

Sevacare (UK) Limited

Sevacare - Birmingham Central

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 1 March 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service; we needed to make sure that there would be someone in the office at the time of our visit.

Sevacare- Birmingham Central is registered to deliver personal care. They provide care to people who live in their own homes within the community. There were 243 people using this service at the time of our inspection.

The registered manager was present during our inspection. 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 and their relatives told us that the service provided to them was safe. Staff had been provided with knowledge to protect people from harm and knew what actions to take in line with safeguarding procedures. Whilst staff told us there were enough staff and did not feel under pressure, some people who used the service told us they had experienced delays in receiving their calls at the right time or for the right duration. We found that the management of medicines were effective and safe.

Staff told us they had access to a range of training opportunities to provide them with knowledge and skills to fulfil their role. Staff told us they felt supported and received regular supervision.

People told us that staff sought consent from them and asked their opinion of how they wanted care provided. Staff could not consistently describe how they should gain consent from people who were unable to make informed decisions in line with Mental Capacity Act (2005) guidelines.

People told us that staff supported them with the preparation of meals which they enjoyed. People told us they had access to health care professionals when necessary to maintain their health.

Staff maintained people's privacy and dignity whilst encouraging them to be as independent as possible. On the occasions that people expressed their concerns about staff, the registered manager had responded in a timely manner. People told us they were involved in making decisions about their own care needs.

People and their relatives told us they were involved in the planning of their care. Care plans contained individual information about people's preferences and support needs. Systems were in place for people to make a complaint.

People and staff spoke positively about the registered manager. The service actively sought feedback from people and those that mattered to them through questionnaires, home visits and phone contacts about the

quality of the service.

The registered manager and provider undertook regular checks on the quality and safety of the service. The systems in place for recording and monitoring late calls required development to ensure people received their calls on time and for the right duration. Systems in place to identify accidents and incidents were not effective to reduce the likelihood of negative experiences for people recurring.

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.

People and staff told us that there were sufficient staff employed to meet their individual needs. However, some people expressed their concerns about not receiving their calls at the right time or for the right duration.

Staff knew how to recognise and act on the signs of potential abuse and harm.

The systems in place for the management and administration of medicines ensured people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received training to support them in their role. Staff told us they received a planned induction to ensure they could meet people's needs.

Staff could describe how to obtain people's consent when supporting them; however staff were unsure how to act in people's best interest when people were unable to give their informed consent.

People told us they chose what food they wanted staff to prepare for them. Staff were knowledgeable about how to access support for people if they became unwell.

Is the service caring?

Good ●

The service was caring.

The majority of people and their relatives were complimentary about the staff and the care provided.

People told us their independence, dignity and privacy was respected by the staff that were supporting them.

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected people's individual support needs and preferences.

People told us they were able to express any concerns and when necessary the provider took appropriate action in a timely manner.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Systems to identify trends and learn from incidences were not robust. The monitoring of late calls and the duration of calls were not always effective.

People and those that mattered to them were supported to express their experiences about the quality of the service.

Sevacare - Birmingham Central

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 1 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, office staff, care staff and to make available some care records for review if we required them. The inspection team consisted of one inspector.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service.

We liaised with a local authority who commissioned services from the provider for views of the service. We used all information to help us plan the areas we were going to focus our inspection on.

During our visit to the service's office we spoke with the registered manager, the area manager, two team leaders, one senior care staff and seven care staff. We sampled seven people's care plans and medication administration records to see if people were receiving the care they needed. We sampled three staff files including the recruitment process. We looked at some of the registered providers quality assurance and audit records to see how they monitored the quality of the service.

Following our inspection we spoke with 10 people who use the services and nine of their relatives.

Is the service safe?

Our findings

People who used the service told us that they felt safe with the staff that supported them in their own homes. One person we spoke with told us, "I like it when [name of staff] comes in. I'm safe with her." Another person told us, "I'm quite safe with the staff, they look after me well." The majority of relatives we spoke with confirmed that people were safe. One relative told us, "My relative is safe in the company of staff." We spoke with a number of staff who all told us that the safety of people living in the community was an important aspect of their job. One staff member told us, "I do visual safety checks including checking for frayed wires, wet floors and making sure the door is securely closed as I leave."

People that we spoke with told us that if they had any concerns or felt unsafe they would feel confident to report it. One person told us, "I wouldn't stand for any nonsense. I would ring the office straight away." A relative we spoke with told us, "Staff are kind. I wouldn't allow anything else. I would soon ring the office if I was unhappy." We saw that information relating to raising concerns was available within people's personal information folders that people were issued with as part of the pre-assessment process.

Staff we spoke with told us with confidence that they understood the procedure to follow in order to safeguard people from harm. Staff knew how to report any concerns they had and /or had witnessed to people within the service or to external agencies. Staff told us and we saw that they had received training in how to recognise and protect people from abuse. Staff we spoke with told us they would be able to report any concerns and were confident they would be dealt with in a timely manner. A relative we spoke with told us about an incident which was a potential allegation of abuse; they informed us that they had reported the incident to the service. Although there was on occasion a short delay before statutory notifications were made, people were protected from potential harm in line with safeguarding procedures.

Records we sampled included risk assessments of people's health and welfare needs. They were relevant to the person's individual needs and described the risks for staff to consider in order to keep people safe. Staff we spoke with were consistent in their responses about what actions they would take in a variety of emergencies. People and staff told us that they had access to support and advice outside of office hours. One person told us, "I had a reason to contact the emergency number and they sent someone to help me straight away." We saw that risk management plans had been updated and reviewed as necessary.

People and staff generally told us that they were happy with the staffing levels and told us there were enough staff employed to deliver a good service and meet people's needs. The registered manager advised us that they monitored missed and late calls and had visited people in their own homes if concerns had been raised. We received mixed comments from people about experiencing delays in receiving calls at the right time and for the right duration. Some people told us they received all their calls on time and for the right duration. However, it was clear to us that late and missed calls had been experienced by a number of people. Some people's comments included, "They [the staff] are always late, and especially weekends." and "Staff do run late frequently." Whilst people told us that the majority of the time the office staff usually contacted them to inform them, people could not be certain they would receive a consistent reliable and safe service. The registered manager told us, "We do have capacity to take on more packages of care. We

wouldn't take on any new referrals if we didn't." This meant that the service were aware of how much capacity they had and would only take on work that they could meet.

The registered provider had records to demonstrate safe recruitment practices. We found the processes in place ensured staff were recruited safely. We saw and staff confirmed that they had received appropriate pre-employment checks before they had commenced their role.

People and their relatives told us they were supported with their medicines in a safe way. One person told us, "Staff remind me every day to take my medicines. I would forget if it wasn't for them." A relative we spoke with told us, "Staff are reliable with [name of relative] medication. They sign the sheets when they have administered the tablets so we all know what's happening." Arrangements were in place to ensure that checks on medicine management took place regularly. Staff told us and we saw that staff had received medication training and had been regularly assessed to ensure they were safe to administer medicines. A staff member told us, "The bosses come out and observe us supporting people with their medicines. They check we have completed the paperwork correctly."

Is the service effective?

Our findings

People expressed confidence that the staff had the skills and knowledge to meet their needs appropriately. One person we spoke with told us, "I'm not demanding, but I like my personal care done in a specific way and [name of staff] understands this." Another person told us, "Staff are really confident, except the new ones, but they have to learn." We spoke with a relative who told us, "[Name of relative] has two staff for each call because of the hoist. Staff seem very confident with its use and know what they are doing."

All the staff we spoke with told us they received a variety of training to enable them to carry out their job effectively. A member of staff we spoke with told us, "Training is good, it's one of the reasons I've worked here so long." Staff told us they had received specialist training in order to support people's individual health conditions. One member of staff told us, "I have completed dementia training; it really helped me to understand [name of person] condition." Staff we spoke with told us they felt supported to do their job. They advised us that they received regular supervision and were spot checked by managers when delivering care to people to ensure they were competent to carry out their roles effectively.

We saw that staff were provided with and completed an induction before they started working for the service. Staff we spoke with told us they were given time to read policies and procedures. One member of staff told us, "My induction involved a programme of training and opportunity to go out and shadow more experienced staff." The registered manager advised us that new staff complete the Care Certificate [The Care Certificate sets fundamental standards for the induction of adult social care workers] and staff received support on an individual basis throughout the completion.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within principles of the MCA.

We asked staff about how they gained consent from people before assisting or supporting them. One member of staff told us, "I use communication cards to gain consent from [name of person]." Another member of staff told us, "I always ask the permission from people before I start any tasks." A relative we spoke with told us, "My relative can't verbally communicate but can certainly let them [the staff] know if it's a yes or no." Staff we spoke with were not clear how they should gain consent if people could not make decisions about their daily life. We found that people's mental capacity to consent to care had not always been assessed and reflected in their care plans in line with the MCA guidelines. In one person's care plan we saw that staff supported them using a specific piece of equipment that may impact on their movement. We did not see evidence that the person had given consent for this equipment to be used. We discussed this with the registered manager and asked them to investigate why consent had not been sought. This was received following our inspection. The findings demonstrated that the service had considered the MCA

guidelines.

People we spoke with told us that staff prepared meals which they enjoyed. One person using the service told us, "Staff microwave a meal for me and will make me a sandwich of my choice." We spoke with a relative who told us, "Staff prepare just breakfast for my relative. It must be alright as they are very fussy." We spoke with staff about how they supported people with meals. One staff member we spoke with told us, "I prepare meals to how people prefer them. I've done my food hygiene training."

People told us they were supported when they were feeling unwell. A person we spoke with told us, "Staff have contacted my doctor when I've asked them to." Staff were able to explain what they did to help people maintain good health. One member of staff told us, "I support [name of person] to attend all their medical appointments. They are important for their health." Staff we spoke with explained how they reported feedback either to the office or to a person's relatives if they observed a change in someone's condition. A staff member we spoke with told us, "If someone wasn't eating or drinking or losing weight I would inform the office straight away." A relative we spoke with told us, "Staff record everything in [name of relatives] notes. It's a good way of communicating with staff and family members."

Is the service caring?

Our findings

People on the whole told us they had positive relationships with staff who supported them in their own home. One person who spoke with us said, "Staff are kind and never rush me." Another person told us, "[name of staff] is very gentle with me and treats me respectfully." A third person told us, "I just love my carers. They come every day to help me. They are kind and respectful. They make my day." A relative we spoke with told us, "Staff that support my relative are pleasant and consistent. They show my relative dignity when supporting them." Another relative told us, "Staff show kindness towards my relative." Some views of the service received was not so positive. One person told us, "I really like the staff now. I had someone last month who wasn't respectful. I did ring the office and they came straight out to see me. I haven't seen that person since." Some relatives we spoke with also told us, "Generally staff are lovely, there have been a couple who spoke to me on arrival and not my relative." Another relative told us, "My relative has a good team at the moment. I have been concerned in the past about a couple of the staff who seem very uncaring." We discussed our findings with the registered manager who advised us that if complaints or concerns are raised they go out to see the person and instigate an investigation. We saw records that demonstrated the registered manager had discussed concerns raised by people with staff and that uncaring attitudes would not be tolerated.

Staff who we spoke with described how they showed care in their role and towards people they supported. Staff had a good understanding of people's needs and individual preferences and they could describe people's health and personal care preferences and preferred routines. One member of staff told us, "The person I support is unable to communicate verbally, so I have to use body language to help me understand if I'm doing things for them in the way they prefer." Another member of staff told us the importance of knocking on people's doors and waiting for a response before they enter. People we spoke with told us they were routinely involved in planning how their care needs were to be met in line with their own wishes and preferences. One person using the service told us, "Staff ask me every day what I want." A relative we spoke with told us, "My relative makes her own decisions about what time they want the call and how they want the jobs done. I'm pleased she does."

People told us that staff respected their privacy. A person using the service told us, "Staff always fetch my post. They never open it." Another person we spoke with told us, "Staff don't watch over me when I'm using the bathroom." Staff had a good appreciation of people's human rights. A member of staff we spoke with told us, "People have the right to privacy. I respect I'm in someone's own home."

People told us that staff encouraged them to maintain their independence. One person using the service told us, "Staff just don't come in and take over. They ask me how much I can do and want to do. I hate having to rely on people for everything, so I like to do as much as I can myself." One relative we spoke with told us, "My relative is very independent and staff support that." A member of staff told us, "I just assist people and let them do as much as possible."

Staff told us that they discussed the importance of confidentiality during staff meetings. One member of staff told us, "We are not allowed to discuss people's personal information once we have left them." This

meant people could be certain that their personal information was respected.

Is the service responsive?

Our findings

People we spoke with told us they received the care they wanted. One person told us, "I'm happy that staff always do what I ask them." People told us that staff acted responsively to their requests to change their care. One person using the service told us, "I have asked for different times and they always do their best." A relative we spoke with told us, "We asked the office to change my relative's time of calls because they were not suiting her. This was done straight away." Another relative told us, "When I have a hospital appointment the office arrange for someone to stay with my relative. That gives me reassurance whilst I'm not there."

Care plans demonstrated that people and their families had contributed to assessments to identify individual people's support needs, personal history and individual preferences. One person told us, "I was involved in planning my care and they are reviewed frequently to check that I'm still happy." We spoke with a relative of a person who uses this service and they told us, "I have regular involvement with care plan reviews. I think they are reviewed too much." People's care plans and needs were continually updated to ensure the right care and support was provided.

People we spoke with told us that most of the staff knew their needs. One person told us, "I get consistent staff and they have all got to know my routines and funny ways." Another person told us, "I have staff that also support my family. It's important to me that we all get on." Staff we spoke with were able to describe things of importance to people. One member of staff told us, "I support [name of person] and their religion is very important to them."

Although the service was not responsible for ensuring that people had activities, some people received support from staff to engage in their chosen hobbies and interests or to access the community to prevent social isolation. A member of staff told us, "I support [name of person] with all aspects of their life, including social activities. We go to the movies and shopping very regularly."

The service had a procedure in place about how to make complaints. People we spoke with told us they were able to report any concerns they had. One person we spoke with told us, "If I had a complaint I would just ring the office and speak with [name of staff]." A relative we spoke with told us, "Any concerns or complaints I would simply call the office." Some people and relatives told us that had raised concerns with the office staff and were happy with the time in which they were responded to.

We saw that the registered manager kept detailed notes of each complaint that contained a detailed summary of the action taken to resolve the concerns. The registered manager advised us that they complete a monthly overview of complaints to identify any trends that could result in similar incidences occurring again.

Is the service well-led?

Our findings

Most people we spoke with told us that they were happy with the care they received. One person using the service told us, "I'm happy enough with what care I received. They are good people." People told us that staff based in the office usually responded to their requests. One person told us, "I ring [name of staff] if I need anything. She listens to me." Another person told us, "I always ring [name of staff] we have a good relationship." A relative we spoke with told us, "I think Sevacare is a very good service." The majority of the people we spoke with knew who the registered manager was and told us they were approachable.

The registered provider had internal quality assurance processes in place. We saw that where areas of improvement had been identified, these had been actioned by the registered manager. The registered provider had completed regular 'operational managers visits' and had audited various aspects of the quality of the service. During discussions with the registered manager it was identified that the systems in place for recording and monitoring late calls required development to ensure that people's needs had been met as planned and that people were not experiencing repeatedly late or shortened calls. Records of concerns that had been raised by people during our inspection were not available to view on the day of the inspection so we were unable to establish what action had been taken. We saw weekly overviews had been completed to identify the accidents and incidents that had occurred but there were no effective systems in place to use the information gained to analyse trends which could prevent the likelihood of negative experiences for people recurring.

The views of people who used the service were sought by the provider. The registered manager advised us that questionnaires had been sent out to people using the service to find out their experiences of using the service. This was undertaken by the providers head office. The results were analysed and returned to the registered manager. The registered manager demonstrated how the information had been used to make improvements and plans for the future. People who used the service told us that they were encouraged to express their views about the service. One person told us, "The office ring me very frequently to ask me how I am and if I'm happy." Another person told us, "Some-one from the office regularly comes out to visit me to see if everything is going okay." Relatives spoke positively to us about the service in relation to seeking their feedback about how the service is managed.

The registered provider promoted a culture of openness. The registered manager told us that they encourage people who use the service and staff that work for them to share all their concerns. People we spoke with told us that they are able to voice any concerns. Staff we spoke with told us that they felt well-supported and valued.

The registered manager showed that they knew about changes in Regulations and understood their responsibilities and what was expected of them. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

The service had a clear leadership structure which staff understood. A member of staff we spoke with told

us, "We have a good on-call system so there is always a senior member of staff available to give advice and support." Staff told us and we saw that staff meetings were held regularly. Records demonstrated that good practice and areas for improvement were shared with staff to enhance communication and to continually develop the effectiveness of the service.