

Sevacare (UK) Limited

# Sevacare - Salford

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

### Overall summary

This was an announced inspection carried out on the 07 and 08 July 2015.

Sevacare is a domiciliary care agency, which provides personal care to people in their own homes, who require support in order to remain independent. The offices are located in a residential area of Worsley with on road parking nearby.

There was a registered manager in place. 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.

At the last inspection carried out in January 2014, we did not identify any concerns with the care and support provided to people by the service.

# Summary of findings

People who used the service consistently told us they felt safe and trusted the staff that came to their homes. One person who used the service told us; “We trust the staff and feel safe with them.”

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. Staff we spoke with were able to describe the different signs of abuse and what action they would take if they had any concerns.

We found people were protected against the risks of abuse, because the service had robust recruitment procedures in place. We reviewed a sample of ten recruitment records, which demonstrated that staff had been safely and effectively recruited.

Risk management plans provided guidance to staff as to what action to take to address any identified risks and were regularly reviewed by the service. Risk assessments were also agreed and signed by the person who used the service.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. Before the service administered medication they obtained written consent from the person who used the service or their representative. Staff had received suitable training in administering medication, which we verified by looking at training records.

People said care staff arrived on time and stayed for the full length of time. On occasions, we were told that care staff were late, but people said that they were often warned by the member of care staff or the office if this was going to be the case.

In the main people said they thought staff were well trained and competent. We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We found all new members of staff underwent a comprehensive induction programme, which covered skills of care as part of the Common Induction Standards. Staff told us there was a rolling annual programme of training, which we verified by looking at training records.

We looked at supervision records and annual appraisals, which were supported with individual development plans. We saw that the service managed supervision effectively by use of a computerised matrix, which utilised a traffic light system.

We looked at service policy guidance on the Mental Capacity Act (MCA) and obtaining consent from people. We saw that the service undertook dementia assessments. We found that before any care was provided, they service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the service and speaking to staff.

People and their relatives told us that care staff always treated them (or their relative) with respect and dignity, were kind, polite and caring. One person who used the service said “They are careful and gentle when washing me.”

Most people and relatives we spoke with told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved in reviews of care. We verified this by looking at care files, which recorded any contact made with people or relatives.

On the whole, people told us they felt the service was responsive to their individual needs. One person who used the service said “They are very good with us, they are very responsive to any concerns we have.” However, some people raised concerns about how the service had failed to respond to specific requests. Two people told us that on several occasions they had rang the office and had tried to cancel calls. However, the care staff had turned up anyway.

The service sent out an annual satisfaction survey to people who used the service to ascertain ‘how they were doing.’ We looked at a report, which analysed the result and indicated that a 50 percent response rate had been achieved. Where areas for improvement were identified, the report detailed what action had been taken to address the issue.

# Summary of findings

Both people we spoke with and staff told us that on the whole the service was well run and provided positive leadership. Most felt that the management were approachable and that they listened. One relative said “I think they do a fantastic job. The service is excellent.”

We found that the registered manager promoted an open and transparent culture amongst staff. Staff felt valued and supported in their role. One member of staff said “The registered manager is very engaging and hands on. We would go to her with any issues or concerns.”

We found that regular reviews of care plans and risk assessments were undertaken. We found the service

undertook a comprehensive range of checks to monitor the quality service delivery. These included unannounced ‘spot checks,’ ‘carer assessments’ and ‘after care spot checks’ when dealing with specific concerns.

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication, whistleblowing, infection control and supervision.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

# 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?

We found the service was safe. People who used the service consistently told us they felt safe and trusted the staff that came to their homes.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. Before the service administered medication they obtained written consent from the person who used the service or their representative.

Good



### Is the service effective?

We found the service was effective. We found all new members of staff underwent a comprehensive induction programme, which covered skills of care as part of the Common Induction Standards.

We saw that the service managed supervision effectively by use of a computerised matrix, which utilised a traffic light system.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the service and speaking to staff.

Good



### Is the service caring?

We found the service was caring. People and their relatives told us that their care staff always treated them (or their relative) with respect and dignity, were kind, polite and caring.

We saw that staff were caring and affectionate to the people they supported. We noted laughter and smiling and it was clear that staff knew the people they supported.

Most people and relatives we spoke with told us they were involved in making decisions about their care and were listened to by the service.

Good



### Is the service responsive?

Not all aspects of the service was responsive. On the whole, people told us they felt the service was responsive to their individual needs.

Some people raised concerns about how the service had failed to respond to specific requests.

Requires improvement



# Summary of findings

The service sent out an annual satisfaction surveys to people who used the service to ascertain 'how they were doing.' We looked at a report, which analysed the result and indicated that a 50 percent response rate had been achieved.

## Is the service well-led?

The service was well-led. Both people we spoke with and staff told us that on the whole the service was well run and provided positive leadership. Most felt that the management were approachable and that they listened.

We found the service undertook a comprehensive range of checks to monitor the quality service delivery. These included unannounced 'spot checks,' 'carer assessments' and 'after care spot checks' when dealing with specific concerns.

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication, whistleblowing, infection control and supervision.

**Good**



# Sevacare - Salford

## 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 checked 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 07 and 08 July 2015 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their Salford office to facilitate our inspection. The inspection was carried out by two adult social care inspectors from the Care Quality Commission 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 type of care service.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred. We also liaised with external providers including Salford County Council

At the time of our inspection there were 214 people living in the Salford area who used the service, of whom 177 received personal care. Other services provided by Sevacare included supporting people to access the community and shopping. The service employed 84 members of staff. During the inspection, we spent time at the office and looked at various documentation including care plans and staff personnel files.

We spent time visiting five people who used the service in their own homes to ask them about the service they received and to review records kept in the home. In total we spoke to 37 people about the service, which included people who used the service or their relatives. 20 people were spoken to by our expert by experience via telephone phone calls.

We spoke with 14 members of staff, which included the Registered Manager, two Care Coordinators, two team leaders and nine members of care staff.

# Is the service safe?

## Our findings

People who used the service consistently told us they felt safe and trusted the staff that came to their homes. One person who used the service told us; “We trust the staff and feel safe with them.” Another person who used the service said “I think they are wonderful. I’m very reassured with them when they are about.” A relative of a person who used the service told us; “He is very happy with them. They are very good at time keeping, they are marvellous with him.”

Other comments included; “She (the member of care staff) is just like a friend to me.” “They are worth their weight in gold.” “They are lovely girls especially X, she really boosts me up, I’m really glad to see her.” “They are always prepared to help me out.” “Very good, excellent, they do the best they can. If I need anything they are great. They do very well for me indeed.”

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service safeguarding adult’s policy and saw how the service managed safeguarding concerns. We found that all staff had completed training in safeguarding both at an induction level and subsequently, which we verified by looking at training records. Staff received regular reminders of the importance of recognising abuse and the requirement to take appropriate action. For example, a leaflet was sent to staff with their wage slips highlighting the need to protect vulnerable people with a contact telephone number and e-mail address in which to raise concerns.

Staff we spoke with were able to describe the different signs of abuse and what action they would take if they had any concerns. Staff told us they were confident that management would respond correctly to any safeguarding concerns they may have. One member of staff said “I have reported safeguarding concerns in the past. I wouldn’t hesitate as people are our priority.” We looked at the service ‘whistleblowing’ policy, which provided guidance to staff on reporting any concerns. Staff were provided with the option of being able to contact a senior management representative within the company if they wished to report any concerns.

We found people were protected against the risks of abuse, because the service had robust recruitment procedures in

place. We reviewed a sample of ten recruitment records, which demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history and suitable means of identification. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service.

We looked at a sample of ten care files to understand how the service managed risk. A range of risk assessments had been undertaken, which included moving and handling, medication, working environment, fire safety and pets. We found that risk assessments were compiled in consultation with people who used the services, families or representatives. Risk management plans provided guidance to staff as to what action to take to address such risks and were regularly reviewed by the service. Risk assessments were also agreed and signed by the person who used the service. Where relevant, files contained a personal emergency evacuation plan for the person who used the service in the event of an emergency.

We looked at how the service managed people’s medicines and found that suitable arrangements were in place to ensure the service was safe. Care files contained risk assessments, which detailed where medication was stored in people’s homes, who was responsible for ordering stock and specific guidance on administration for each person who used the service. Before the service administered medication they obtained written consent from the person who used the service or their representative. Staff had received suitable training in administering medication, which we verified by looking at training records.

We looked at 18 medication recording charts relating to people who used the service. Though we found evidence of signature gaps within these records, we also found that the service undertook regular audits, which had identified signature omissions. Where signature omissions had been identified, staff were spoken to about the error. We also found staff had received a reminder of the importance of maintaining accurate records in respect of medication during a recent staff meeting, which we verified from reading the meeting’s minutes.

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe. People said that staff arrived on time and stayed for

## Is the service safe?

the full length of time. On occasions, we were told that care staff were late, but people said that they were often warned by the member of care staff or the office if this was going to be the case. One person told us that they had telephoned the office at times to enquire where the member of care staff was and that the office rang her back to say that the member of staff was on their way. One person who used

the service said "Very occasionally they are late, but not often. They are very good." Another person told us; "Usually at weekends they can be late, but they ring up and tell us." Other comments included; "Sometimes late, but not often, which can't be helped." "They are very good at time keeping."



# Is the service effective?

## Our findings

In the main people said they thought staff were well trained and competent. One person who used the service told us they had four visits every day and that two members of staff always turned up and used the hoisting mechanism in an appropriate and careful way with them, transferring them from their wheelchair to a chair. This person also mentioned that it was important when being transferred into their chair that staff took care to tug the fabric of the chair and make sure that their pad was comfortably placed beneath them. This was to ensure they that they were not sitting on painful creases and that this was always done by staff. This person also told us; “I need to put my input in and be consulted” and felt that they had been able to do so.

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We found all new members of staff underwent a comprehensive induction programme, which covered skills of care as part of the Common Induction Standards. Staff were issued with a personal portfolio and were required to complete a probationary period of three months. One member of staff told us; “Yes I had a week induction and included medication and manual handling training and did shadowing so I felt confident.” Another member of staff said “Yes I had an induction. It covered lots of things including medication, manual handling, infection control, food temperatures and dementia. I felt confident at the end as I had also shadowed someone for a few days.”

Staff told us there was a rolling annual programme of training, which we verified by looking at training records. This training was managed by way of a training matrix, which showed training was update. Training included safeguarding, mental capacity act, food safety, dealing with emergencies and dementia care. The registered manager told us that staff were required to compete an annual exam, which tested their knowledge and which staff were required to pass in order to continuing working. One member of staff told us; “We have annual training in areas such as manual handling.” Another member of staff said “We take an exam as part of our mandatory training annually. I’m currently doing a National Vocational Qualification (NVQ) level three. We get plenty of training, especially when everything is due.”

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received from team leaders and managers. We found that staff received regular supervision, which enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. We looked at supervision records and annual appraisals, which were supported with individual development plans. We saw that the service managed supervision effectively by use of a computerised matrix, which utilised a traffic light system. One member of staff told us; “We use a matrix system to ensure supervision, spot checks and carer’s assessments are undertaken every six months. The system highlights via a traffic light system when supervision is due. Red indicates it is overdue, but only tends to happen if staff are on leave or long term sick.”

We spoke to staff about what they felt about spot checks and carer’s assessments that were undertaken by the service. Staff told us they were an effective way of maintaining standards. One member of staff said “I think spot checks are really good. It’s in the interest of the client and it makes staff maintain high standards.” Another member of staff told us; “I think spot checks are a good thing, makes sure you are doing things right and coping well and it reassures families.”

We looked at service policy guidance on the Mental Capacity Act (MCA) and obtaining consent from people. We saw that the service undertook dementia assessments. We found that before any care was provided, they service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the service and speaking to staff. Several people we spoke with said that some care staff were better than others in their approach and rapport. One person told us that their regular carer asked their permission before giving them any personal care. Whilst visiting people in their own homes we saw staff ask for their consent before delivering any support such as providing drinks and meals.

We asked staff to explain how they obtained consent from people living with dementia who lacked capacity. Staff told us that they would not undertake any personal care unless they were sure the person had provided consent. One member of staff told us; “I get down to their eye level and ask them first and if they refuse keep talking. I would not do anything if they refused and I would record any refusal in

## Is the service effective?

their daily notes.” Another member of staff said “I always ask people before doing anything. I wouldn’t do anything if they refused.” Other comments included; “We consent, I’m really mindful if people refuse anything and always report it to the office like personal care or medication. With people who can’t communicate, I always tell them what I’m doing and monitor their body language and reactions. We respect people’s choices and wishes, I remember covering these issues in training.”

We looked at how the service supported people with their diet. Care plans detailed guidance on the support each person required in respect of food, drink and nutrition. People and relatives raised no concerns about the quality of food and nutrition during our visit.

# Is the service caring?

## Our findings

People and their relatives told us that their care staff always treated them (or their relative) with respect and dignity, were kind, polite and caring. One person who used the service said “They are careful and gentle when washing me.” Another person who used the service told us; “X is very good, very kind and gets me sorted. I’m quite happy, nobody comes unless I know them, they are all very good.”

People we spoke with were very specific in stressing how important it was to them having the same care staff. It was apparent that people who used the service were very appreciative of their longer-term regular care staff and occasionally less impressed with other different ones who came from time to time. One person told us; “Two carers came who hadn’t been before. They didn’t know anything about me. I was disappointed.” One relative told us; “I have no concerns, but continuity of staff is a major thing for our X.”

Other comments from people who used the service included; I think they are very good and wouldn’t know what to do without them.” “They are very kind and I have no concern with the service.” “Never late though we get different carers at the weekend sometimes. We are very happy.” “They are very genuine and caring and I feel they are like my sisters.”

During our visits to people’s homes, we observed the interaction between staff and people who used the service. We saw that staff were caring and affectionate to the people they supported. We noted laughter and smiling and it was clear that staff knew the people they supported.

We spoke with staff about how they ensured people’s privacy and dignity was respected and encouraged and promoted people’s independence when providing care and support. One member of staff told us; “I would always keep

them covered with personal care and ask them to assist where they can. I close the door and either stay or leave depending on what the person wants.” Another member of staff said “I would close curtains when delivering personal care. I would ask other people to leave the room and ask permission of person before doing anything.”

Other comments from staff included; “If I was giving a full body wash, I would encourage them to wash their face. I try to get people involved all the time such as helping with breakfast. You have to encourage them all the time to do things.” “I always encourage people to be as independent as possible by getting them involved in their care like washing themselves. If preparing food I get them to butter the bread for example.”

Most people and relatives we spoke with told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved in reviews of care. We verified this by looking at care files, which recorded any contact made with people or relatives. One person who used the service said “They always ask me if there anything needs doing or changing. They are good like that and can’t do enough for me.” Another person said “They phoned me the other day to discuss my needs. They always ask me if there is anything else I need.”

One team leader told us; “I always involve the service user as part of the review, or if there are capacity issues I will involve the next of kin.” A care coordinator said “We undertake telephone reviews with the service user once every six months or more if required. We also invite social workers and family to annual reviews or more often if there are issues. That gives people the opportunity to discuss how things are going and whether extra care is needed. All changes are recorded.”

# Is the service responsive?

## Our findings

A number of people who used the service raised concerns about the length of visits they received, especially visits of 15 minutes duration. One person told us that there was no time for “real talks” with staff. Comments from people who used the service included; “They spend too little time. I don’t know what I can expect or what I am entitled to. They are not there long enough to have a conversation. It’s always ‘on to the next one.’” “She sits for a minute or two. There is no time for chatting.” We spoke to the registered manager about the concerns raised about 15 minute calls that staff attended. We were told that the duration of such calls were commissioned by the local authority.

On the whole, people told us they felt the service was responsive to their individual needs. One person who used the service said “They are very good with us, they are very responsive to any concerns we have.” Another person who used the service told us; “If I had a complaint I would contact the office. I have had cause in the past and they sorted it straight away.” Other comments included; “I’m aware of what to do if I want to make a complaint, but I have never had cause to.”

Most people we spoke with said they knew how to make a complaint, and that they would get in touch with the office or speak to staff if they had any concerns.

We looked at the service policy on compliments and complaints, which provided clear instructions on what action people needed to take if they had any concerns. The details of the complaints process was also included in the ‘service user guide’ provided to each person who used the service. This advised people what action to take if they were not fully satisfied with the service they received. We looked at a record of complaints and noted that concerns had been addressed in a timely manner by the service.

Some people raised concerns about how the service had failed to respond to specific requests. Two people told us that on several occasions they had rang the office and had tried to cancel calls. However, the care staff had turned up anyway. Another person told us that they had contacted the office to complain about one of member of staff. They told us that they were not “confident with the carer” and

did not feel “happy, secure or safe with them.” They had been told that the member of staff would not be sent to them again, however after a few weeks, the same member of staff attended. One person who used the service felt the service needed to improve the way it informed people if the member of staff was late. They told us “If late, they could ring, one thing that they could improve on, but it can’t be helped.”

Several people said they felt that care staff were “pressurised” and needed more support. This person commented that far too often someone from the office frequently came out to cover for care staff “especially at weekends” and that this seemed wrong to them.

The service sent out an annual satisfaction surveys to people who used the service to ascertain ‘how they were doing.’ We looked at a report, which analysed the result and indicated that a 50 percent response rate had been achieved. Where areas for improvement were identified, the report detailed what action had been taken to address the issue. Additionally, where individual concerns were raised, these had been addressed by the service. Though favourable comments had been made about the service, concerns had been raised about the continuity of staff and the difficulty in contacting the office out of office hours.

We looked at a sample of nine care files to understand how the service delivered personalised care that was responsive to people’s needs. Before people started using the service, a comprehensive assessment of need was undertaken. This involved the person who used the service, their family and other social health care professionals. Each care file contained an individual service agreement, which detailed the weekly programme of care and support required for each person who used the service. We found people who used the service had care plans in place with copies held at both the head office and in their homes.

Care plans provided staff with clear guidance on people’s individual support needs. We found care plans captured information such as people’s history, contact details of families and health professionals, mobility, personal care and security of property. We saw that care plans were regularly reviewed by the service and involved people who used the service or their relatives.

# Is the service well-led?

## Our findings

Both people we spoke with and staff told us that on the whole the service was well run and provided positive leadership. Most felt that the management were approachable and that they listened. One relative said “I think they do a fantastic job. The service is excellent.” This person also told us that the service was very good with “two-way communication” between themselves and the agency and that they had “regular contact.” This relative also told us of the service offering them “constructive and thorough observations” about their mother, referring directly to the care staff themselves.

There was a registered manager in place. 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. The staffing structure in place made sure there were clear lines of accountability and responsibility.

We found that the registered manager promoted an open and transparent culture amongst staff. Staff felt valued and supported in their role. One member of staff said “The registered manager is very engaging hands on. We would go to her with any issues or concerns.” Another member of staff told us; The manager is supportive and approachable and there is a very open atmosphere here.” Other comments from staff included; “I have worked for different care companies and this is easily the best, I believe people are safe using us. Everyone is approachable, there is an open culture here and we are supported with personal matters.” “You couldn’t ask for a better manager.” “The manager is fantastic and very supportive and will help you.” “I get plenty of support and feel valued. I know there is always someone in the office available for me.”

We found that regular reviews of care plans and risk assessments were undertaken. Regular supervision of staff was also undertaken by the service. We found the service undertook a comprehensive range of checks to monitor the quality service delivery. These included unannounced ‘spot checks,’ ‘carer assessments’ and ‘after care spot checks’ when dealing with specific concerns.

We looked at the procedures for accident reporting, accident investigations and completing documentation, which provided clear guidance to staff in the event of an incident.

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication, whistleblowing, infection control and supervision.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

We looked at minutes from staff meetings that had taken place, which covered areas such as rotas and accurate record keeping. We found that several meetings were arranged to ensure all staff attended. In the event of staff being unable to attend, they were required to speak to individual team leaders and attend a supervision session where the content of the staff meeting would be discussed.

We looked at a series of memo’s sent to staff emphasising good practice and the need for personal care such as ensuring that staff took care to remain hydrated in the recent hot weather. Other issues highlighted included confidentiality and the need to wear identification badges.