Care Quality Commission

Sevacare (UK) Limited

Sevacare - Nottingham

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
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 inspection took place on 18 September 2015. Sevacare - Nottingham is a domiciliary care service which provides personal care and support to people in their own home. On the day of our inspection 142 people were using the service.

The service had 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 2008 and associated Regulations about how the service is run.

People did not always receive their medicines at the correct time because staff did not always arrive on time. There was a high turnover of staff which impacted on how people felt about the service they were receiving.

Summary of findings

People felt safe and staff understood their responsibilities to protect people from the risk of abuse. Any incidents which had occurred were reported to the appropriate authority. Risks to people's health and safety were managed.

Staff were provided with the knowledge and skills to care for people effectively and received regular supervision and support. People received the support they required to have enough to eat and drink and, where required, staff supported them to access healthcare professionals.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

People were cared for by staff who had developed caring relationships with them. Efforts were being made to ensure people received the same care staff consistently. People and their family were able to be involved in the planning and reviewing of their care. People were treated with dignity and respect by staff who understood the importance of this.

People did not always receive the care they required at the agreed time because staff were often early or late. Work was being carried out to improve the rota so that staff did not have far to travel between calls. People could be assured that any complaints they made would be taken seriously and appropriately responded to.

People and staff were asked for their opinions on how the service was run and the provider took people's comments seriously. The culture of the service was open and honest and staff felt comfortable raising issues of concern. There were systems in place which were being used to monitor the quality of 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?
The service was not always safe.

People did not always receive their medicines at the correct time.

People received the support required to keep them safe and manage any risks to their health and safety.

Although there were sufficient numbers of staff there was a high turnover of staff which impacted on people's views of the quality of service they received.

Requires improvement

Is the service effective?
The service was effective.

People were cared for by staff who received support through training and supervision.

People were asked for their consent and supported to make decisions.

People were supported to eat and drink enough.

Good

Is the service caring?
The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were able to be involved in their care planning and making decisions about their care.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was not always responsive.

People did not always receive the care they required in a timely manner because staff often arrived early or late.

Complaints were appropriately investigated and responded to.

Requires improvement

Is the service well-led?
The service was well-led.

There was an open, positive culture in the service and people were asked for their views about the service.

There were clear decision making structures in place and the quality of the service was regularly checked and action taken to make improvements.

Good

Sevacare - Nottingham

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.

We visited the service on 18 September 2015, this was an announced inspection. We gave 48 hours' notice of the inspection because we needed to be sure that the registered manager would be in. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted commissioners (who fund the care for some people) of the service and asked them for their views. 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.

During our inspection we spoke with 20 people who were using the service, four members of care staff, two members of office staff, the registered manager and a representative of the provider. We looked at the care plans of four people and any associated daily records such as the daily log and medicine administration records. We looked at six staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Requires improvement

Is the service safe?

Our findings

People told us they did not always receive their medicines on time because staff were sometimes late attending their call. Whilst people felt that staff provided the support they required to safely manage their medicines, there could be delays in this being provided. One person commented that staff had recently arrived late for their call which meant their medicines had been administered late. Prior to our inspection, we received information from the registered manager to suggest that there had been several other occasions where people had not received their medicines as prescribed. This was verified by the care records we viewed during our visit.

The staff we spoke with told us they were provided with clear guidance and training in how to safely administer people's medicines. Staff were able to describe what action they would take should a person not receive their medicines as required. People's care plans contained information about what support, if any, they required with their medicines. Staff completed records to confirm whether or not people had taken their medicines, although we saw that these were not always being completed as required. Staff were able to correctly describe to us the different levels of support people required and the procedures they followed when assisting people.

There had been a large turnover of staff in the 12 months prior to our inspection and this had had an impact on people's views of the service. Many of the people we spoke with told us they felt unsettled when a new member of staff provided their care and that they had to explain what care they needed. The registered manager was spending a lot of their time focussing on recruitment activities and told us they were looking at ways to reduce staff turnover, such as by providing more support to staff 'on the ground'.

Despite the large turnover of staff, at the time of our inspection there were sufficient numbers of suitable staff to meet people's needs. Staff used a computerised system to calculate how many hours of care were required each week. This information was used to devise a rota to ensure that there were sufficient staff available to meet people's needs each week. Recruitment was on-going to ensure there were always enough staff available to meet people's needs and to cover for staff absence. The staff we spoke with told us that they felt there were enough staff and they were able to provide the required support in the allocated time.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions. The staff we spoke with told us appropriate checks were carried out before they started work.

The people we spoke with told us they felt safe when staff were providing care in their home. One person said, "I am happy with them." People also confirmed that staff ensured their property was secured before they left. People were supported by staff who knew how to keep them safe and what action they would need to take to report any concerns. Staff knew about the different types of abuse which can occur and told us they would not hesitate to report anything of concern. Staff had confidence that the registered manager would act appropriately in response to any incidents. The provider ensured staff were provided with the required skills and training to understand their role in protecting people. Relevant information had been shared with the local safeguarding authority when any incidents had occurred.

Steps were taken to promote people's safety, the care plans we saw contained information about how staff should support people to keep them safe. For example, one person's care plan noted that they could become confused and refuse to accept help from staff. The care plan provided guidance to staff about how they could reassure the person to reduce any distress. The staff we spoke with had a good understanding of the different ways they worked with people to keep them safe.

Risks to people's health and safety were appropriately assessed and measures put in place to reduce risks. A member of staff visited each person's property prior to a care package commencing and identified any risks such as the risk of them falling. The level of risk was determined and steps put into place to try and mitigate it. The care plans we viewed confirmed that risk assessments were also reviewed on a regular basis.

Requires improvement

Is the service safe?

Staff told us they were made aware of different risks to people's health and safety and knew how to manage these. For example, a member of staff described how they used equipment to support a person to be able to get out of bed. Staff received training in using the equipment in people's homes and the staff we spoke with confirmed this was the case. The care plans we looked at provided information about how to manage risks whilst also supporting the person to carry out tasks for themselves. Care plans also contained information about any risks associated with people's homes and staff were aware of this information.

Good

Is the service effective?

Our findings

Two of the people we spoke with felt that staff had not always had the required training to provide effective care. One person said, "[My relative] has a catheter and very few staff have knowledge about it. I have to train them, they haven't got a clue." Another person told us, "It doesn't look like they are given training." However, the other people we spoke with felt that staff did receive the training required to provide effective care.

We found that people were cared for by staff who were provided with relevant training and regular support. New staff were provided with a comprehensive induction which included important training such as safeguarding vulnerable adults and moving and handling techniques. Training was refreshed on a regular basis and staff's competency and understanding checked. The staff we spoke with told us they received all the training they needed to carry out their duties competently. One staff member told us they received a lot of training and had found it to be of a good quality.

Staff told us they felt supported by the registered manager and their team leader. Records confirmed that staff received regular supervision meetings where they could discuss any support they required. The registered manager and team leaders carried out periodic visits to people's homes to observe staff practice and obtain feedback from people about the competency of staff. We saw that informal support and coaching was also provided to staff where there may have been concerns with the quality of the care they provided.

People were asked for their consent prior to their care package commencing. We saw that people were asked to sign their care plan and various consent forms to give their agreement to them. Where appropriate, people's relatives had also been involved in this process. The staff we spoke with also confirmed that they asked people for their consent before providing any care. Staff understood the importance of gaining people's permission and explaining what they were about to do.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA) and ensured their best interests were considered. The staff we spoke with had a good understanding of the MCA and described how they supported people to make decisions where possible. We looked at the care plans of a person who had did not always have the capacity to make decisions. This explained the importance of helping the person make decisions for themselves.

Where required, people received support from staff to prepare their meals and some people were assisted to eat their meals. The people we spoke with confirmed that they were satisfied with the meals staff provided and that they had enough to eat and drink. Staff told us they were made aware of the kind of meals they should prepare for people and any particular dietary requirements people had.

Where staff were responsible for supporting people to eat and drink this support was provided in a way which met people's individual needs. One person required some prompting in order to eat their meals and staff explained how this support was provided. This was backed up by the information in the person's care plan. Staff also ensured that people had some food and drink within reach before leaving their house.

Where staff were responsible for assisting people to make healthcare appointments, this support was provided. The registered manager told us that staff were proactive in ensuring that people were assisted to make appointments with healthcare professionals such as their doctor. Staff also confirmed that they made appointments for some people.

People's records showed that staff recorded any concerns with a person's health and what action they had taken in response. Staff also knew how to respond in emergency situations and were aware of the different services that could be contacted, such as paramedics and the non-emergency telephone service.

Good

Is the service caring?

Our findings

The majority of the people we spoke with told us that staff were caring and they had positive relationships with them. One person said, "Staff are very decent, very polite, they're always asking me how I am." Another person told us, "Staff are professional, lovely." Another person commented that they now had regular care staff and had built up a good understanding with those staff. Two people felt that staff could, on occasions, be task oriented and not focussed on them as a person.

The staff we spoke with described how they valued the relationships they had built with people. Staff could describe the different ways people preferred to be cared for and spoke warmly about them. Staff were also aware of differences in people's preferences about their care, such as the gender of the care staff. Where possible, the same staff were assigned to care for people so that relationships could be developed over time. Staff told us they appreciated this consistency and found it helped them build relationships with people. Whilst it was not always possible to do this, due to leave and sickness, efforts were made when planning staff rotas to ensure consistency.

Sufficient time was available on each call for staff to be able to develop positive relationships and carry out the tasks required. Where there were concerns that there was not always enough time the registered manager had taken action to apply for additional funding. The care plans we looked at described people's needs in an individualised way. Care plans contained information about people's likes and dislikes and how this impacted on the way they preferred to be cared for.

People were involved in planning their own care when they first made contact with Sevacare – Nottingham. The registered manager told us that they would take information about what people wanted from their care package either by meeting with them or from their social worker, where applicable. Regular contact was maintained with people to ensure that their involvement in planning their care was continued, although some people chose not to be involved. Where appropriate, people's relatives could be involved in this process.

Staff told us that they involved people in day to day decisions relating to their care to ensure that their choices were respected. For example, staff respected people's independence should they wish to carry out some of their own personal care. Records confirmed that people and their relatives had been involved in providing information for their care plans. Care plans were reviewed either in person or by telephone, if the person wished to be involved in the review. Staff told us the information in people's care plans was accurate and helped them to understand the way people wished to be cared for.

People were cared for by staff who understood the importance of protecting their dignity and respecting their privacy and the people we spoke with confirmed this was the case. Staff displayed a clear understanding of how to provide personal care in a way which protected people's dignity, such as by ensuring people were appropriately covered when being given personal care. People were afforded privacy when they required it. For example, a member of staff told us that they left the room so people were able to carry out certain personal care tasks themselves.

The care records we viewed demonstrated the importance of providing care that was dignified and centred on the person's needs. One person's care plan stressed the importance of allowing the person to retain control whilst they were being cared for, by stating what they would and would not like help with. Staff also received training and guidance on the importance of providing care in a dignified manner.

Requires improvement

Is the service responsive?

Our findings

People did not always receive care when they needed it because staff did not always arrive at the allocated time. The people we spoke with told us that staff were often early or late and they found this to be frustrating. One person told us their carer had not turned up on the morning that we spoke with them. Another person told us that staff frequently arrived late, on one occasion arriving two hours after the scheduled time. However, other people told us their care staff usually arrived on time, or they would receive a phone call to inform them of possible lateness.

People's comments were verified up by the computerised records generated when care staff logged in and out of a person's property. These indicated that staff sometimes arrived late for their calls. The registered manager told us they expected staff to arrive within 30 minutes of the scheduled time. However, there were numerous occasions where staff arrived between 30 and 60 minutes late. We also saw numerous occasions where staff had arrived between one and two hours early. This meant that people did not receive the care they required in a timely manner. Records also demonstrated that staff did not always stay for the agreed length of time. Whilst there may be occasions where people do not require any care or support, records indicated that where a member of staff was running late they did not always stay for the full period of time that was being paid for.

The registered manager acknowledged that staff did not always arrive at the allocated time and work was being carried out by team leaders to arrange staff rotas so they did not have far to travel. This would have the effect of reducing the amount of time required to travel between people's homes. The rotas were generated by a computerised system which allocated staff based on their availability and divided people into geographical areas.

People had care plans which were reviewed frequently and changes and additions were made when required. For example, one person's care plan had been updated to reflect the fact that they required more support and additional calls each day. Staff told us they were always updated by the registered manager when there had been any changes to a person's care. The staff we spoke with told us they were provided with sufficient information about people's needs before visiting them for the first time. Whilst staff were aware of the information in care plans, they told us they would be flexible depending on what people wanted. Staff told us that they did not feel under any time pressures and could stay longer than the allotted time if the person needed additional support.

The people we spoke with felt they could raise concerns and make a complaint and always received a response when they contacted the office. Each person or their relative was provided with an accessible copy of the complaints procedure when they started using the service.

We looked at the complaints that had been received in the 12 months prior to our inspection. Each complaint had been thoroughly investigated and a response sent to the complainant. Whilst responses were not always sent out within the provider's own timescales, there were acceptable reasons for any delays. The provider offered an acknowledgement and apology where they felt their service had dropped below an acceptable standard. The registered manager took action to improve the quality of the service after receiving a complaint, for example by offering additional support to staff. We also saw that a number of compliments had been received from people expressing their gratitude for the service provided.

Good

Is the service well-led?

Our findings

The people we spoke with told us they would feel comfortable in contacting the office and speaking with the registered manager regarding any concerns. People benefitted from a service that was provided in an open and transparent manner. Office staff made regular phone calls to people to check if they remained satisfied with the service and if any changes were required. This ensured that communication remained on-going and the registered manager acted on any issues that were raised.

The staff we spoke with told us there was an open and honest culture and they felt able to raise issues and make suggestions. Staff felt their views were taken seriously and that they were confident about speaking up. There were frequent staff meetings held in different geographical areas and records showed that staff were encouraged to contribute to these. One member of staff told us they had raised some concerns about the care provided to a service user and these had been addressed.

The staff we spoke with told us they could contact the registered manager whenever they needed to and were encouraged to raise any concerns or ideas they had. Staff told us they also felt comfortable saying they had made a mistake and that the registered manager would support them to learn from this and improve.

The service had a registered manager and they understood their responsibilities, however many of the people we spoke with told us they did not know who the registered manager was. People did acknowledge that they knew how to contact the service should they need to. The staff we spoke with told us the registered manager led by example and felt that the service was well-led.

There were clear decision making structures in place and certain key tasks were delegated to staff at different levels, such as the supervision of care staff. The provider ensured that sufficient resources were available to provide staff with what they needed to carry out their work. For example, staff always had access to sufficient personal protective equipment. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke with could not recall having been asked for their opinion of the quality of the service. However, we saw that different methods were used to obtain people views such as by sending out quality assurance questionnaires and making regular phone calls to people. The most recent surveys had been analysed and showed that the people who responded were generally satisfied with the service they received. However, a number of respondents stated that they were dissatisfied with the punctuality of care staff. An action plan had been put into place in response to the issues raised by the questionnaire responses and this was being monitored to ensure improvements were made.

The quality of service people received was regularly audited by the registered manager and other senior staff. Regular unannounced spot checks of staff were carried out to assess their punctuality and the quality of care they provided. Audits of records returned to the office were also carried out to ensure that staff were providing the care required as well as completing records appropriately. We saw that daily records were well completed and securely stored. In addition, the provider also made regular visits to the office to carry out their own quality checks and to support and supervise the registered manager.