Care Quality Commission

Sevaline Limited

Seva Line Limited

Inspection report

Bolton Enterprise Centre
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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 announced inspection took place on 08 and 09 June 2015.

At our last inspection on 22 May 2013 the service was found to be meeting all regulatory requirements.

Sevaline is a domiciliary care agency and is based within Bolton Enterprise Centre, close to the town centre of Bolton. The service offers home care services to the surrounding area. Support is offered between 7am and 10pm seven days a week and the service can also offer overnight support on request. The service provides staff who can speak a variety of different languages to meet the needs of the local community.

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

Summary of findings

At the time of inspection twenty four people were using the service.

During our inspection we found that the service was in breach of one regulation. We found that the registered person had not protected people against the risks associated with safeguarding people who used the service from abuse and improper treatment. On the whole, we found that the staff we spoke with had limited knowledge of the principles of safeguarding and needed to be prompted to explain exactly what it meant and what action was required if they suspected any abuse. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with regards to safeguarding, because the service had failed to ensure they had systems and processes to effectively prevent the abuse of people.

People who used the service, their relatives and professionals we contacted told us they felt the service was safe. There were appropriate risk assessments in place with guidance on how to minimise the risks such as the administration of medication and using manual equipment.

At the time of the inspection nineteen care staff were employed by the service. Recruitment of staff was robust and there were sufficient staff to attend to people's needs. Rotas were flexible and could be adjusted according to changing need. Staff were deployed who understood the culture and the language of the people they supported.

Medication policies were appropriate and comprehensive and we found medicines were administered safely.

People's care plans were person centred and contained information about people's preferences and wishes. Care plans included appropriate personal and health information and were up to date. People told us that should there be a need to complain they felt confident in talking to the manager directly and that they had regular discussions with management.

People who used the service and their relatives told us the staff were caring and kind. We observed staff interacting with people who used the service in a kind and considerate manner, ensuring people's dignity and privacy were respected.

Residents' and relatives' views were sought regularly as a means for people to put forward suggestions and raise concerns.

There was an appropriate complaints procedures in place and we saw that complaints were followed up appropriately in a timely manner.

At the time of inspection there were no records of staff receiving training in the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. The service had plans in place to introduce this training in July 2015.

People who used the service and their relatives spoke favourably about how the service was managed. One relative said: "I have no complaints at all." People who used the service and their relatives knew the manager by name and told us that all staff were very friendly and approachable.

The service had a business continuity plan in place which covered areas such as loss of access to the office, loss of staff, loss of utilities and key suppliers, and the action to be taken in each event. The plan also included the prioritising of people who used the service with regards to their vulnerability.

People who used the service told us that they valued the care staff being the same cultural background and themselves. Most care staff had been in employment with the service for several years and this ensured consistency of care staff.

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?

Requires improvement

The service was not always safe.

Staff had limited knowledge of the principles of safeguarding and needed prompting to explain what this meant.

Only 37% of staff had completed recent training in recognising and responding to abuse.

There were appropriate levels of staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Staff were matched to the people they supported according to the needs of the person, ensuring communication needs and any cultural or religious needs were met.

Staff felt supported and received supervisions with the manager, but these were not at the frequency identified in the supervision policy.

The service worked in partnership with other agencies to develop and improve the quality of service provision.

Is the service caring?

Good

The service was caring.

People who used the service told us that they liked the staff who supported them and looked forward to them visiting.

Staff were respectful of people's privacy and upheld people's dignity in the way they interacted with them.

People were involved in making decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

Care plans were in place identifying people's care and support needs. Staff were knowledgeable about the people they supported in order to provide a personalised service.

People who used the service and their relatives felt that staff and manager were approachable and there were regular opportunities to provide feedback about the quality of the service.

There was a complaint policy in place and people who used the service and their relatives knew how to use it.

Summary of findings

Is the service well-led?

Good

The service was well led.

Staff were supported by their manager. There was open communication in the staff team and staff felt comfortable discussing issues with their manager.

The manager regularly checked the quality of services provided to people and ensured people were happy with the support they received.

The service had policies and procedures in place which covered all aspects of the service delivery.

Seva Line Limited

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.

This inspection took place on 08 and 09 June 2015 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their office to facilitate our inspection.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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 also reviewed information we had received since the last inspection including notifications of incidents that the provider had sent us. We also liaised with external agencies including the contract monitoring team from the local authority.

During our inspection we went to the provider's head office and spoke to the registered manager and the review officer. At the time of our inspection, we found there were 24 people who were using the service, which employed 19 members of care staff. We reviewed the care records of six people that used the service and records relating to the management of the service. We looked at documentation such as care plans, staff personnel files, policies and procedures and quality assurance systems.

We visited four people who used the service in their own home and spoke with two people who used the service. We also spoke with six members of staff including the registered manager and a review officer.

After the inspection our expert by experience spoke with three people who used the service and to the relatives of 10 people who used the service over the telephone as part of the inspection. This was in order to seek feedback about the quality of service being provided.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person who used the service told us; "I'm very pleased with the service as I get the same carers all the time and this is very important to me." Another person who used the service said: "The staff member is wonderful and cares for me very well and I would be lost without them." People who used the service told us they had no worries about feeling unsafe or any belongings going missing.

During the inspection we checked to see how the service protected vulnerable people against abuse. We looked at staff training records and found that all staff had undertaken safeguarding training as part of the induction process. However, only 37% of staff had completed recent training in recognising and responding to abuse. Training records showed that all staff had pre-scheduled training dates for this training which were planned in advance but these had not been adhered to. One staff member said "I have had no recent training in safeguarding, but have done it in the past." There was a safeguarding vulnerable adults policy in place and this made reference to Bolton Council's multi-agency Safeguarding Adults Partnership.

We asked one member of staff what they would do if they suspected a family member of abusing people who used the service and they stated that they would contact the family first. They were also unaware of any service procedures on how to report safeguarding concerns. Another member of staff said: "If I had any concerns I would speak to my manager and record what I'd done in the daily record sheets." We found that the staff we spoke with had limited knowledge of the principles of safeguarding and needed to be prompted to explain exactly what it meant and what action was required if they suspected any abuse.

We found that the registered person had not protected people against the risk of associated with safeguarding people who used the service from abuse and improper treatment. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with regards to safeguarding, because the service had failed to ensure they had systems and processes to effectively prevent the abuse of people.

We looked at a sample of six care files to understand how the service managed risk. Each care file included a standard service user risk assessment, which included areas such as the physical environment in the home and equipment used. This risk assessment determined the level of risk and the control measures required to manage the risk. Other risk assessments undertaken by the service included moving and handling. We found these risk assessments were reviewed annually or as required in response to changing needs of the person who used the service.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure that people who used the service were safe. Care records detailed: where medication was stored in people's homes; who was responsible for ordering stock; and specific guidance on administration for each person who used the service. All staff administering medication had received training, which we verified by looking at training records.

We looked at a sample of two medication administration record (MAR) sheets whilst visiting people in their home homes. We found these had been correctly competed with no omissions or signature gaps. We looked at records and saw that the service undertook competency checks of staff who administered medication.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe in their own home. We found people were receiving care from care staff who were deployed consistently in a way that met people's needs. One person who used the service told us; "Care staff are prompt and never late. They are lovely and dedicated."

Some people who used the service lived alone and staff required the use of a key to access their house. We saw the keys were appropriately stored in a 'key safe' outside each house we visited. This required staff to enter a pin code before gaining access to the key so they could go in and deliver care safely.

We found there were suitable recruitment procedures in place and required checks were undertaken before staff began to work for the service. During the inspection we looked at five staff personnel files. Each file we looked at contained application forms and Disclosure and Barring Service (DBS) checks. These checks identify if prospective staff have a criminal record or were barred from working with children or vulnerable people. There was evidence in staff files that at least two references had been sought from

Requires improvement

Is the service safe?

previous employers and these had been obtained before staff started working for the service. Identity checks were also made. This showed us that staff had been recruited safely.

Good

Is the service effective?

Our findings

People who used the service told us they felt that staff had the right skills and training to do their job. Relatives said they were always informed if care staff had any concerns about the people they supported. Examples included being informed about pressure sores, high body temperature and recommendations about referring concerns to a GP. One family member said: "My mother gets depressed and has mood swings when she can get very weepy. On such occasions the carer keeps me informed so that I can go over and console my mother."

Three other people who used the service told us that they had switched to Sevaline, because they could better meet their cultural needs and understood them better. We found care staff were deployed to ensure that they were of the same cultural background as the people they supported. This meant that communication between staff and the person who used the service was effective and people's cultural requirements were respected.

Staff were matched to the people they supported according to the needs of the person, ensuring communication needs and any cultural or religious needs were met. For example, people who were unable to speak English received support from staff who were able to speak and understand the person's language. One member of staff told us that they had learned about the different culture of one person that they supported so that they were able to communicate effectively and respect the person's cultural preferences

We looked at the way the service managed consent for any care and support provided. Before any care and support was provided, the service obtained consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the service, checking people's files and speaking to staff.

We asked one member of staff how they would ensure a person had provided consent to care. They told us: "I always explain what I want to do and show him the bathroom if I need to wash him. But, if he says no I respect his wishes and then I let his family know." The manager told us that if the service had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken, which we verified by looking at care plans.

Whilst visiting people in their own homes we saw staff seeking consent before delivering support such as providing drinks. We found that written consent had also been obtained from people who used the service or their representatives, which was recorded within care files. People who used the service and their relatives told us that they were involved in their care and were listened to by the service. One relative said: "I phone or text them at least once a week and they do have time for me." Staff confirmed that before they left their visit they ensured people were comfortable and had access to food and drink.

We found there was a staff induction programme in place, which staff were expected to complete when they first began working for the service. The induction covered areas such as health and safety, infection control, safeguarding, moving and handling, protection of vulnerable adults, food hygiene, confidentiality, medication and culture and values. Each member of staff we spoke with told us they undertook the induction when they first commenced their role. All care staff were enrolled on two mandatory training update programmes provided by the local authority. This included safe use of equipment, infection prevention and control, people moving and handling, hoist awareness and medication refresher training.

All care staff were given a staff handbook that included policies and procedures, which was discussed with the staff member as part of the induction process. We checked staff personnel files and found records of these discussions. We were told by the registered manager that staff have a better understanding of their role and responsibilities as a result. New staff members were also required to work alongside more experienced care staff during the induction period. We found training was mostly provided by the local authority and all refresher training was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff received supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. The supervision policy identified that supervisions should take place every four weeks, however supervisions did not take place in accordance with this frequency and there were gaps of several months between supervisions in all of the staff personnel files we looked at.

Good

Is the service effective?

We were told by the manager that most of people's health care appointments and health care needs were co-ordinated by the people themselves or their relatives, but if needed, staff were available to support people to access healthcare appointments. They would liaise with health and social care professionals involved in people's care if their health or support needs changed. The service worked alongside other professionals and agencies in order to meet people's care requirements where required. Involvement with these servicers was recorded in care plans and included opticians, chiropodists and doctors.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).Two staff told us they had previously completed training in MCA and DoLS. Three staff we spoke to said they had not received training in MCA and DoLS. We checked staff training records to see which staff had completed MCA and DoLS training. Although 100% of staff had completed safeguarding training as part of their induction, no staff had completed recent training in MCA/ DoLS.

The manager told us the service had plans in place to introduce training in July 2015 in safeguarding adults under the Care Act 2014 and the Mental Capacity Act (2005) that would be accessed via Bolton Council website. We verified this by speaking to the training officer at the Council who confirmed that the service had registered for this training and an access code had been issued.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect. One person told us: "There is no doubt they are very kind." Another person said: "They (the staff) are always there and it's nice to have them around."

During our visits to people's homes, we observed the interaction between staff and people who used the service. Staff were caring and affectionate to the people they supported. We heard laughter and saw people smiling as part of the interaction that took place. We saw staff holding people's hand with appropriate touching. It was clear that staff knew the people they supported and their individual needs and had developed an affectionate professional relationship with them.

One person said: "We get on well. I find it easy to talk to them (the staff). They are very friendly." Another person told us: "The three carers are like sisters to me. They are part of the family now. They speak Gujerati and we get on very well. One person who used the service said: "They definitely respect my privacy and dignity as they support me when I have a shower. They are very thorough in everything they do." Another person told us: "He (the staff member) is very good and will do anything I ask."

People who used the service and their relatives told us they were involved in developing their care and support plan. They were able to identify what support they required from the service and how this was to be carried out. One person told us; "If I had any concerns I would ring the office. He (the staff member) has a very good attitude and is very respectful."

We asked staff how they aimed to treat people with dignity and respect when providing care and how they encouraged people's independence. One member of staff said: "The person must always decide what they wish to happen. I talk to the person about things because the most important thing is to encourage them to be independent." Another member of staff told us that they had learned the language and the cultural requirements of the person they supported, so that they were able to respect their cultural requirements when entering their home and communicate with them effectively.

A relative said that staff respected their mother's privacy and dignity in the manner that she was assisted into the bathroom. Staff made sure the person was dressed properly, always waited outside the door and only went into the bathroom after asking permission. Another relative said "We switched over from another company because we weren't completely happy with them. Now my mother is nicely settled and I feel relaxed."

The staff we spoke with demonstrated a good understanding of the people they supported, their care needs and their wishes. They were able to tell us about people's preferences and how they endeavoured to ensure care and support provided was tailored to each person's individual needs.

Good

Is the service responsive?

Our findings

People told us that should there be a need to complain they felt confident in talking to the manager directly. People said they had regular discussions with management. One person told us: "The owner comes about every twelve months to have a chat and to make sure everything is okay and if I need anything else." One relative told us: "If there's a problem I can freely discuss it with them (the service) whenever I want and this is what I like."

The service had a complaints policy and procedure and we saw that they followed this consistently. We asked people if they knew how to complain and most people told us they had never had to complain and that if there were any issues they could be resolved by talking to the staff or manager. One person told us they had once made a complaint and this had been dealt with to their satisfaction.

The service regularly sought the views of people regarding the quality of services provided. People who used the service were sent an annual questionnaire to seek their views about the quality of care they received. People told us they were encouraged to complete the questionnaire and had the option of completing it electronically on-line. One relative said: "They asked me if I had done the questionnaire. I told them that I had lost the paper and the manager said I could do it on-line." Another relative said: "They have contacted me once or twice to meet up with them but I haven't got round to it."

We looked at some of the feedback forms that had been completed by people and this included the date and time of the contact, the issues identified and the action taken to resolve the matter. We saw that the service had a rolling programme of contacting people who used the service and their relatives.

People told us that they were listened to by the service. For example when one relative thought that a care staff member "spent a lot of time on her mobile phone," they contacted the manager and the staff member was replaced.

We found that all staff were able to speak at least two different languages and the reviewing officer spoke three different languages. Feedback was sought from people who used the service and this showed they valued being able to converse and express their choices in their care package to staff who are able to communicate in the person's preferred language. In this way all people who used the service were encouraged to express their views.

People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the office. This provided staff with guidance around how to meet their needs, and what kinds of tasks they needed to perform when providing care.

We looked at a sample of six care files. The structure of the care plan was clear and easy to access information. The care plans were person centred and contained details regarding their background and recorded details of people who were involved in determining care such as family members and social workers. Additionally, it included personal hygiene requirements, medication and food and drink preparations that were culturally specific. Regular reviews of care needs were undertaken by the service.

The manager told us that if the service received a new referral it would not be accepted until it was certain that there were enough staff available to meet the person's care needs. This may have included whether there was a need to recruit additional staff.

Staff, on occasions, undertook shopping for people who used the service. Records were made of all financial transactions, which were signed by the person who used the service and the staff member. We spoke with three people who used the service and ten family members of people who use the service from different cultural backgrounds. They told us that their care needs were being met and that they were very satisfied with the service.

The majority of people supported by the service, and the staff it employed lived locally. The manager told us that staff were deployed and supported people within an area that had a three mile radius. This allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. The manager informed us that if staff were unable to attend an appointment they informed the manager in advance and cover was arranged so that people received the support they required. The person being supported was also informed of any potential late visits.

There were systems in place to record what care had been provided during each call or visit. Care plans contained a document, which was completed by staff at each visit. This

Good

Is the service responsive?

included when personal care had been provided, any food preparation, medication given or any creams applied. We checked these documents in people's homes and found they were being filled in by staff.

Good

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager had been in place since March 2011. 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.

A staff member told us: "I feel it's a very good company. The manager is very nice and that's why I've worked here a long time. Another member of staff told us: "I feel very supported, you can just talk to the manager and they listen and respond."

The service undertook audits to monitor the quality of service delivery. We saw a number of audits in place such as medication audits and spot checks on care staff to verify their competence in providing safe and good quality care. We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies were due for revision in July 2015. The service had recently submitted a statutory notification within required timescales and had taken the appropriate action. We verified this by checking care plans and staff personnel files and by speaking to the local authority contracts team.

The service used an electronic call monitoring system as required by the local authority. The system identified the dates and times of scheduled visits to people and the actual time spent with the person. We looked at a sample of electronic all monitoring records and saw that 84% of scheduled visits had taken place within the identified time banding. This meant that although 100% of planned visits had taken place, 16% of these scheduled visits were at a slightly different time to that originally identified. Where visits were not at the time identified the service had provided an explanation to the local authority contracts team who had advised the service to contact the local authority social work team to request an alternative time to be scheduled. We verified this by looking at local authority contract monitoring visit reports.

The service also used a new manual timesheet where care staff documented the time of each visit and this was checked against the electronic records. In addition, the service checked with people who used the service and family members that the times recorded were correct.

The service is a member of United Kingdom Homecare Agency Limited (UKHCA). This is the professional association of home care providers, which helps organisations that provide social care in promoting high standards of care. The manager told us that they had used the agency to assist with developing policies and procedures and for carrying out disclosure and barring service checks. Training was also provided in partnership with the local authority.

People who used the service told us that they valued the care staff being from the same cultural background and themselves. Most care staff had been in employment with the service for ten years or more and this ensured consistency of care staff.

People who used the service and their relatives spoke favourably about how the service was managed. One relative said: "I have no complaints at all." People who used the service and their relatives knew the manager by name and told us that all staff were very friendly and approachable.

One member of staff said: "We get spot-checks. I think the spot-checks are very good. It gives confidence to the person using the service and their families that we're doing things correctly. I feel very supported. The manager has been very supportive and makes me feel valued."

The service had a business continuity plan in place which covered areas such as loss of access to the office, loss of staff, loss of utilities and key suppliers, and the action to be taken in each event. The plan also included the prioritising of people who used the service with regards to their

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	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The service had failed to ensure they had systems and processes to effectively prevent the abuse of people. Regulation 13(1)(2)**