Sevacare (UK) Limited

Sevacare - Westminster

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service between 17 November and 8 December 2015 where we found breaches of legal requirements relating to the suitability of care workers, management of medicines, accuracy of care plans, management and assessment of risks and effectiveness of audits. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to these breaches.

We undertook this focused inspection on 28 and 30 June and 5 July 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Sevacare – Westminster' on our website at www.cqc.org.uk.

Sevacare Westminster is a service which provides personal care to people in their own homes who live in the boroughs of Westminster, Camden and Islington. At the time of our inspection the service was supporting 408 people.

The service did not have a registered manager at the time of the inspection, this was because the previous registered manager had left the service in March 2016. 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. At present both Islington and Westminster branches were operating under a single registration. The provider had applied to register the Islington branch separately, this meant that both branch managers had applied to become registered manager.

We saw that the provider now had measures in place to ensure that staff were suitable for their roles, and that this was reviewed regularly. Therefore the provider was now meeting this regulation. At our previous inspection we found that the recording and auditing of medicines was not suitable to ensure that people had safely received their medicines. We saw that the provider was now meeting this regulation and had made significant improvements in recording medicines. We still found that some medicines such as creams and nasal sprays were not recorded accurately, and that care plans did not clearly indicate who was responsible for supporting people with their medicines.

At our previous inspection, we found that care plans did not reflect the support people received, and that call logging systems were not used effectively. There had been a significant improvement in the use of these systems, and punctuality had improved where this was being used. Staff in Islington had sufficient travel time to attend their calls, but many staff in Westminster and Camden did not. There was still significant lateness of visits in Camden and Westminster. The service had altered people's visit times in order to meet their needs and preferences, however care plans had not been updated to reflect this. There was insufficient information on people's cultural needs to ensure staff could meet these.

We found that risk assessments did not contain sufficiently detailed plans to ensure that risks to people were safely managed. This included managing the risks to people of falling and ensuring that equipment was safe to use.

We found that audits were still not of a sufficient level of detail to highlight times when people's support had not been correctly recorded, and this did not ensure that care plans were up to date and reflected people's need.

We have made a recommendation about how the provider records the use of some medicines. We have found breaches in relation to safe care and treatment, person centred care and good governance. You can see what action we have told the provider to take at the back of the full version of this report.

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

Improvements had been made in relation to the safety of the service, however some aspects of the service were not safe. Staff had procedures in place for detecting and reporting possible abuse. Risk assessments were in place for people using the service and were regularly reviewed, but did not always have detailed information on managing risks effectively. Medicines were administered safely, although we identified some issues with the recording and auditing of these.

Staff were recruited in a safe manner, and the provider carried out regular checks to ensure the ongoing suitability of staff.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time and we found that improvements were still required. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Requires Improvement

Improvements had been made in relation to the responsiveness of the service, however some aspects of the service were not responsive. Some aspects of the service were not responsive. In many cases, care plans were not updated in order to reflect people's changing needs. Monitoring systems for missed and late visits were being used effectively to monitor timeliness of visits. In some boroughs, staff did not have sufficient travel time, and there was evidence of significant lateness.

There was not always a sufficient level of detail on people's care plans for staff to be aware of their cultural needs and preferences.

The service responded well to complaints, investigating these and responding appropriately.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time and we found that improvements were still required. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement

Improvements had been made in relation to how well led the service was, however some aspects of the service were not well led. The service was not well-led in all areas. Managers were committed to service improvement, and people we spoke to praised the managers for their approach. However, we found failures in the monitoring and auditing of the service. Audits were effective in some cases, but in in other areas they were a "check-box" exercise and failed to identify problems where they occurred.

We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time and we found that improvements were still required. We will check this during our next planned comprehensive inspection.

Sevacare - Westminster

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 28 and 30 June and 5 July 2016. The provider was given notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by three inspectors, a pharmacy inspector and three experts by experience, who made telephone calls to people who used the service and their 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.

In carrying out this inspection we spoke with 36 people who used the service or their relatives where the person was not able to speak with us. We looked at the records of care for 39 people, and the personnel files of eight staff. We reviewed the medicines recording charts of nine people and training records of staff. We also looked at information relating to the running of the service, such as audits, staff rotas and electronic visit records. We spoke with 10 staff, two branch managers and the area manager and care services director, and one contracts officer from a local authority.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in November 2015, we found that the provider was not adequately assessing risks to people who used the service. Risk assessments did not contain detailed information about the risks to people from their health conditions. On this inspection we found that although some improvements had been made risk assessments still did not contain sufficiently detailed information to manage risks to people. For example, the assessment required staff to record what equipment was in place to maintain people's wellbeing, however staff had not recorded the dates that this equipment was serviced. This meant that people were being supported using equipment such as hoists without verifying that this equipment was safe. In some cases, we saw that risk assessments stated that staff were issued with thermometers in order to check the temperature of water before bathing people, even though this was not the provider's policy and was not taking place. The branch manager told us this was an oversight by the staff carrying out the assessment, and showed us that staff received training and supervision around ensuring that people were not scolded by hot water.

In another case a person was at risk of choking, and although there was detailed information for staff to respond should the person choke, there was no information about how food could be prepared in order to prevent this, and the support plan for the person stated that "there are no special dietary needs at the time of this assessment." In another case, a person was described as having a visual impairment and being at risk of falls, but there was no risk management plan in place to minimise the risk of this person falling.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection, we found that the provider did not have measures in place to ensure the ongoing suitability of staff. On this inspection, we found that the provider was carrying out safer recruitment processes, including taking references from previous employers and carrying out a check of the person's suitability with the Disclosure and Barring Service (DBS). The DBS provides information on people's background, including criminal records, in order to help providers make safer recruitment decisions. We saw that branch managers maintained a record of the date of the person's last DBS check, and had measures in place to ensure that DBS checks were carried out every three years in line with best practice. This meant that the provider was now meeting this regulation.

At our previous inspection, we found that the provider was not managing medicines safely. This was because medicines recording charts (MRCs) did not always reflect the medicines that people were receiving, and that audits did not detect when MRCs were not accurate.

At this inspection we found that medicines that were administered to people or prompted by care staff were recorded on Medicines Recording Charts (MRCs). Codes were used to show if medicines were not given for any reason. These charts were returned to the office from people's homes on a monthly basis for auditing. We saw that where gaps or anomalies were noted this was followed up by senior staff to ensure people received their medicines as prescribed. We saw where gaps in medicines records had been explained by

cancelled calls and where staff had been reminded about the correct codes to use in specific circumstances. Care staff all received training in medicines' handling on induction and this was renewed every two years. We saw that where staff did not pass the course they were not allocated shifts until this had been achieved. Additional training had been attended by many staff in December 2015. People using the service were asked by the care agency about the support they received and we saw that many had commented on how helpful they found staff who supported them with their medicines.

We looked at the assessments of people's needs and their support plans. In some cases we noted that information about medicines was not clearly stated and did not exactly reconcile with the MRC that was on file for that person. For example one person had additional medicines recorded that were not on the MRC and it was not clear if care staff were supporting the person with these medicines or if family members were responsible. Another person's communication log referred to a 'nasal spray prescribed by the doctor' but again this was not recorded on the MRC or in the support plan. We discussed these issues with the manager for the service and were assured that people were receiving the medicines that were prescribed for them that the service was responsible for. However some of the records we looked at did not reflect this accurately or show who had responsibility for administering medicines to people. Some creams were recorded in the communication logs but not on the MRC. This meant that auditing the records to ensure that people received these creams as prescribed was difficult.

People who used the service told us that they had not experienced any problems receiving their medicines. Staff told us that managers checked medicines records and followed up any concerns. One staff member said "They treat this as a priority and act on it quickly".

We found that the provider was no longer in breach of the regulation with regards to medicines. We recommend that the provider take advice from a reputable source on ensuring that care plans accurately reflect people's needs with their medicines.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection in November 2015, we found that there were discrepancies between the times shown on care plans and the times people received their support. In some cases, the support people received was not appropriate to meet their needs. We also found that electronic visit monitoring systems were not being used appropriately to make sure people received support at the correct time. This was because people's profiles in the system did not match the actual times of their visits, and in a high number of cases staff were not using the system correctly to show that they had visited at the correct times.

At this visit, we found that there continued to be significant discrepancies between the times people received support and what their agreed care plans said. For example, one person's plan said that they were to receive a visit on a Sunday, but that this was not taking place. The provider told us that this visit had been cancelled by the person as their preferred care worker was not working. In another case, a person's morning visit was taking place at 7am although their care plan stated this was to take place at 9am. The provider showed us evidence that this had recently changed back to 9am, and that the person had agreed to an earlier visit as this was the only time their preferred care worker was available. In every case we looked into, there was evidence that the planned visit times had changed in order to meet people's changing needs and preferences, but that the provider had not updated care plans accordingly.

The provider showed us records from the electronic visit monitoring system. This showed there was improved punctuality for the Islington branch which used the system, where 63% of visits were on time compared to 53% at the time of our last inspection. We saw that the system was being used appropriately. Staff had logged in and out from people's houses and where they had not been able to do this the provider had recorded the reasons why. We also saw improved agreement between planned visit times and what was entered into the system, which meant that figures about the punctuality of visits were more likely to be accurate. The local authority told us that they were satisfied at the provider's improvements in punctuality and use of this system. A staff member told us "We're supposed to log in, if not your phone will ring immediately". People who used the service in Islington told us that generally they were satisfied with staff punctuality, with comments including, "They let me know if they are late, never more than a few minutes", "regular as clockwork" and, "It depends on the public transport but they stay for the full hour." Rotas in Islington branch showed that staff received adequate travel time to arrive on time under normal transport conditions.

People who used the service in the boroughs of Westminster and Camden expressed concern at the punctuality of the visits, with half telling us that staff were often late. Most people told us that this did not cause them any problems, however one relative told us "[My family member] needs two [care workers] at once and if they don't turn up together they can rush him/her and he/she gets distressed." There were no overall figures available for punctuality in these boroughs, but we saw evidence of significant variation with care workers arriving either earlier or later than the planned visit time, with staff arriving up to 45 minutes late. Half the rotas we looked at for staff in these branches did not allow sufficient time for staff to travel to their next visit. In one case a care worker was scheduled no travel time between two visits, despite this requiring at least 25 minutes by public transport. This was followed by another visit with no travel time

allowed, even though this journey required at least 30 minutes travel time. Another care worker's rota was impossible to follow on four out of five working days as a result of not being given enough travel time. The provider told us they recognised this was an issue and were improving the rotas. Several staff told us that travel time was a problem, but acknowledged the provider was taking steps to improve this. One staff member said, "It's not really the fault of the company, the clients they really want me but they will try and fit me in."

Care plans contained brief information on people's religion and preferences. In some instances these were very detailed, but this was not reflected across the service. In many plans, it was stated the person had "no cultural or dietary needs" without further explanation, even though the person's cultural background suggested that this was not the case. Most staff felt that the level of detail was sufficient, but one person said "The care plan is not detailed enough for a new carer if they started with a service user, they would not know their religious needs." Several people we spoke with told us that their regular care worker knew them well, but when they received care from a different care worker, this person did not appear to be well-informed about their needs. One person said "The one I am with normally knows what I like but they are on holiday and I get new ones that don't have a clue."

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in November 2015, we found that records were not sufficient to ensure that there was a complete record of people's care and that care plans were appropriate.

On this inspection, we found that the provider had good systems of audit in place for ensuring that staff had regular DBS checks, and that medicines recording charts (MRCs) correctly documented the management of people's medicines. The provider told us that they checked all medicines records on a monthly basis, and that they audited 10% of support logs and this was supported by the records we saw.

Staff told us that they had experience of managers following up discrepancies on documentation such as MRCs and support logs. We saw that there had been significant improvement in the recording of medicines, however this improvement did not apply to support logs, where we still found logs had sometimes been left blank by staff. These logs had not been audited, so these gaps had not been noticed. This meant that the provider was not maintaining an accurate record of the care people had received.

When audits had taken place, we saw that managers had checked discrepancies in the log against staff rotas and electronic visit records, and had correctly ascertained the reason for the discrepancy, and where necessary had followed this up with staff. However, auditors had not compared these records with the care plans, which would have revealed that the care plan did not correctly reflect the support that people received.

This meant, that despite improvements, the service was still in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment was not designed with a view to ensuring people's needs were met 9(3)(b)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not always assessing the risks to the health and safety of service users and doing all that was reasonably practicable to mitigate these risks 12(2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not maintain an accurate, complete and contemporaneous record of the care and treatment provided to the service user 17(2)(c)