitment process.

Following the report of our inspection in August 2014 the provider introduced more rigorous audit systems in order to ensure issues were not only identified but actioned. This included additional visits to people who received care by senior branch managers to build confidence with people and ensure they were aware of how to notify the registered manager of any issues affecting their care provision. This process would include self-evaluation through audit and events analysis, involvement of staff through team meetings, spot checks, supervisions, appraisals and team meetings.

People whom we visited or spoke with confirmed they had visits from management and senior care staff. Staff confirmed they had been involved with these as well as group supervisions and sessions on medicines as well as annual appraisals.

We saw copies of a staff memo dated February 2015 which highlighted the results of the Service User Satisfaction Survey Feedback carried out during January 2015. This provided detailed analysis of the results and the action that care staff were to take to improve communication and performance. The memo also thanked staff for their efforts in improving the service they provided.

Staff told us meeting were held throughout the year and we were able to see copies of staff meeting minutes. These provided opportunities for good practice to be discussed and training provided. Issues like medicines administration had been addressed and we found the incidence of medicines errors had significantly reduced.