

Sova Healthcare Leicester Ltd

# Sova Healthcare - Leicester

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 21 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

SOVA Healthcare Leicester is a domiciliary care service providing care and support to people living in their own homes. The office is based in Leicester and the service currently provides care and support to people living in Leicester. At the time of our inspection there were 15 people using the service.

SOVA Healthcare Leicester had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the care staff and the support they received. People were kept safe from the risk of harm. Staff knew how to recognise signs of abuse and how to raise concerns. People had detailed assessments which identified actions staff needed to take to protect people from risks.

People were supported by the number of staff identified as necessary in their care plans to keep them safe. There were robust recruitment and induction processes in place to ensure new members of staff were suitable to support the people who used the service.

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. People confirmed that they had consistent carers who stayed for the length of time allocated and usually arrived on time. People also confirmed that calls were very rarely missed and that a duty manager was always available.

We found that people were involved in decisions about their care and support. Care staff sought consent before they assisted people and staff respected people's choices and decisions. People told us how staff cared and supported them with dignity and respect and encouraged them to be as independent as possible.

Care staff supported people to liaise with health care professionals if there were any concerns about their health.

People's plans of care contained good information about the support people required. Plans of care were written in a way that recognised people's individual needs and preferences and put the person at the centre of the planning process. The records we saw were complete and up to date.

The provider was responsive to people's needs. People were supported by staff they said they liked and care

was delivered in line with their wishes. People told us they were aware of how to raise concerns. They were confident that any concerns would be responded to by the registered manager and provider.

People were confident in how the service was led and the abilities of the management team. There were systems in place to assess and monitor the quality of the service, which included checks on care staff delivering care and review of people's care. The provider and managers were committed to providing quality care to people.

People who used the service felt they were listened to and were given opportunities to share their views and opinions about the quality of the service they received through surveys, reviews, home visits and telephone calls.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

We found that recruitment processes for the service were safe and thorough and the service employed enough staff to meet people's needs and keep them safe.

Appropriate safeguarding policies and procedures were in place and staff had received training in safeguarding adults.

The risks people were exposed to had been assessed and there was information about how these risks could be minimised.

People were supported to receive their medicines in a safe way.

### Is the service effective?

Good ●

The service was effective.

People had consented to their care and treatment and this had been recorded.

Staff were well trained and supported so that they could effectively meet people's needs.

People were supported to access and liaise with health professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were kind, caring and helpful and respected their privacy and dignity when they supported them.

Staff supported people to maintain and develop their independence.

People felt involved and consulted in their care.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs.

There was an appropriate complaints procedure and people knew how to make a complaint. People felt confident to complain and were confident that their concerns would be listened to and acted upon.

**Is the service well-led?**

**Good** ●

The service was well-led.

The provider and management team provided good leadership and staff were clear on their responsibilities to ensure people received the quality of care and service they expected.

People expressed confidence in the management team to meet their care needs.

People's views were sought using a range of methods, including surveys and telephone calls, to check they were satisfied with the quality of the care provided.

# Sova Healthcare - Leicester

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The visit took place 21 January 2016 and we gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

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

We looked at the information we held about the service which included statutory notifications of significant events and safeguarding alerts. A statutory notification is information about important events which the provider is required to send us by law.

We spoke with two people who used the service and two relatives whose family members used the service. We also spoke with the registered manager, the deputy manager and two care staff.

During the inspection we looked at the care records of four people who used the service. These records included care plans, risk assessments, daily well-being logs and medicine records. We also looked at the recruitment, training and support records for three members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns, minutes of meetings and a range of policies and procedures.

# Is the service safe?

## Our findings

People who used the service said that they felt safe when supported by the staff. One person told us "I feel happy and safe with my carers - they know what they are doing." Another person told us "My carers make me feel safe and comfortable around them." They confirmed that staff usually arrived on time and stayed for the allocated time. A relative of a person who used the service told us "The carers always make sure that my relative is safe and stay over the call time if they feel that she is not safe to leave and communicate with me to make arrangements. They never walk away and leave her vulnerable." People told us that the service was reliable and missed calls did not usually happen.

We spoke with the registered manager and staff about safeguarding procedures. Staff told us that they had undertaken training in safeguarding adults and we saw that this was confirmed on the provider's training matrix and within staff training and induction records. During discussions with staff they demonstrated that they understood types of abuse and what they would do if they suspected abuse had taken place. One staff member told us "I would contact the office and speak to the manager". Another staff member told us they would discuss the situation with their manager who they trusted to give them advice. Staff were not clear on other contact information available to them although the provider's safeguarding policies and procedures were up to date and included local and national guidance and contacts. The registered manager told us that further safeguarding training had been booked for the following month to refresh staff knowledge.

We looked at the staff rotas and call schedules over a seven-day period. The registered provider used a computer based system which showed which staff supported each person. The system also alerted the office if a staff member had not logged into the service once they had arrived in a person's home. This meant that managers could respond very quickly to identify why care staff had not logged on and if cover was needed for a visit to avoid missed calls.

People's safety was supported by the provider's recruitment procedures. We looked at three staff recruitment files and saw that recruitment practices were safe and that appropriate checks had been completed prior to staff working unsupervised for the service. Recruitment files included a Disclosure and Barring Service (DBS) identity check and appropriate application forms and references. The DBS check helps employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service. These records were well maintained.

People's care plans and risk assessments were detailed and up to date. We saw that the person using the service and their representative where appropriate had signed to confirm that they had been involved in developing their care plan and risk assessments. There were comprehensive details of people's daily routines in place and risk assessments had been undertaken regarding moving and handling, falls prevention, the environment and people's physical and emotional health. These identified hazards that an individual may face and provided guidance for staff on how to support the person to manage the risk of harm. For example, one person who used the service was at risk from falls. We saw that their risk assessment gave clear guidance for staff to manage this risk, including giving the person time to adjust during assisted transfers. A relative of a person who used the service told us that they were very happy that staff used

equipment safely and in line with guidance in the care plan when supporting their relative to transfer.

We looked at how the service supported people with their medicines. Some people were prompted to take their medicines, whilst other people needed support to take their medicines safely, for example assistance with opening bottles and blister packs. People using the service told us that they were happy with the support they received to take their medicines. One person using the service told us that their medicines changed regularly and the service responded well in up-dating their records and informing staff so that they could support the person to take the new medicines. We saw that Medication Administration Records sheets (MARs) were available within people's care files and these were up to date and had been completed appropriately.

Staff confirmed they had received training in medicine administration and that medicines were usually in a monitored dosage system or their original containers. We looked at staff files which confirmed medicine awareness training. We also saw that the registered manager and care manager carried out competency observations on staff whilst supporting people with their medicines to ensure they were providing support in a safe way. We saw that the service had a medicines policy and procedure available for staff to refer to.

We looked at accident and incident records for the service and found that these had been completed correctly and included evidence of follow up action and any outcomes to reduce risk or respond to an identified pattern of risk.



## Is the service effective?

### Our findings

People who used the service told us they were well supported by the staff. People confirmed they were involved in the care planning process and that the support they received met their current needs. One person using the service told us "I am happy with my carers, they help me in the way that I want and encourage me to be independent." Another person told us "My carer comforts me and reassures me when I am feeling low and interacts really positively with my family. This is important to me." One relative told us "Staff will stay longer than the allocated time if necessary and I really appreciate that."

The registered manager explained that they undertook the initial meeting with the person using the service and went through the local authority assessment as a basis to develop the care plan and risk assessments. Care plans we saw showed that people and where appropriate their representatives had signed to say they had been fully involved in the care plan and that it met their current needs. We saw that people had been consulted about preferred gender of carer and had signed to consent to receiving support with their medicines where appropriate. One person using the service told us that the care manager arranged to visit them after they had been discharged from hospital to identify their needs and discuss how they wanted to be supported.

Some people told us that they did not feel the service was always effective in their initial allocation of carers. However, they also told us that they had felt able to raise their concerns with the registered manager who had changed carers for people and that they were now happy with their carers and felt their concerns had been addressed.

We discussed with people who used the service how their health care needs were met. Some people were able to contact health professionals independently whilst others told us if they needed assistance to access health care services then the staff would help them. One relative gave an example where the staff were effective in supporting a person who was at risk of pressure sores. They told us that staff would monitor the person's tissue viability at each visit and had recently reported concerns to the relative and asked for a referral to the district nurse team. The relative told us they were able to do this and this meant that the person was receiving prompt and appropriate treatment to prevent pressure sores. Another relative told us that the service was in regular communication with them and that they found this essential in supporting their relative to return home after being in hospital. They told us that they felt communication was very effective between managers and care staff in making sure everyone involved had up to date information following health changes. This meant that they did not have to repeat themselves for different carers or be concerned that carers would not have the right information to support their relative effectively.

We looked at the induction process for staff and the registered manager confirmed that staff undertook this prior to working for the service. The induction started with information about the provider, values including punctuality and confidentiality, safety and communication. All areas of the job role were discussed during this time and essential training was undertaken including manual handling and safeguarding. We were told by staff and saw documentation on staff files to show that new staff were able to observe working practices as part of the induction process. This meant that staff had the opportunity to work alongside experienced

staff and observe practices prior to staff visiting people on their own. One staff member told us "I worked alongside them [the registered manager] to make sure I had time to get to know the person and understand how to meet their needs." We saw that managers carried out observations on working practices as part of the induction process to make sure that new staff had the competency skills needed for the role.

We saw that a range of training was undertaken by the staff team. This included equality and diversity, first aid, dementia and Mental Capacity Act 2005 awareness. Staff confirmed that there was a good range of training available and that it met their needs. Training for National Vocational Qualifications was also available for staff from level 2 up to level 5. People who used the service told us that staff appeared to be well trained. This meant that staff had received induction and training which was appropriate to their role.

The staff we spoke with told us that they felt supported. One staff member told us "I feel supported. They [the registered manager] are really good." Another staff member told us "The [registered] manager is quite good. They do listen and always return my calls." The registered manager offered staff individual supervision sessions which were booked in advanced on a schedule. We noted that supervision sessions did not always take place in line with the schedule. The registered manager also carried out spot checks by visiting carers in their work place and observing how they carried out their jobs. we looked at the records for three members of staff and saw they had received regular supervision and had regular observations on their working practices which highlighted areas for development. The registered manager communicated with staff via text messages and telephone calls, sending them information and rotas of their work.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We discussed with the registered manager the MCA and they showed their awareness and understanding of the Act. They confirmed that none of the people who currently used the service were under the court of protection for any aspect of their lives.

The service had assessed people's capacity to make day to day decisions and choices and people had signed their agreement. However, some assessments required updating following changes in people's health and well-being on a daily basis and we raised this with the registered manager who agreed to action this. We saw that staff had awareness training on the MCA 2005 and that the providers policies and procedures for Mental Capacity and Deprivation of Liberty Safeguards were up to date.

The service supported some people using the service by assisting them to cook and prepare meals. One person using the service told us "They [care staff] help me to prepare an evening meal in line with my cultural preferences. They let me do as much as I can for myself and help me with preparing the ingredients." People told us they were happy with the support they received with their meals.

## Is the service caring?

### Our findings

All of the people we spoke with were happy with the care they received and their current carers. One person who used the service told us "I now have consistent carers and it makes such a difference to me. I have to trust them to do things the way I want them to be done and they understand this. They understand that I have good days and bad days and spend a bit of extra time with me on the bad days. This means a lot to me." A relative of a person who used the service told us "They take care how they look after my relative and show that they are kind and patient." They told us that they also felt supported by the care staff which helped them to care for their relative. Another relative told us "They know when [my relative] is not right and adjust their approach according to how they are on the day. They never walk away if they feel my relative is unwell or needs extra help and this makes my caring role easier, knowing I can rely on them."

Some people told us that they were not happy with the carers initially allocated to them because of poor time-keeping or incompatibility. However, they told us that they had felt able to raise concerns with the registered manager who had acted on their concerns promptly and changed carers which had improved the care people received.

People who used the service confirmed that staff treated them with dignity and respect. Staff told us "We are given the time to get to know the person and how they like to be supported. I am always aware that I am in the person's home and ask them before I do anything." Another care worker told us "I need to stay with the person whilst they have a shower as they are at risk from falls but I support them to do as much as possible and always make sure they are covered appropriately after a shower."

The registered manager was able to explain different people's needs and explained that the care manager or herself always undertook the initial assessments and first visits so that they had a clear understanding of the person's individual needs. They told us that they consulted the person in developing the care plan and risk assessments. We saw that information was provided in pictorial form to enable people using the service to record their views and wishes on their care. Staff told us about the people they supported. They were knowledgeable about them and able to give good examples of how they supported people. For example, one staff member told us "I am supporting someone to get back on their feet after being in hospital. There are some things they [the person] needs my help with and other things they can do for themselves. I make sure I support them to be as independent as possible and not do things for them if they don't need my help."

People told us that staff usually arrived at the time they expected and if they were late then the office would telephone them to let them know. The provider included travel time within call schedules to allow care staff time to get to each visit and avoid late calls wherever possible.

Relatives of people who used the service told us that staff stayed longer than the allocated time if necessary if staff had concerns about a person using the service. They felt that the staff genuinely cared about their relative. We saw a comment from a relative on a recent satisfaction survey that their relative had been very satisfied with the care they received. They wrote that they felt the carers were very kind and helpful and that the service had had a positive impact on their family member's mental health. Another relative told us that

staff and managers supported them to liaise with medical professionals and often telephoned to check on their health and well-being which they really appreciated.

People were provided with information about the service. This included a service user guide which included contact details for the service, details of the service provided and how to make complaints and comments. The service also kept information on support for people with specific health conditions such as Parkinson's which were used to support staff and signpost people using the service to appropriate support agencies.

## Is the service responsive?

### Our findings

People who used the service told us they had been involved in the development of their care plans and confirmed the support provided was as agreed. One relative told us that the service had provided care staff who were able to communicate with their relative in their first language and were able to understand the traditions that were important to the person. Another person told us that the service had been developed to be as flexible as possible to respond to their changing needs, for example changing call schedules and providing more support if needed.

We looked at care plans of people who used the service. They were well written and provided guidance on the care and support people needed and how this would be provided. We saw that care plans were up to date and had detailed information about the support required which was written in a way that recognised people's individual needs. We saw a daily routine sheet in the care plan 'how to support me' which described a 'usual' day in the life of that person. We found these gave good details of the person's daily routine and included preferred times for specific tasks such as rising and retiring to bed. The person's profile also included information on the person's next of kin and GP. Care plans were personalised and included a summary of the person's life history and what was important to them. This gave staff information about the past of an individual and was particularly important for people who had limited means of communicating. The care plan detailed all the services required which might include personal care, domestic tasks, assistance with medicines and social companionship.

One person was supported to access the wider community through staff supporting them with their shopping and meals out. We saw that staff provided support that was consistent with the person's care plan. Family of the person using the service had identified that this support was having a positive impact on their relatives mental health needs.

People's care plans were reviewed on a regular basis or when needs changed. Each of the records we saw had an up to date review in place. People were supported to be involved in the review of their care through the use of pictorial forms which enabled them to indicate if they were happy with their care and if they had felt involved in their review and agreed with any changes that had been identified. The feedback we saw from people was very positive.

Each person had a visit record which was known as a daily log. This showed the time the staff member arrived and left the call and was signed by the staff member. We found that the quality of recordings in the daily logs varied. For example some care staff recorded tasks completed only whilst others included a reference to the physical and emotional well-being of the person. We also found some daily logs did not contain detailed information about key events. For example, where emergency services had been called to respond to a person who was unwell, we were unable to identify why emergency medical assistance had been sought and the outcome for the person. We discussed this with the registered manager who told us that they had also identified inconsistencies in the quality of recordings in the daily logs and had begun to address this with staff both individually and as a team.

The provider had a complaints policy and procedure in place. People told us that they were confident that any issues raised with the registered manager would be dealt with promptly. We looked at complaints and concerns for the service and saw that these had been clearly recorded and included an action plan to resolve the complaint. People who had raised concerns with the registered manager told us that their concerns had been responded to promptly and they were happy with the action taken by the provider.

## Is the service well-led?

### Our findings

People told us they were happy with the quality of care and support provided and felt that overall the service was well-managed. A relative of a person who used the service told us "The service actually cares. The communication between the managers, staff and myself is very good." A member of staff told us "This service is really good. The [registered] manager is supportive and makes sure we are well trained." Another member of staff told us that the registered manager always returned calls and supported staff in the event of a query.

People said that they felt confident that any issues they raised with the registered manager would be dealt with appropriately. People confirmed that they knew who the registered manager was and that she was available on the telephone and had visited them at home. They told us that they felt the registered manager was approachable and caring. Comments included "I have no concerns in ringing the office and talking to the [registered] manager." and "She [the registered manager] rings me up and checks that everything is ok."

The registered manager was knowledgeable about the needs of people who used the service and understood their responsibilities. They told us that they kept their knowledge up to date through development training and participating in provider forums to liaise with other providers and commissioners within the local authority. This helped them gain an understanding of local issues and develop the service in line with what the local authority and people in the wider community wanted.

The registered manager told us that people's views about the service were sought through home visits and satisfaction surveys. They explained that satisfaction surveys were sent out to people who used the service and their representatives every 12 months. Each survey covered one of the Care Quality Commission's key questions. We looked at recent surveys covering 'Safe'. We saw that comments from people who used the service and their relatives were very positive. One relative commented that the person using the service was "Simply happy" and that the service had had a positive impact on her life.

We looked at staff surveys which were sent out to all staff every 12 months. We found the survey responses were generally positive but also included some issues raised by staff. For example some staff had recorded that they were not clear on risk assessments or infection control. We found that no one had analysed the responses or recorded what action was taken to address the comments.

The results from satisfaction surveys were not shared with people using the service. When we raised this with the registered manager they told us that surveys results would be analysed in future, an action plan developed to address any issues raised and people informed of the outcome. They told us they had arranged further training for staff and support through supervisions to develop their knowledge and understanding in their role.

The provider had systems for monitoring the quality of the service. These included regular reviews of people's care. The registered manager advised us that they were about to introduce telephone reviews and quality checks to support routine reviews. The monitoring included spot checks and observations for care

staff during visits to ensure that staff were meeting people's needs and care was provided in line with the provider's policies and procedures. We saw that outcomes of spot checks and observations were recorded for individual staff as part of their development. There was an out of hours call system and managers were available at all times to speak with people using the service or staff who needed them.

The information sent to us by the provider prior to our inspection stated improvements planned included more frequent staff meetings and the development of a management team. This supported our findings as there were very few minutes of staff meetings on file. The provider had recently appointed two part-time senior care staff and a deputy manager to manage the day to day activities of the service. We saw that the deputy manager completed weekly reports for the registered manager detailing key events and issues. The registered manager signed to confirm receipt of information and recorded advice or action taken. This showed that the provider had recognised the importance of effective communication and involvement within the management team and identified the need to ensure staff were also involved in the development of the service.