Sevacare (UK) Limited

Sevacare - Northampton

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 26 May, 1, 2 and 3 June 2016 and was announced. The service is registered to provide personal care to people living in their own homes when they are unable to manage their own care. There were 130 people using the service.

At the time of the inspection there was no 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. There was a manager in post who was in the process of applying to become the registered manager.

People told us that they felt safe. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home. Staff were supported through the induction and training programmes in place, however formal supervision and spot checks of their practice was inconsistent.

Some aspects of the record keeping systems were in need of improvement; medicines records were not always completed accurately and failed to give a clear account of the medicines administered to people. Although people were involved in reviews of their care, risk assessments and care plans did not always provide sufficient detail to guide or support staff in the provision of consistent care and support. Reviews or changes to care plans were not always recorded and communicated as promptly as they needed to be.

People were supported to maintain good health and were supported to have access to healthcare services when needed and were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

Staff had good relationships with the people who they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.
Quality monitoring processes needed to be strengthened to ensure that the provider fully understood the development needs within the service and to enable it to focus improvement activity to ensure required standards were met.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Risk assessments lacked detailed instructions to help the staff to deliver consistent, safe care and needed to be more routinely updated.

The system in place to manage medicines in a safe way was not always followed and associated records were in need of improvement.

People felt safe with the staff that came into their home.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred. However there was an inconsistent approach to the provision of staff supervision.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA)

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

There were positive interactions between people receiving care

staff.

Staff promoted peoples independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans needed to be clearly updated and strengthened to include more about people's likes and dislikes and past history to enable staff to support people in activities that reflected their interests and supported their physical and mental well- being.

People using the service and their relatives knew how to raise a concern or
make a complaint. There was a transparent complaints system in place and
complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

At the time of the inspection there was no registered manager; a manager had been appointed and was currently going through the process to become the registered manager.

Audits in place to monitor the quality of the service were not consistently being undertaken and records were not updated and the system of monitoring was not providing the provider with the information they needed to ensure required standards were being met.

People using the service, their relatives and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Sevacare - Northampton

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 announced inspection took place on 26 May and 1, 2 and 3 June 2016 and was undertaken by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During the inspection we visited eight people in their own homes with people's prior agreement and spoke with four people on the telephone. We also spoke to two relatives, 11 care staff, a team leader, two care co-ordinators, an administrator, the manager and care services area manager.

We reviewed the care records of seven people who used the service and six staff recruitment files. We also reviewed records relating to the management and quality assurance of the service which included a recent satisfaction survey which had been sent to people and their families using the service.

Requires Improvement

Is the service safe?

Our findings

There was a system in place to manage the administration of people's medicines when required. However, we found that medicine administration record sheets (MARS) were not consistently being completed. For example, in the case of one person we saw that there were several days where it appeared the person had not received their medicines but there was no explanation recorded as to why this was the case. The provider was able to give us an explanation but agreed that this should have been evident from the records. The provider is currently reviewing the administration of medicines procedure to ensure that there are sufficient checks in place to monitor any gaps in recording. All staff did receive training in the administration of medicines and staff told us that this was refreshed every two years and they felt confident in the training they had received. However, some staff felt there was not always enough detailed information about the medicines people were taking, for example where eye drops were needed there was no information as to whether the drops were to be applied to either eyes or one. The provider explained that if any issues around medicine administration were raised that this was addressed with individual staff.

This was a breach of Regulation 17. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in March 2015 we had found that the arrangements in place to advise people that their care worker was 'running late' did not always work. The majority of the people we spoke to during this inspection told us that usually someone had contacted them if the care staff were running late. However, a couple of people said that either they themselves had to ring to find out what was happening and it was 'hit and miss' as to whether anyone called, particularly at weekends. We could see that where people had agreed to an electronic call monitoring service the provider was monitoring call times and were alerted to potential late or missed calls. We saw how this information was used, for example if a call appeared to have been missed one of the staff based in the office would call the member of staff to see what had happened and took the appropriate action if needed. The provider had recognised that this was an area which still needed to be improved and was taking steps to address this.

Peoples' individual care plans contained basic risk assessments to reduce and manage the risks to people's safety; however, these lacked detail and did not always give staff the instructions they needed to mitigate the risks. For example where people had a risk assessment in place about how they should be moved safely, the instructions referred the staff to use the training they had received for manual handling, there were no further instructions. We saw from staff training records that training in manual handling was mandatory and all staff had undertaken the training before they were allowed to start to work; the training was refreshed annually. We spoke to the provider about this and they acknowledged that the risk assessments were not as detailed as they should be, however, as part of an action plan for the new manager they were in the process of reviewing all risk assessments to address this.

People told us they felt safe with the staff that supported them; one person told us "The staff are all like mothers, always looking out for me." Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. Staff told us that they felt able to raise any

concerns around people's safety to the management and outside agencies if they had any concerns people were at risk of harm. One member of staff told us about an issue they had raised and they were satisfied they had been listened to and the team leader had taken the appropriate action to address the issue. There was information available as to who to contact and an up to date safeguarding policy to support them. All staff had undertaken safeguarding training and this was regularly updated. Notifications in relation to safeguarding issues had been made to the local authority and sent to the Care Quality Commission. We saw that any issues which needed to be investigated had been done so and appropriate action taken.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff; staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work for Sevacare.

There was enough staff to meet the needs of the people at the times when they wanted.
People told us that they usually had the same care staff each day. One person told us "I have two permanent care staff and only have different people when they are on holiday or off sick. They are a grand lot of people who come to me at the ideal time for me." Another person said "I have regular carers and they let me know if someone else has to come instead." However, a couple of people told us they never knew who was coming and saw different people. No one routinely received a rota telling them who was coming. One person told us that they had asked for a rota and now did receive one. Staff told us they felt there was enough staff most of the time. A number of staff told us they would work extra hours if staff were absent to ensure that all calls were covered. We saw from staff rotas visits were grouped in geographical areas which reduced the travel time between each visit.

Requires Improvement

Is the service effective?

Our findings

People received support from staff that had the skills, knowledge and experience to meet their needs. All new staff undertook an induction programme which comprised of three days classroom based training and a minimum of two weeks shadowing more experienced staff before working alone. One member of staff told us "I was new to care and felt well supported with the induction training, I shadowed staff and only went out on my own when I felt comfortable to go out." Another staff member told us "The induction was good, very useful; it helped me to know what I was doing."

Staff were supervised and their performance monitored, however there was inconsistency as to how often supervision was undertaken. Some staff spoke of having 'spot checks' when they first started to work for the provider. 'Spot checks' were undertaken by a team leader to ensure that staff were undertaking their duties correctly and following people's care plans; these helped to identify any training needs or practice issues. One member of staff who had worked for the provider for a number of years said "I have not had a 'spot check' for a long time, although I don't like them, I think they are important to make sure I am doing things right." The same person also said "I know I can ring the office if I need any advice or support." Other staff commented that they could not remember when they had last had a supervision but felt able to ring in for support if needed. One member of staff told us "I have supervision every three months." We spoke to the provider about this who had already identified that since the last inspection staff supervision had not been as regular as it had been; the new manager had just put in place a programme of supervisions for the team leaders and care co-ordinators to undertake with all staff. The care co-ordinators told us that if there were any concerns about practice the individual member of staff was asked in to the office for supervision. We were able to confirm that this did happen.

There was a staff training program which focused on ensuring staff understood people's needs and how to safely meet these. We saw from the staff training records that all staff had completed the training they needed and there was regular updated training available to help refresh and enhance their learning. People told us that they thought the staff were well trained, one person said "They are all well trained; they know how to use the equipment I have to help me stand and transfer to my wheelchair." Another person said "They [the staff] are very good; they know how to apply my creams." The staff we spoke to said they felt the training they undertook was good and that they were encouraged to undertake further qualifications.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The manager was aware of their responsibilities under the MCA and staff had a basic understanding. People told us that staff sought their consent when undertaking tasks with them.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person may need with regards to eating or drinking, for example we saw that a number of visits were planned to provide support for people in preparing meals and assisting them with drinks. Daily records

recorded what food and drink had been given or left. If the staff had any concerns about people's nutritional intake, or their ability to eat or swallow they were expected to report this to the team leader or manager who would contact the appropriate health professionals.

People's healthcare needs were carefully monitored. Records showed that people had access to arrange of health professionals, including the District Nurse, GP and occupational therapist. One person told us "I was feeling really unwell and when the care staff came they rang the GP for me." Another person said "[Name of care staff] always reminds me to call the GP when I need to."

Good

Is the service caring?

Our findings

People were supported by staff that they described as kind, friendly and considerate. One person said "They [staff] are wonderful; they are always concerned everything is done for me; they really are good." Another said "We have a good banter and giggle, they are very kind."

We saw from records that the provider was committed to providing people with the same care staff who had been able to get to know people well. We visited one person and observed a good rapport with the person and the member of staff. The person told us they had been supported by the same care staff for several years; it was evident that they knew each other well. Another person told us "I have the same two girls, they know me well and will make sure if I am not happy with anything that they speak to the office." The person gave us an example that they did not want a male carer and we saw from records that this was recorded.

People told us that staff took time to listen to them and respected their wishes. Care plans detailed people's preferences and choices about how they wanted their support to be given. People said that staff respected their dignity when caring for them and never spoke about other people they were supporting. One person commented "They [staff] always keep my curtains shut and keep me covered when they are helping me wash." Another person said "If I have visitors when they [staff] come, they always make sure the bathroom door is shut." Staff were able to describe what they did to respect people's privacy and dignity; they spoke about keeping people covered up as much as possible when washing them, ensuring the area personal care was being undertaken was not overlooked and asking people how they liked things to be done. One member of staff said "I always encourage people to do as much for themselves as possible and only assist when they can't; it's important to help people to remain as independent as they can."

The people we spoke to were able to express their wishes and had been involved in the planning of their care. One relative told us "I helped [relative] with the plan and have been involved when it was reviewed about a year ago." People told us that the staff supported them in their preferred way which was set out in the care plan. One person said "[Name of staff] always asks what I want and if there is anything else I need; they are very good."

The manager told us that they were aware of a local advocacy service who they would seek advice from or encourage people to contact if they needed an advocate. There was information available for people about the advocacy service.

Requires Improvement

Is the service responsive?

Our findings

People met with one of the team leaders at Sevacare Northampton before they received a personal care service. This gave everyone the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines, when they liked to rise or retire to bed. This information was then used to develop a care plan for people.

There were care plans in place which contained basic relevant information and listed the tasks the care staff needed to undertake for the individual. There was very little information about the individual's likes and dislikes and past history to enable staff to support people in activities that reflected their interests and supported their physical and mental well- being.

People told us that their care plan was regularly reviewed and updated. One person said "Every six months someone from the office comes and does a review with me and asks me if I want any changes and to check if it needs to be updated." However, when we checked the records to confirm this we found a number of records with no information as to whether or when the care plan had been reviewed. One member of staff said "It can take a long time sometimes for the care plan to be up dated." We spoke to the provider about this and they assured us that as part of their review of care plans they would be ensuring that all records were clearly kept up to date.

This was a breach of Regulation 17 Good Governance. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was information available in people's homes about how to contact the provider if there were any concerns or a need to pass on information. The provider had a system in place which meant people could contact a member of staff seven days a week should they need to. People told us they knew who to contact, one person said "I would just ring the office; the number is in the folder." Another person told us "I did have to ring once; they sorted things out for me." Staff told us that if someone spoke to them about a situation they would encourage them to speak to one of the staff based in the office or they would speak to the team leader. One member of staff told us that they had raised an issue on behalf of someone and that situation had been resolved.

We saw that the provider had responded to complaints in a timely manner and any actions that needed to be taken were completed. For example information had been added to the electronic rota system which informed the care co-ordinators not to allocate a male carer to someone who had asked for female only carers. The provider had also introduced an electronic call monitoring system to minimise the number of late or missed calls, the system alerted the office based staff to a call being late or missed which enabled someone to follow up and take the appropriate action if necessary.

Requires Improvement

Is the service well-led?

Our findings

The quality monitoring and review processes in place needed strengthening in order to enable the provider to maintain a clear picture of how the service was operating and of the quality of care and support provided to people.

At this inspection we found that quality audits were not regularly undertaken. This meant that the provider had no effective means of assessing or ensuing that the day to day operation of the service was in line with required standards. For example a regular audit of care plans would have identified that reviews of peoples supported needs were not consistently undertaken and that there were unnecessary delays in updating care plans to ensure that they reflected the current care needs of people. If medicine administration records had been regularly audited gaps in recordings and information would have been picked up more quickly to minimise any potential risks to people.

This was a breach of Regulation 17 Good Governance. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in March 2015 there was no registered manager and the manager at that time was in the process of applying to become the registered manager. At this inspection we found a similar situation. The registered manager had left; there was a new manager who was in the process of applying to be registered with the Care Quality Commission to become the registered manager.

The new manager was approachable and was actively looking at ways to improve the service for everyone. They had an action plan in place which had set targets and goals to be achieved within a certain timeframe. We read a comment from a professional in relation to the new manager 'I have found you to be a really proactive manager, which is very refreshing."

Staff said they felt listened to and supported. Staff meetings were held on a regular basis which ensured staff were kept informed of what developments there were within the service, they also gave staff the opportunity to raise suggestions. The provider told us that staff meetings gave management the opportunity to share good practice and celebrate with the staff what had gone well in the service. The minutes of the meeting were shared with all staff so that if anyone was unable to attend they were kept informed as to what had been discussed. The provider wanted to ensure that staff felt involved and that there was an open and transparent approach to developing and improving the service.

The provider had policies and procedures in place which covered all aspects of operating a domiciliary care agency. This included safeguarding, medication, whistleblowing and recruitment procedures. The policies and procedures were detailed and provided guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The manager had submitted appropriate notifications to the CQC when required, for example, as a result of safeguarding concerns.

The service was focussed on providing a responsive service to meet the specific and individual preferences of the people using the service. The provider sought feedback from people using the service and their families. A yearly customer satisfaction questionnaire was sent out. We saw from the most recent questionnaire that overall people were satisfied with the service that they had received. The provider had used the information from the survey to set targets for the service to improve, for example there were targets in place to improve performance in areas around time keeping and missed calls. One person told us "Things have improved, I now have regular carers and everything is generally good."

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 17 HSCA RA Regulations 2014 Good governance The records in relation to medicine administration were not always completed accurately and failed to give a clear account of medicines administered to people. Care plan and risk assessments did not always contain sufficient detail to guide and support staff and any changes were not always recorded promptly. Regulation 17(2) (b)(c) The systems to monitor the quality of the service and review processes needed strengthening. Regulation 17(2)(a)