

Sevacare (UK) Limited

Sevacare - Lewisham

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

Sevacare Lewisham provides care for people in their own homes. When we visited 119 people used the service and they lived in the boroughs of Lewisham, Lambeth, Greenwich, Bexley and Bromley.

The service was last inspected on 27 August and 3 September 2015 when it was at a different address. At that inspection we gave the service a rating of 'requires improvement' because there were two breaches of regulation. Medicines administration records contained errors which increased the risk that people may not receive their medicines as prescribed. Communication with people did not take into account their preferences and needs. We found at this inspection that these areas had improved.

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

Medicines records were clear and people were protected against the risks of not receiving their medicines as prescribed.

People felt more confident that office based staff took into account their needs and wishes and there was better communication between them than previously.

Safeguarding policies and procedures helped to protect people. Staff were clear on the action to take to protect people if they were concerned that they may be at risk or had been harmed.

Staff recruitment was thorough and this helped ensure staff were suitable to provide care. Staff received training in a range of relevant subjects. People felt confident that staff were experienced and knowledgeable and could provide care properly. There was less confidence in staff they did not know well. Managers were aiming to provide consistent staff to more people so they were familiar with people's needs and wishes.

Staff and managers were trained and aware of their responsibilities in relation to the Mental Capacity Act 2005. Their work observed the act's principles, including gaining people's consent to provide care, assuming people had capacity and observing their decisions.

People felt supported by staff they said were kind and they had good relationships with them. Staff were respectful of people's dignity, privacy and confidentiality.

People were involved in discussions about their support needs and most people were satisfied with the care they received. People knew how to make complaints and when they did so managers did thorough investigations and, when necessary, made changes to improve the care provided.

People and staff told us they were confident in the management of the service. Managers carried out checks and audits to ensure the ongoing quality of care and identify where improvements were needed.

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. Staff knew the action to take if they believed someone was at risk and they felt confident that action would be taken to protect the person.

Recruitment of staff ensured that checks and references were obtained before they began work so people could be assured they were suitable.

There were safe arrangements for assisting people with medicines. Risks to people were identified and plans put in place to manage them.

Is the service effective?

Good ●

The service was effective. Staff were supported through training and supervision to meet people's needs.

Relatives were reassured that care staff monitored people's health and well-being and sought medical assistance when necessary.

Staff had knowledge of the Mental Capacity Act 2005 and their work was in line with its principles.

Is the service caring?

Good ●

The service was caring. People felt cared for by staff who were warm and respectful.

People's dignity and privacy were maintained by staff and their confidentiality was respected. People were given information about advocacy services so they could access them if they wished.

Is the service responsive?

Good ●

The service was responsive. People were involved in their care plans and reviews. Their needs and choices were included in the plans for how care should be provided.

People were familiar with the complaints procedure and felt

confident to use it.

Is the service well-led?

Good ●

The service was well led. Checks and audits were carried out to assess the quality of care provided.

People had the opportunity to make their views known about the service by completing annual surveys and areas for improvement were identified.

Sevacare - Lewisham

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.

The inspection took place on 25 August 2016. The provider was given 48 hours' notice as they are a domiciliary care provider and we needed to be sure staff would be available to meet with us. An inspector and an expert by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed the information we held about the service including records of notifications sent to us. Notifications are information about important events which the service is required to send us by law. We used all this information to inform the planning of the inspection.

We spoke with the registered manager, three care staff, a team leader and the director of operations.

We looked at personal care and support records for four people. We looked at other records relating to the management of the service, including records of complaints, audits and staff recruitment.

We spoke with seven people who received the service and seven relatives.

We contacted seven social care professionals to ask for feedback about Sevacare – Lewisham, three professionals responded to our request for information.

Is the service safe?

Our findings

At our last inspection in August 2015 we found there was a risk that people may not have been given medicines correctly because the instructions to help people with medicines were unclear and could have led to errors. This was a breach of regulation 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the provider had made improvements.

Four people told us they received the support they needed to take their medicines. Relatives stated they had no concerns about the assistance their family members received with medicines. One person said "The care staff give it to [my family member] correctly as far as I know and they write it in the file." Another relative said "They [care staff] check if [my family member] has taken it and remind them when they haven't."

We saw medicines administration records (MAR) that staff had completed to confirm they had supported people with their medicines. The MAR contained clear details of the medicines the person required and the chart was completed fully, without gaps or errors. There was a system for senior staff to audit records to ensure they were completed correctly. We were told about one situation where senior staff had been unable to access records but improvements were made so the relevant checks could be conducted.

People were protected from abuse because the provider had suitable arrangements in place to ensure people's safety. All of the people we spoke with considered the staff to be trustworthy and had no concerns regarding the safety of their money or possessions. One person said "The carers do my shopping. I give them a list and the money. I haven't had any problems" A relative said, "It [the agency] is safe, I don't have any concerns." People who use the service and staff were given information about safeguarding issues and a phone number where they can seek advice, anonymously if they prefer.

Staff were clear they would report any concerns about people's safety to their manager. They said they felt confident they would respond appropriately by reporting the matter to safeguarding authorities for investigation. We were notified of a situation where this had taken place and the local authority safeguarding department had been asked to investigate the matter. The action of the care workers had helped to keep people safe. Minutes of staff meetings showed care workers were reminded of the need to discuss with managers concerns about potential abuse.

People were protected from risks associated with their care needs. Care records included assessments of people's risks in relation to moving and handling and the environment. The risk assessment for a person's moving and handling needs stated how many people were required to assist with tasks such as using a hoist.

People told us they received a service that was prompt and reliable. One person said, "I think there are enough staff, they arrive mostly on time, only 5 and 10 minutes late very occasionally." Relatives told us they had not experienced problems in this area. One family member said "[They] arrive on time and stay for the allotted time." Another relative told us, "If [they are] going to be late due to traffic, [they] will ring me, [they are] rarely late."

There were 92 staff available at the time of our inspection to provide care. The indications were that this was sufficient to provide care for the 119 people who required support. The manager informed us that a computer based system to allocate staff to people who required care had been introduced and they believed this had improved the systems.

Recruitment processes were safe. Recruitment records showed appropriate checks and references were taken up before staff members began work. These included checks of the records of the Disclosure and Barring Service, (which included criminal records checks) and proof of people's right to work in the UK. References from previous employers were requested and verified by office based staff. Applicants for posts were required to provide complete work histories and any gaps had to be explained. Appointments to posts were confirmed when staff had successfully completed a six month probationary period.

People were protected from infection because staff used personal protective equipment (PPE) such as gloves and aprons. The majority of people we spoke with considered the carer workers worked in a safe, clean and hygienic way. They stated that all carers wore uniforms, gloves and aprons when appropriate.

Is the service effective?

Our findings

People who received care from regular and experienced care workers were confident in their abilities. One person said "They [Sevacare - Lewisham] train their staff well and they are knowledgeable"

The majority of people we spoke with felt care workers who had been in the job for some time were competent and understood how to provide care. One person said "The main carer I have is very good." Another person said, "I have faith in the regular carers." A third person said "The ones I have, seem to be experienced. They use a shower board [to help me shower] and they use it properly." Also we were told, "Certainly the main carer is experienced and really good at their job."

People expressed less confidence in inexperienced staff. When people received care from care workers they were not familiar with they did not feel confident in their abilities and felt they had been allocated to provide care before they were ready to do so. We spoke with four people who were not satisfied with care workers and felt they had not received sufficient training. One person said, "I had a couple [of care workers] who seemed inexperienced, seemed they were new to the job." Another person said, "A few carers [who have] only just started need training." A relative expressed a similar view saying, "Some of the new carers need training, they get thrown in at deep end."

We did not have the opportunity to talk with any newly appointed staff. We were aware that staff received a period of shadowing more experienced staff and underwent induction training. When we spoke with managers they told us they made efforts to ensure that people received consistent carers so they became familiar with people's needs, wishes and preferences. The provider monitored the extent to which people were cared for by staff with whom they were familiar. The information we were given showed there had been an improvement in these figures over the month prior to the inspection. The managers were aware this was an area to monitor closely as it had an impact on people's experience of care and satisfaction with the service they received.

People and relatives felt some staff did not work as efficiently as they should. A relative stated the care workers did not always complete the allocated work because they did not arrange the work properly. For example a relative told us, "They [care workers] strip the bed and leave it rather than putting it in the washing machine and turning it on." We discussed this with the registered manager who said that the order of jobs in a person's care plan was designed to make the best use of time available and they said they would discuss this with care workers.

The induction training course undertaken when staff began working for Sevacare Lewisham covered topics which were essential for their work. These included safeguarding people from abuse, personal care, catheter care, pressure sore care, health and safety, fire awareness and moving and handling. Refresher training in all these issues was available to staff. A member of staff who had worked for Sevacare Lewisham for some years told us they received regular training and 'refresher' courses so their knowledge was kept up to date.

Staff were supported by office based staff to carry out their roles. Staff told us they had access to managers

during normal working hours and the on call team after 5pm and at weekends. They described them as "teams you can rely on". They said they met with managers for individual supervision and described this as "really helpful". Staff were given an annual appraisal so they could jointly assess their progress and development needs with senior managers.

The provider had a policy and procedure to ensure they supported people in line with the Mental Capacity Act 2005 (MCA). The managers and staff had training in the MCA. This provided staff with guidance about their responsibilities of how to support people within the MCA. People told us that care workers asked them if they would like assistance with aspects of care and they had the opportunity to give consent or not. One person said, "They ask do you want me to prepare for my breakfast, I say yes or no, sometimes I like to make it myself."

People were assisted to eat and drink when this was specified in their care plan. Most of the feedback we received from people about this was positive. For example one person said, "They help with breakfast, I eat healthily and have enough." Another person said, "The carers warm food in the microwave, they do it well." Relatives told us they were happy with the assistance their family member received. One said "The carer serves the food and gives my [family member] all the things they like. They are very good and encourage them to eat." Another relative said, "They make [my family member] breakfast, it works well."

People benefitted from contact with care workers who recognised when they needed additional assistance from health care professionals. One person told us that there was an occasion when they were unwell and care workers helped by calling the emergency services. They said "They [care workers] called an ambulance for me, they did everything properly."

Relatives were confident that care workers were observant of their family member's health and welfare, and sought medical help when necessary. A family carer told us "If [care worker] thinks something is wrong or [my relative] is not their normal self, they will call and let me know." They said that the care workers noticed when their family member was unwell, saying in these circumstances "Carers always get a message to me." They said that if they felt medical attention was required without delay, "Care workers raise the issue with the doctor when necessary. In fact on two occasions the care worker has called an ambulance straight away [which was] fantastic." Care workers' monitoring of people's conditions meant health problems were dealt with promptly.

Is the service caring?

Our findings

People and relatives told us they had developed positive relationships with their care workers. People liked their regular care workers and felt helped and cared for by them. A relative said their family member "doesn't want anybody else [to provide care]" other than their usual care worker and the person that stood in for them when they were off. This was because they knew them and had a good relationship with them and did not want to be cared for by people they knew less well.

People felt cared for by their care workers. One person told us their care workers were "kind and caring." A relative told us the care worker, "feels like an additional family member" and "we have a good relationship." Another relative said of their family member's carers, "They are kind and caring. They [care workers] are bubbly and cheerful with [my relative]." They gave examples of how they helped the person with tasks such as bathing. The relative felt the workers had a positive and warm approach with their family member which was encouraging and the person benefitted from this.

A care worker told us they felt the people they provided care for should be treated, "as family members, they need to be loved and cared for." Another care worker said although the work was "very busy" they "love care". They told us they had worked with some people for several years and so knew people well and had developed good relationships with them.

People said the care workers were respectful to them and their views and decisions. One said "When they are coming they knock on the door, [and they] ask me first before doing things." A relative told us the care workers their family member was helped by, "respect their privacy." People's dignity was respected by care staff, they used their preferred name and this was noted in their care records. Everyone who spoke with us about people who used the service did so respectfully.

Staff were given training about respecting people's confidentiality and were aware of how to keep people's information private and the importance of doing so.

People were given information about advocacy services when they began to use the service and written information was available on organisations that could help them, such as Age UK and MIND.

Is the service responsive?

Our findings

At the last inspection in August and September 2015 we found communication between office based staff and people using the service was not always reliable or responsive to people's individual needs. This was a breach of Regulation 9(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the provider had made improvements.

At this inspection people told us office based staff were more reliable. For example one person said, "I ask them [office based staff] questions, if they are not quite sure they say I will ring you back and they do." Another person felt they had too much contact with the office saying, "The office ring me three or four times a week to ask what time the carers arrive and what time they leave. This seems to be a bit much and heavy handed." However most of the feedback about the office based staff was positive. A family carer said, "The people in office seem to be organised and seem to know what they are doing. Certainly all our dealings with them have been positive. We are not let down." The majority of people we spoke with were satisfied with their contact with the office based staff and felt listened to.

People had the opportunity to discuss with senior staff from Sevacare what their needs were and this information was included in their assessments, from which care plans are written. People were provided with a copy of their plan and had the chance to review it at scheduled reviews or in response to changes in the person's condition or needs. The plans described the frequency and time and length of visits from carers and the tasks they would assist with.

Most people we spoke with felt involved and satisfied with their care plan and the reviews. One person said they had a "care plan, they [office based staff] carry out regular assessments, every three months, with the team leader. They came last week." Another person said "I am involved and I am changing my care time at the moment." However another person said they felt the arrangements were not sufficiently flexible to suit their needs. They said, "I would rather be given a choice, rather than be told when I can have my shopping done." The person said they had let the office staff know and "the carers are trying to meet my needs."

People knew how to make complaints and raise concerns about the service they received. They received written information about the complaints procedure when they began to use the service and all of the people we spoke with were familiar with the process. We looked at records of complaints received in 2016. The registered manager made enquiries into the circumstances of the concerns raised and provided the person with written response which included an apology if they had experienced care which fell below acceptable standards. One person told us, they had made a complaint and were satisfied with the way it had been dealt with, "The problem was dealt with quickly and I was happy how it was solved. [I am] happy with everything now"

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). She had been registered since April 2014 and was suitably qualified and experienced for her role.

A relative described the manager as "very helpful", and said "if there's a problem she always tries to sort it out." Another person said they felt the service was "well organised" as when their regular carer was away, "they arranged replacements and notified us in advance."

Staff told us they felt supported by the manager, and one said the office based team was "really good". A care worker told us they had noted improvements in the support arrangements at Sevacare. In particular they said in the past the 'on call' team which operated out of hours had not been supportive but they said this had improved over the last year. A care worker told us they felt able to raise concerns and suggest improvements to the manager. They said they felt able to "speak my mind" advocate on behalf of the people they provided care for.

The manager and director of operations carried out a series of checks and audits to monitor the quality of the service. Senior staff carried out unannounced spot checks and assessed the quality of care people were receiving and asked their opinion of the service. One person told us "someone comes and interview me and ask questions."

Information about the frequency of management checks was submitted to the head office of Sevacare UK and the results were monitored as part of their quality assurance systems. The areas assessed included the frequency of staff assessments, supervisions, staff appraisals and, training. We noted on the monitoring information the Sevacare Lewisham was achieving 99% compliance with the organisation's targets.

The provider carried out a survey during August 2015 of the people who used the service. People were asked to respond to questions from which their satisfaction levels were judged and areas for improvement were identified. The areas which were highlighted as needing to improve were the consistency of carers and the extent to which people felt their care worker was 'in a hurry'. The results of the 2016 survey were not yet available so we were unable to judge the success of action the provider had taken to address these issues.