

Servesoul Limited

Servesoul - Camden Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Servesoul – Camden Office is a large domiciliary care agency that provides support to people in their own homes. It provides a service to predominantly older adults. At the time of our inspection there were 150 people using the service. People using the service lived in two London Boroughs in north and south London.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service

Staff had received training about safeguarding and knew how to respond to, and report, any allegation or suspicion of harm or abuse.

People's care plans and risk assessments included information about their care and support needs and preferences. However, risk assessments did not always provide evidence that common risks, for example fire safety, had been considered. The provider had made changes to the risk assessment format which they showed us on the second day of the inspection and they told us that this will be implemented.

The recruitment procedures were designed to ensure that care staff were suitable for the work they would be undertaking. We viewed a sample of recruitment records for care staff employed since our previous inspection and found that background checks were being carried out.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their family were involved in decisions about their care, which was evident in the care plans we viewed and from the feedback we received from people using the service and relatives. Since the easing of COVID-19 restrictions, the provider had begun to re-introduce face to face spot checks and meetings with people during visits to people's own homes.

Information about people's religious, cultural and communication needs was included in their care plans. People were asked about their views of the care and support that they received using telephone calls, feedback questionnaires and during visits to people at their own home.

Some things worked well but there were risks that this could be undermined as management oversight was not diligent enough to prevent avoidable mistakes being made. Improvement was required to the oversight to ensure that risk assessments were being completed fully in some cases. Statutory notifications to CQC, that are required by law, had improved but consistency in submitting these notifications was still not being

sustainably achieved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 22 October 2021).

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about notifications not being made in good time and a recent death of someone in their own home due to a fire. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with risk assessments not evidencing that all common potential risks were considered in most cases. Information held by the service was held on different sites and not readily accessible when requested. For these reasons we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified one breach of regulation in relation to safe care and treatment (regulation 12) and have made a recommendation in respect of achieving consistent and sustainable improvement to making statutory notifications to CQC.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection:

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses or flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. This person was also the director of the company that owned the service.

Notice of inspection.

This inspection was unannounced, although we informed the service shortly before our arrival that we were visiting to carry out this inspection.

Inspection activity started on 5 September 2022 and ended on 26 October 2022. We visited the location's office on 15 and 23 September 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law.

During the inspection

We spoke with the registered manager, deputy manager and further two office based staff. We received feedback from one person using the service and one relative. We also received feedback from seven care staff. We looked at a range of records. This included ten people's care records, focusing on people who lived alone and the potential risks they faced, including from fire. We also looked at four staff recruitment background check records including a check of criminal records for the four care staff recruited in the previous six months prior to this inspection visit. Records relating to the management of the service, such as quality monitoring records, were also seen.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People using the service had person centred risk assessments although risk assessments did not always consider common environmental hazards, including fire risk in people's own home. In two examples of the ten risk assessment records we viewed there was comment about potential fire hazards and how to reduce the risk, however, this was not referred to in the other eight we looked at. Even if no risk existed for these people there should be evidence that the potential had been considered.
- We found that a person who had been using the service since April 2022 had no risk assessments completed on their care records in the agency offices.

Risk assessment to health and wellbeing of people using the service was not always robust enough and this placed people at risk of potential avoidable harm. This was a breach of regulation 12 (2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risk assessments for people covered a range of safety and wellbeing areas directly related to their assessed support needs, such as eating and drinking, risk of choking, assistance with medicines and moving and handling.
- Care plans we looked at described people's care and support needs and referred to any potential areas of risk associated with people's care. People's risk assessments included guidance for care staff on how to manage and minimise the potential risks identified.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm of abuse.
- A person using the service told us, "Servesoul has looked after me and [care staff] have been and are thoroughly well trained, polite, professional and friendly. I couldn't have met two more delightful people a great credit to Servesoul."
- A relative told us, "Both regular carers are very kind and compassionate and have built up a good relationship with [relative]."
- The provider had guidance for care staff to use and refer to in respect of keeping people safe from harm or abuse. This guidance described what action care staff should take if they had concerns about the welfare of people they were supporting.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care needs assessments included information about their ability to make independent decisions. Care plans included guidance for staff about the decisions that people could make for themselves. Staff members received training about the MCA and had clear guidelines to follow to ensure they worked in adherence to the Act.
- People currently using the service had capacity to make most decisions for themselves. This information was included in their care plan.

Staffing and recruitment

- The service's recruitment procedures described what should be done to check that all members of staff were suitable for the work they were undertaking. Checks of criminal records (DBS) and references had been carried out before any staff started work.
- A person using the service told us "I have been given contact numbers in case of queries etc and also the emergency number for contact should I need it but everything has run well and like clockwork. If I had a complaint or query, I know this will be dealt with promptly. I have been pleased with the care package I receive from Servesoul."
- People and their relatives did not raise any concerns about late or missed visits.

Using medicines safely

- There was a medicines policy in place. This policy was detailed and described what action the service would take if medicines support was required.
- Signed consent to support people with medicines and details of the medicines that people were taking were included on care records.
- Care staff had received medicines training as a part of a rolling programme of training. The competency of staff to safely assist people to take their medicines was also checked.

Preventing and controlling infection

- People were protected from the risk of infections. Care staff received infection control training. Disposable personal protective clothing including gloves and face masks were available. The registered manager told us they were receiving ample supplies and we saw large stocks at the agency offices that were either delivered to people's homes or that care staff could come to collect.
- The service had been able to continue to provide care to people using the service during the COVID-19 pandemic without interruption.

Learning lessons when things go wrong

- Care staff had guidance about reporting any concerns about people's welfare. Systems were in place to monitor and review any incidents or other welfare concerns to ensure that people were safe.
- The registered manager showed us the system in place that was used to respond to complaints or other incidents which included what could be learnt from them.
- The registered manager told us, and we were shown, that people's care plans were updated if there were any concerns arising from an incident or a complaint.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider was not able to evidence that oversight of the service had continually addressed previous shortfalls around failure to notify CQC of notifiable events.
- At a previous inspection a concern about safeguarding a person using the service in May 2020 had not been reported to CQC as required by regulation. We raised this with the provider at that time and at our subsequent inspection in September 2021 no further concern had emerged about failures to notify. However, since that time there had been one instance of a notifiable event not being reported to CQC and three other incidents when the reporting of significant events had not taken place as quickly as they should have been.
- Despite previously having been informed by CQC of issues that needed to be addressed, the provider had not ensured that some areas of improvement previously made had been sustained. This is in reference to ensuring notifications were consistently being made as required by regulation and it emerged that management oversight had not identified that risk assessments were not being properly or fully completed in some cases.

We recommend that the provider seek advice and guidance from a reputable source about maintaining sustainable improvement to submitting statutory notifications to CQC.

- A person using the service told us, "The supervisor visits generally every three months I verbally confirm is everything is OK and on the odd occasion I may have something to discuss I normally complete a form to that effect. Servesoul were particularly helpful dealing with my request that {care workers} were my constant carers."
- A relative told us, "We are happy with the care that is being provided and we have no complaints."
- The provider, who is also the registered manager, worked at the service and on call arrangements to provide advice and support for care staff was available outside of normal office hours.

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

- Arrangements were in place to ensure that the service operated on the basis of the needs of the people using the service.
- Information about the aims and objectives of the organisation was available. The guide for people using

the service outlined what the service could or could not provide.

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

- Care staff usually had the cultural and linguistic knowledge necessary to respect and address people's heritage and communication needs.
- The comments made by a person using the service and a relative of another person made referred to how they were able to get in touch with the service and they had received a suitable response to whatever they had raised.

Continuous learning and improving care

- A spot check system was in place although visits to see people in their own homes was being re-established since easing of COVID-19 restrictions. Face to face visits to people were being carried out by field care supervisors.

Working in partnership with others

- The service liaised with other health and social care professionals. Although we did not receive feedback from the two local authorities that commission the service, other information we had received showed that liaison took place.
- Care staff were provided with advice and guidance by the registered manager. The agency was clear about the expectation that care staff would contact the agency if there were any matters that needed to be raised in order to continue to care for people safely and well.
- Care staff we had contact with all told us that they believed they were supported and readily able to contact the service if an emergency arose during their visits to people. They told us that they were contacted regularly to check how they were managing in their work and were provided with support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessment to health and wellbeing of people using the service was not always robust enough and this placed people at risk of potential avoidable harm.</p>