

Seven Care Services Ltd

Seven Care Services Coventry

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Seven Care Services Coventry is a domiciliary care agency providing personal care to older and younger adults and those with complex needs. At the time of our inspection there were 4 people receiving personal care from the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Staff knew how to keep people safe from harm. Risk assessments for people and their environments were in place and up to date. Staff were recruited safely and trained to provide support in way which was individualised for each person receiving care.

People received effective care from staff who had received a detailed induction. Care plans were detailed, and personalised and senior staff ensured staff were confident in using them through observation and regular spot checks.

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

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group. All staff were receiving mandatory training for providing support to people with a learning disability.

People received care which was personalised to their needs. People, their relatives and professionals were included in writing the care plans and in the decisions about the care they received. Staff knew people well and used this to provide support which fully met their needs.

Staff were responsive to the needs of each individual. They used a range of skills to aid communication and considered people's religious and cultural needs. Complaints were managed well and responded to in a timely way.

The registered manager and senior staff had good oversight of the service. Audits were used to ensure continuing quality improvement. Staff spoke highly of the support they received which helped them to do their jobs well. They felt the culture of the service was positive and everyone was working to provide good care.

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

Rating at last inspection

This service was registered with us on 21 July 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating for the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Seven Care Services Coventry on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Seven Care Services Coventry

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

Two inspectors carried out an inspection onsite and an Expert by Experience made calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 17th November 2022 and ended on 21 November 2022. We visited the location's office on 21 November 2022.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 2 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, senior staff and care staff. We reviewed a range of records, including 3 people's care records. We looked at 3 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff and with the support provided. One person said, "I do feel safe with the carers. they help me. The carers seem quite confident and seem to know what they are doing."
- Staff understood their responsibilities in keeping people safe. They gave examples of what to report and how to do this.
- The registered manager had effective safeguarding systems in place. They ensured staff received training and understood what to do to keep people safe from harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's safety and ongoing risk was managed well. Staff continually assessed and identified risks, and these were recorded on a range of risk assessments which were up to date and shared with people and their relatives where appropriate.
- Staff had a good understanding of how to manage and reduce risk to people. People's supplementary records demonstrated staff were supporting people in line with their care plan and monitoring people's health and skin as required.
- The registered manager and senior staff regularly audited risk assessments to ensure they were up to date.
- The registered manager used the systems and processes in place to ensure people received a good level of care. Lessons were learnt from incidents and accidents and this information was shared with staff through handover notes and regular bulletins.

Staffing and recruitment

- People and relatives said there were enough staff to meet individual needs. As care packages were built around the individual and were provided 24 hours a day, people were supported by the same staff on a rota. One person said, "There are two carers who come each day. They do 12 hour shifts, one each. They are on time for the majority of the time and if they are running late, they will phone the other carer who stays a bit longer. I have the same people each time and they are nice people."
- Staff were recruited safely and in line with the providers policy. This included asking for references and completing checks with the Disclosure and Barring Service. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager recruited additional staff than required for each package to ensure care packages could always be delivered.

Using medicines safely

- Staff received training in giving medicines. Senior staff checked they were competent to do this on a regular basis.
- At the time of the inspection only one person received support with medicines. We found all prescribed medicines including creams were recorded and regular audits were completed by the registered manager.

Preventing and controlling infection

- People and their relatives said there had been no issues with staff using personal protective equipment (PPE) while providing care.
- Staff had received training in the use of PPE and followed the guidance set out in the providers policy. On the day of the inspection we found two staff had painted nails which was not in line with the providers policy. The registered manager sent a bulletin to staff immediately about this and added a section on to the spot check form to ensure this issue was regularly monitored.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff said they had no concerns with the care plans and felt they gave all the information needed to provide care. One staff member said, "I ask about the person, I read the care plan, specific training is completed prior to going to meet the person."
- The senior staff wrote care plans with people and their relatives to ensure they were relevant and personalised. The plans included information about a person's communication needs, health and well-being, religious and cultural needs and reflected how the person wanted to be supported.
- The provider ensured detailed pre assessments were completed before taking on a new package of care to ensure they were able to train staff before care started.

Staff support: induction, training, skills and experience

- Staff received a wide range of training and bespoke training was delivered for each package of care they delivered. This included specialist training for feeding tubes and epilepsy. One staff member said, "I always receive individual training for each client. This includes tracheotomy training and lifesaving skills."
- Senior staff carried out spot checks of staff practice to ensure staff were competent and had the skills necessary to support people.
- The registered manager ensured new staff received an induction, training and worked with experienced staff. Senior staff spent time with new staff in people's home to ensure they were compatible with the person receiving support and understood the specific needs of the individual.
- The registered manager knew about the requirement to provide training for supporting people with learning disabilities and ensured staff received this.

Supporting people to eat and drink enough to maintain a balanced diet

- Where appropriate staff ensured people received food and drink to ensure they maintained a healthy diet. Staff gave examples of observing people discreetly to ensure they had eaten while being mindful of the individual's right to privacy and dignity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People receiving care had a range of professionals involved and it was clear from the records staff liaised and followed information provided to them.
- When required, staff supported people with healthcare appointments to ensure they received the care they needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People and their relatives were included in all decisions about their care and this was documented in their records.
- The registered manager demonstrated a good understanding of the MCA and in particular how and when the Court of Protection should be used and what this meant for the individual involved.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff were caring and knew them well. One relative said, "They [carers] all seem to be kind and interested in [relative's name]."
- Staff respected people and delivered care in a way which was respectful and considered the choices and preferences of each person. One relative said, "We have asked for one male and one female carer to be sent and they're trying to organise this."
- Staff understood their roles through training and support from managers. Staff gave examples of how they worked alongside people in partnership and treated them with dignity and respect. They supported people to express their views and be involved in making decisions about their care. One staff member said, "We base the staff around the client – so they have a specialised team around them."
- The registered manager had ensured people received support from staff who spoke the same language and who understood their cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- People and where appropriate, their relatives, were involved in making decisions about their care. We saw this was written in the care plans and the daily records which were very detailed.
- Senior staff made regular contact with people and their relatives to ensure they were happy with the care provided. As they only provided personal care to 4 people the feedback was done in an individual and personalised way.
- Senior staff carried out several sessions of care when a new person came to the service. This meant people and their relatives knew them well. One person said, "I can phone them [senior staff] and they normally have the out of hours phone with them, or I can go to see them in their office. There is nothing that comes to mind that they could improve."
- The registered manager had identified that some relatives felt isolated. They were developing a regular virtual meeting for relatives so they could receive additional peer support from other carers.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised and responsive care. One person said, "I get along with all of them [carers]. They chat with me and most of them are about my age. They always ask me how I am and are very respectful and tidy up after themselves."
- Staff considered the needs of the people they supported and knew them well. Staff gave examples of attending religious and cultural events with the person they supported.
- The registered manager audited care plans and the daily records and gave feedback to staff about the quality of these, so they were continually being improved and easy to use.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Relatives said staff knew how to communicate with people. One relative said, "When regular carers come in, they [relative] get used to them. They know how to communicate with them [relative] for example with one-word syllable."
- Staff understood how people liked to communicate. This was set out in care plans and staff used these to meet the individual needs of people in their care. Where a person had English as a second language the registered manager had ensured staff were available who spoke in their first language to aid communication.
- The registered manager ensured people had access to the communication aids they needed so they could communicate with staff.

Improving care quality in response to complaints or concerns

- People and relatives felt confident they could raise a concern, and this would be responded to appropriately. One person said, "I have not needed to complain about anything but if I was unhappy, I'd speak to the manager."
- The registered manager ensured complaints were responded to in line with the providers policy. Records showed complaints and concerns were responded to promptly and actions taken.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives said they felt positive about the service and found managers and senior staff to be approachable. One person said, "One of the managers currently visits occasionally to do the care and they are very pleasant."
- Staff told us the service was well-managed. They used words such as supportive and approachable to describe senior staff and said it was a good company to work for. One staff member said, "One of the best companies I've worked for. Manager is sympathetic, listens, and will implement things if they need to."
- Staff told us that although they didn't have regular staff meetings, they received regular supervision and bulletin updates.
- The registered manager told us staff meetings were often part of training sessions but the contents of these had not been recorded. Senior staff had monthly meetings to discuss governance and oversight. Minutes from these meeting were available for CQC to review.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives said they were informed if something went wrong or a carer was going to be delayed. They felt they had good contact with staff in the office with one person saying, "The office staff do phone me occasionally to see how I am, and they come to meetings where my care is reviewed."
- The registered manager understood their responsibility to inform CQC about events which affected their service such as safeguarding, or absence of the manager for more than 28 days.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a registered manager who was supported by a registered nurse, senior staff and an experienced administrator who were able to cover in their absence.
- The provider ensured the service was supported by a strong leadership team who were experienced in providing diverse and bespoke care packages to people with complex needs.
- The registered manager had oversight of the service and used audits of care records and observations of staff practice to ensure care was being provided as it should be. These were used to continually improve the service and ensure staff were competent to do their roles.

Working in partnership with others

- The registered manager and staff ensured each person had the right professionals involved in their care and support, so they felt safe and happy. This included health professionals and social care staff.