

Sevacare (UK) Limited

Sevacare - Bedford

Inspection report

Ground Floor
Salmander House
2-10 St John's Street
Bedford

Tel: 01234 215832
Website: www.sevacare.org.uk

Date of inspection visit: 28 & 29 May and 3 & 4 June 2015
Date of publication: 01/07/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was announced and took place on 28 & 29 May and 3 & 4 June 2015.

Sevacare (Bedford) provides personal care to people in their own homes. At the time of our inspection 79 people were receiving a personal care service.

The service has a registered manager. 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 and associated Regulations about how the service is run.

There were inconsistencies in the way medication records were maintained. As a result this placed people at risk of not receiving their medicines as prescribed. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

Staff had been provided with safeguarding training to protect people from abuse and avoidable harm.

There were risk management plans in place to protect and promote people's safety.

Staffing numbers were suitable and adequate to keep people safe.

The service ensured safe recruitment practices were being followed.

Staff received appropriate training to support people with their care needs. Where possible people were matched with staff from the same ethnic background.

People were supported by staff to access food and drink of their choice. If required staff supported people to access healthcare services.

Staff treated people with kindness and compassion and had established positive and caring relationships with them.

People were able to express their views and to be involved in making decisions in relation to their care and support.

Staff ensured people's privacy and dignity were promoted.

People received care that was appropriate to meet their assessed needs.

The service had a complaints procedure and people were encouraged to raise complaints.

There was a culture of openness and inclusion at the service.

The senior staff team at the service demonstrated positive management and leadership skills.

The service had quality assurance processes in place to monitor the quality of the service provision.

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 not always safe

There were inconsistencies in the way medicine records were maintained.

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

People's needs were met safely by sufficient numbers of suitable staff.

Requires Improvement



Is the service effective?

The service was effective

Staff were appropriately trained to carry out their roles and responsibilities.

People's consent to care and support was sought.

Staff supported people to eat and drink and to maintain a balanced diet.

If required people were supported to access healthcare facilities.

Good



Is the service caring?

The service was caring

Staff developed positive and caring relationships with people.

People were supported by staff to express their views.

People's privacy and dignity were promoted by staff.

Good



Is the service responsive?

The service was responsive

People received care that was appropriate to their needs.

Information on how to raise a concern or complaint was available to people.

Good



Is the service well-led?

The service was well-led

There was an open, empowering and inclusive culture at the service.

Mistakes at the service were dealt with in a transparent manner.

The service had quality assurance processes in place to monitor the quality of the service delivery.

Good



Sevacare - Bedford

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 inspection of Sevacare (Bedford) took place on 28 & 29 May and 3 & 4 June 2015 and was announced. We told the manager two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service.

The inspection was undertaken 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 use this type of care service.

Before the inspection the provider completed 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. We spoke with the local authority and checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection we undertook telephone calls to 18 people who used the service. We also spoke with 11 care staff, the branch manager, a care co-ordinator, the administrator and the registered manager. We visited two people in their homes and observed how care was delivered.

We reviewed the care records of 10 people who used the service, 11 staff files and other records relating to the management of the service.

Is the service safe?

Our findings

Some people said that staff supported them with their medicines. They told us they received their medicines at the appropriate times and staff signed the records to confirm they had been administered. Staff told us they had been trained in the safe handling of medicines and their training consisted of a written assessment. The registered manager told us that staff were held to account when medicine errors occurred. She explained staff responsible for errors were not allowed to administer medicines until they were retrained and deemed competent. Staff spoken with confirmed this. We saw documentation which substantiated what staff and the registered manager had said.

We looked at the Medication Administration Record (MAR) sheets for ten people who used the service. We found inconsistencies in the recording practice on seven of the sheets we examined. For example, in some instances the MAR sheets did not reflect that medicines had been administered; however, staff had recorded in the daily log that medicines had been administered. There were some instances when there was no entry in the daily log to ascertain that medicines had been administered. As a result we were not sure if people had received their medicines. On two MAR sheets the appropriate code had not been used when medicines had been refused. On one particular MAR sheet a tick entry had been recorded to reflect the prescribed medicine had been administered. It was evident that there were inconsistencies in the way medicine records were maintained. Therefore, this placed people at risk of not receiving their medicines as prescribed.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they felt safe when staff visited them. A person said, "Staff have never treated me in an unkind manner." All the people we spoke with said if they had any concerns they would feel able to raise them with a senior member of staff. A person commented, "The staff not only make sure that I am safe but they protect my home and belongings."

Staff told us they had been provided with safeguarding training and were able to describe the different types of abuse. They all said if they witnessed or suspected a person

was at risk of harm they would report it to a senior member of staff or the registered manager. A staff member said, "We have regular training updates on safeguarding." Staff also confirmed that the outcome from safeguarding investigations was discussed with them at team meetings to minimise the risk of recurrence. Minutes of staff meetings seen confirmed this.

The training record made available to us during the inspection confirmed that staff knowledge on safeguarding was regularly updated. We saw there was a safeguarding poster displayed at the service and it included telephone numbers of outside agencies that staff could contact if they did not feel confident to escalate concerns internally. Where there were instances that the safeguarding team had requested the registered manager to investigate alerts. We saw copies of the documentation to confirm that investigations had taken place; however, we found that there was not always a clear audit trail of the actions from the safeguarding investigations undertaken.

People told us the service had risk management plans in place to protect and promote their safety. One person said, "I have a risk assessment in place as my flat is quite tiny and they say I need two carers because I need help out of bed. It can be a squeeze in my bedroom." Staff told us before people were provided with a service, risks to their safety were assessed. These included environmental risk assessments, as well as, safe handling of medicines, moving and handling and falls risk assessments. Staff also said that senior staff members involved people with the development of their risk assessments. We saw evidence of up to date risk assessments within the support plans we looked at. They included information on what action staff should take to promote people's safety, independence and to minimise any potential risk of harm.

People told us they had been provided with the contact details of how to contact the service in the event of an emergency or out of office hours. A person said, "A while ago I had to phone over a weekend. It went through to a call centre and they were able to sort things for me without any bother." The registered manager told us that the service had a plan in place for responding to emergencies or untoward events. Staff spoken with confirmed this. A staff member said, "There is an out of hour's telephone number that we can access if we need advice. I have always had a quick response when I've used it."

Is the service safe?

People said there were sufficient numbers of suitable staff to care for them. A person said, “we usually get the same staff members and they are usually on time. If they are not, they would only be ten minutes late.” Another person commented, “It can be difficult for the staff to be always bang on time. If they are going to be late the agency usually informs us.” Staff told us there were occasionally staff absenteeism due to sickness. A staff member said, “We get problems when staff phone in sick at the last minute. If there is no one available the office staff usually help out.” The registered manager said the service would not accept a

care package unless the appropriate numbers of staff were available to meet the individual’s needs. We saw evidence which demonstrated 77% of the people who used the service received care from a consistent member of staff.

Staff were able to describe the service’s recruitment practice. They said before they began to work for the service they completed an application form and attended an interview. They also said that their numeracy and literacy skills were tested. In the staff files we examined we saw references, proof of identity and Disclosure and Barring Service (DBS) certificates had been obtained.

Is the service effective?

Our findings

People said that staff had the knowledge and skills to carry out their roles and responsibilities. One person said, “The staff here are well trained.” Another person commented, “I like it that when a new carer starts she comes along and gets introduced to me and can see how my care is provided before she has to do this on her own.”

Staff told us they had received training to enable them to perform their roles and responsibilities. They said training was booked in advanced of their work schedule. The registered manager told us that the service had its own in-house trainer. She also said if staff essential training on the core subjects were not up to date, they were not allowed to deliver care.

People told us they were appropriately matched with staff who were aware of their needs. A person said, “It’s important to me that I’m dressed in a certain way because my left side has less movement. My carers all know this and take great care to ensure that they remember about it.” Staff said where possible they were matched to people they supported and understood their needs. They told us before a new care package started they were provided with information about the person and were introduced to them by the care-coordinator. A staff member said, “We are always reminded to read the person’s front sheet on the support plan to make sure we have an idea on what their needs are and how they like things to be done.” We were told if the person receiving care felt that they were not appropriately matched, the staff member would be changed. Where possible people were matched with staff from the same ethnic background providing the personnel were available.

The provider had an induction programme which all staff were required to undertake. Staff told us

the training consisted of a three day class room based session and at the end of the induction they had to take a written test on the subjects covered. They were then allocated to shadow an experienced staff member for at least twenty hours or until they felt confident to work alone. Within the staff files we examined we saw copies of completed induction training.

Staff said they received training on a variety of subjects, which included health and safety, infection control, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty

Safeguards, equality and diversity, dementia awareness and catheter care. We saw evidence that twelve staff had acquired a recognised national qualification at level 2 and 3. The training record seen listed the names of staff and the training delivered. It also included when training was due to be updated.

Staff told us they received support from the management team. This included regular supervision, appraisal, spot checks and assessment of their practice. We were provided with evidence which showed that 99% of the staff team had been appraised, 93% had received regular supervision, 94% had been spot checked and a further 88% had an assessment of their practice.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that the service had policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Staff told us they had attended training and showed a good understanding of MCA and DoLS and how it worked in practice. The registered manager said that at the time of our inspection no one using the service was being deprived of their liberty unlawfully.

People told us that staff always asked for their consent before assisting them with personal care. A person said, “Staff always tell me what they are going to do and seek my permission.” Staff told us that people signed their support plans and this was in agreement to be supported with their care needs. In the files we looked at we saw people had signed their support plans.

People told us they were supported by staff to access food and drink of their choice. They said that they chose what they wanted to eat and main meals consisted of microwave ready meals that required little preparation other than heating through. A person said, “My carer always makes sure it is piping hot before serving it to me.” Staff said that most people had frozen meals purchased for them, or their relatives would leave them a prepared meal that required heating in the oven or microwave. A staff member said, “We sometimes provide support to people specifically around preparing them with a cooked meal. We would always ask them what they would like us to prepare or their family would tell us what to prepare.” A second staff member commented, “One of my clients enjoys spam fritters and scrambled eggs, which I often prepare.”

Is the service effective?

During this inspection we visited two people in their homes and observed staff preparing their afternoon tea. We saw people were consulted on what they wished to eat. For example, staff asked people what fillings they preferred to have in their sandwiches. We observed before leaving staff left adequate amounts of fluids and snacks within people's reach so that they could eat at their leisure.

People told us they had access to healthcare services to maintain good health. A person said, "I make my own appointments and I have a chiropodist who regularly visits me." We were able to substantiate this, as on the day of the

inspection the chiropodist had visited the individual. Staff told us if required they would support people with GP or medical appointments. A staff member said, "If someone is not well we would contact the GP on their behalf or the district nurse." A second staff member commented, "We sometimes collect people's prescriptions from the chemist and I have had to accompany a client to hospital on more than one occasion." We saw that people's care records included the contact details of their GP so staff could contact them if they had a concern about a person's health.

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. A person said, “My main carer has been with me a long time. We are good friends now and we have a gossip and a giggle.” A second person commented, “They are all very nice, but I get on better with some rather than others.”

During this inspection we visited two people in their homes. Staff were able to tell us about people’s differences and how they wished to be supported. We saw people were supported in a kind and patient manner. From the interactions we observed it was evident that staff knew the people well and had a good rapport with them. People looked at ease and relaxed in the company of staff. There was lots of laughter and good humour.

People said they were supported to express their views and be involved in making decisions about their care and support. A person said, “I tell staff how I like things to be done and they respect my wishes.” Staff told us that the support provided to people was flexible and based on their individual needs. A senior staff member said, “From the first meeting with people their needs are discussed with them and they are asked for their views on how they wished to be cared for in a holistic manner.” The support plans we looked at outlined people’s needs and what help they required from staff to ensure care was delivered in a personalised manner.

A senior staff member told us that some people had used the services of an advocate and this had been arranged for

them by their social worker. The staff member said, “Some people’s relatives advocate on their behalf; however, if a person need the support of an advocate we would assist them.”

People said that staff respected and promoted their privacy and dignity. One person said, “Staff always make sure that the bathroom door is closed when assisting me with a shower.” Another person commented, “My carer makes sure I am wrapped in my towel as soon as I get out of the bath.” Staff said whenever people were assisted with personal care they ensured their privacy was upheld. One staff member said, “I always make sure that the curtains are drawn and the door is closed. If they wish to use the toilet I always leave the room.” We saw evidence that people’s wishes on how they wished to be supported with personal care to promote their privacy and dignity were recorded in their support plan.

The registered manager said that staff were provided with training in data protection and confidentiality. Staff confirmed they had been provided with confidentiality training and were aware of their responsibility to ensure that confidentiality was not breached. A staff member said, “We would not discuss a client in front of another client.”

People told us that staff encouraged them to promote their independence. One person said, “The staff know me well and know what I am able to do for myself.” Staff said they encouraged people to do as much for themselves and provided assistance when people needed it. The support plans we looked at contained information on the level of support people required to maintain their independence. For example, people were able to shower independently with minimum support from staff.

Is the service responsive?

Our findings

People received care that was appropriate to their needs. They told us they were involved in the assessment of their care needs and how their care should be delivered. A person said, “The manager spent some time with me and my wife. We looked at things in a very thorough manner.”

A senior staff member told us that people were involved in the assessment, planning and delivery of their care. They were able to say how they wished to be supported and by whom. For example, if they wished to be supported by a male or female care worker. We saw evidence that the service carried out an assessment to identify people’s support needs. The support plans we looked at outlined how these needs were to be met. They were written in a personalised manner and included information on people’s background, preferences and interests.

Staff told us they supported people to maintain links with the local community and to avoid social isolation. For example, some people were supported with social calls. This involved accompanying them on shopping trips, or to the local coffee shop. A staff member said, “We usually accompany a person to their favourite restaurant.” Some people attended day centres and we saw evidence that staff visited them earlier to accommodate their attendance.

People told us that their care needs were regularly reviewed. Several people said they had been given a date

during the month of June for a review meeting. A person said, “I find the review meetings really helpful and timely. As a result of me having a review, my care has been increased by a full hour daily.” The registered manager confirmed that people’s care needs and support plans were reviewed six monthly or as and when their needs changed.

People told us they knew how to make a complaint and felt confident to raise one if the need arose. Some said they had raised informal issues with the registered manager. These included issues such as, requests for changing a particular staff member or visit times. A person said, “On the odd occasion when I have needed to speak to the manager, she has been very good and listened to my concerns and addressed them to my satisfaction.”

The registered manager told us that she encouraged people to complain and saw complaints as an opportunity to improve on the quality of the care provided. She also said that any complaints made were discussed at staff meetings. She demonstrated to us how she had dealt with a concern that was raised by a particular person at their review meeting to improve on the care provision. At the time of our inspection the service had received six complaints and they had been responded to within the provider’s timescale and to people’s satisfaction. We saw that the service’s complaints procedure was included in the information pack given to people when they started receiving care.

Is the service well-led?

Our findings

The service promoted a culture that was open, inclusive and empowering. People and staff told us that the registered manager and senior staff members were open and transparent. A staff member said, “The manager is understanding and works with us to improve on the quality of the care provided.”

The registered manager told us that the service had links with the local community. For example, the service had developed links with the local job centre and a local supermarket. At a recent recruitment promotion, staff from the service were able to use the facilities at the job centre and the local supermarket. We were told that the promotion attracted a reasonable amount of enquiries.

Staff told us they were aware of the service’s vision and values. They all said that people were encouraged to maintain their independence regardless of their disabilities or differences. A staff member said, “We have regular spot checks from senior staff to make sure that we are promoting the service’s values in our day to day practice.”

People told us they were regularly asked to complete questionnaires to comment on the quality of the care provided. A couple people felt they did not always receive feedback from their comments. All were in agreement that if they made a request for someone in the office to contact them their request was always granted. A person said, “I wish more places were the same.”

Staff told us that regular staff meetings were held. They were listened to and able to make suggestions. The registered manager told us that she regularly met with senior staff members. This was to ensure that any decisions made were filtered down to staff appropriately. We saw minutes from meetings held which confirmed this.

Staff told us when mistakes occurred they were dealt with in a transparent manner. A staff member said, “We don’t hide anything. If we make a mistake we hold our hands up and learn from it to make sure it does not happen again.” Staff also said they received feedback from senior staff members in a constructive manner. A staff member said, “We receive feedback on an individual basis such as face to face supervision, spot checks or via memos.”

Staff told us that the registered manager and the senior staff demonstrated good management and leadership. A staff member said, “They make you feel relaxed and are accessible out of hours to provide advice.” Another staff member commented, “If you are experiencing difficulty in your day to day duties, they will come out and work with you to provide support. They also observe your practice on a regular basis.”

There was a registered manager at the service who was supported by other senior staff members including a branch manager, an administrator and a team of care staff.

The registered manager told us that the service had quality assurance systems in place and these were used to monitor the quality of the care provided and to improve on the service delivery. We saw evidence that staff practice was regularly monitored to make sure they were delivering care in line with people’s support plans and current best practice. There were processes in place to audit people’s daily log and medicine sheets. We found that the auditing processes in relation to medicines had highlighted anomalies that required areas for improvement and work was in progress to ensure that staff had been provided with further training.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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>Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person failed to ensure that the medicine records were appropriately maintained. This placed people at risk of not receiving their medicines as prescribed.</p>