

Sevacare (UK) Limited

# Sevacare - Lewisham

## Inspection report

Unit 22  
Cannon Wharf Business Centre  
35 Evelyn Street  
London SE8 5RT  
Tel: 020 7394 4379  
Website: [www.sevacare.org.uk](http://www.sevacare.org.uk)

Date of inspection visit: 27 August and 3 September 2015  
Date of publication: 24/11/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

Sevacare (UK) Limited is a national provider of care and support services to people in their own homes. At the time of our inspection, Sevacare Lewisham provided care to 146 people who lived in the London boroughs of Lewisham, Lambeth, Greenwich, Bexley and Bromley.

The service was last inspected on 12 and 21 January 2015. At that inspection we found five breaches of regulations which related to person centred care, safe care and treatment, staffing, good governance and notification of incidents to CQC.

We asked for improvements to be made in these areas. The provider sent us an improvement plan. You can read the report of this inspection, by selecting the 'all reports' link for this service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection, we found that the provider had taken action to address the breaches of regulations found. People were receiving visits on time and so their care needs were met as arranged. Care workers received

# Summary of findings

support, training and information to enable them to care properly for people. Management systems to check the quality of care people received had improved. The CQC was informed about incidents as required by regulation.

The service has 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.

People felt safe and trusted their care workers who were trained and knowledgeable about what to do if they were concerned someone was being harmed.

People received care from staff that had information about their health conditions and knew the actions to take to help them. When appropriate there was contact between care staff and health professionals to ensure important information was passed on to meet people's health needs.

There were policies and procedures in place about the Mental Capacity Act 2005 and care workers had been trained in its principles. They asked people for consent before providing care.

People found staff caring and helpful. Care workers understood the issues of privacy and dignity and put them into practice when working with people.

People's views were taken into account when planning care and matching them with care workers who could meet their diverse needs. However their preferences and needs were not always considered in relation to communication with them.

Management systems had improved and there was better monitoring of the quality of care provided to people.

People's messages and requests were not always responded to by office based staff. At this inspection 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.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe. There were errors on medicine administration records which increased the risk that people may not receive their medicines as prescribed.

People felt safe and trusted their care workers. Care workers were knowledgeable about safeguarding adults from abuse and knew the action to take if they felt people were at risk of harm.

Requires improvement



### Is the service effective?

The service was effective. People were cared for by staff who were supported and trained in issues relevant to their needs.

Staff had received training in the principles of the Mental Capacity Act 2005.

Care workers were alert to people's healthcare needs and carried out healthcare professionals guidance when appropriate and passed information to them when necessary.

Good



### Is the service caring?

The service was caring. People found care workers were kind and helpful. They protected their privacy and dignity.

People who had the same care workers for a long time had built trusting relationships.

Good



### Is the service responsive?

The service was not responsive. People's messages and requests were not always responded to by office based staff. People's communication needs were not adequately taken into account when providing information.

Matching people with care workers took into account their diverse needs.

People knew how to complain and when they did so the matter was investigated.

Requires improvement



### Is the service well-led?

The service was well led. Management systems had been strengthened and the management team was larger.

Regular reports were made to the provider so they could assess the quality of the service more effectively. Changes had been made to improve the quality of care people received.

Good



# 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 27 August and 3 September 2015 and we gave the manager two days' notice of the inspection. The manager was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to assist us with the inspection.

One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service including records of notifications sent to us. A notification is information about important events which the service is required to send us by law.

We spoke with six people who use the service and with one relative. We spoke with the registered manager and with six care staff, care co-ordinators and the care service area manager. We looked at five care records and two staff records. We looked at other records relating to the management, leadership and monitoring of the service. These included training records, complaints records, audit reports and staff meeting minutes.

We contacted five local authority contract monitoring officers to ask for their opinions of the service and received four responses to our requests.

# Is the service safe?

## Our findings

At our last inspection in January 2015 we found people could not be sure they would receive medicines at the times they required them because visits had been missed. At this inspection the provider had made improvements to care arrangements and people told us they could rely on carers arriving to assist them with their medicines and other care tasks as arranged.

In August 2015 we found people may not have been given medicines correctly because the instructions to help people with medicines could have led to errors. Information for care workers about a person's medicines was recorded on a medication administration record (MAR). This form should include all the information required to help a care worker give a medicine safely. The name of the medicine, strength and dose, and time of the medicines was to be given was recorded. The MAR was used to confirm care workers had assisted the person with the medicines. The MAR format was a document which was printed by Sevacare and the person's medicines, doses and times for administration were handwritten by a member of Sevacare Lewisham staff.

On one completed form there were issues that could have led to errors in administration. The information about one medicine was written into a small space and the instructions were unclear. In particular it was difficult to read the strength of the medicine as it was not clearly legible. It was recorded that the medicine should be given on certain days and the space on the MAR for two of the doses were not completed with a signature to confirm administration or a code to indicate why it was not administered. This is a breach of regulation 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

At our previous inspection in January 2015 we found people were at risk when care workers did not arrive or were late arriving to deliver care. They were also at risk of receiving inappropriate or incorrect care and support to meet their individual needs. The provider told us about the actions they planned to ensure that people always received their care when it was arranged.

At this inspection in August 2015 we found the provider had taken action to address issues that made people unsafe at the previous inspection in January 2015. People benefitted

because care arrangements were reliable and the necessary number of staff arrived to provide care when it was required. We received feedback from people that they received care as arranged. Staff told us that the schedules had improved especially when two care workers provided care for people, such as if they needed to move people using a hoist. One worker said that the arrangements were "better" and although occasionally their work partner was late this was less frequent than they had previously experienced. Senior staff at Sevacare Lewisham had reviewed care workers' schedules and arranged work so care workers who were working together did so for a period of the day. This reduced the risk that one of the care workers would arrive late.

We found at the inspection in January 2015 that risks associated with people's care needs were not adequately addressed. For example pressure area care risk assessments had not been carried out for people who needed them. At this inspection in August 2015 we found that people experienced care which took into account and managed the risks they were prone to. Care records showed that risks had been assessed and plans to manage the risks were in place. Risk assessments had been updated and reflected the range of issues that presented risks to a person. For example people's risks of developing pressure ulcers had been assessed and plans included action to prevent them. Care workers had been trained in pressure area care awareness. They had information about how to recognise if people's skin needed attention from a specialist, such as a tissue viability nurse. They knew to take action to ensure the person was seen by a specialist in those circumstances.

People felt safe with their care workers and believed they could be trusted in their homes. One person told us, "I trust them [care workers]." Another said "I trust [care worker] with my life." Staff were knowledgeable about how to recognise if a person might be at risk of abuse and knew what to do about concerns about safeguarding. They said they would talk to their managers and felt confident that they would take appropriate action by referring the matter to the safeguarding authority and if necessary to the police. All staff were trained in safeguarding people as part of their induction to the organisation and received further training every two years to update their knowledge. Issues regarding allegations of abuse had been reported to the safeguarding department of the local authority for them to investigate.

## Is the service safe?

There were 95 staff available at the time of our inspection to provide care for all of the people who required it. This was sufficient to provide care for the people who required it.

People were cared for by staff whose suitability for the job had been thoroughly checked. Recruitment processes were safe. We looked at two staff records and found appropriate checks and references were taken up before staff began work. These included criminal records checks, references,

including one from the previous employer and checks of the person's work history. Appointments to posts were confirmed when staff had successfully completed an induction and six month probationary period.

People were protected against the risk of infection as the provider had arrangements to protect them. Staff were supplied with personal protective equipment, including gloves and aprons and were trained in infection control procedures.

# Is the service effective?

## Our findings

We found at the inspection in January 2015 that people were assisted by care workers who did not understand their medical conditions and needs and this meant people were at risk of receiving inappropriate or incorrect care and support to meet their individual needs. The provider told us they would provide information for care workers with people's care plans about health care conditions.

At this inspection in August 2015 we saw that information and training had been provided which helped care workers to understand people's conditions and needs. When we talked with care workers they showed understanding of the health conditions of people they provided care for. The provider had arranged training relevant to the needs of the people for whom they provided care. For example a care worker who cared for someone with diabetes had been trained in diabetes awareness. Care workers who provided care had been trained to understand people's needs and provide good care for people.

People benefitted because care workers were supported to attend training courses to help them with their work. The provider arranged a four day induction training course when staff began working for Sevacare Lewisham. The induction training covered topics which were essential for their work. These included safeguarding people from abuse, personal care, catheter care, pressure ulcer awareness, health and safety, fire awareness and moving and handling. Refresher training in all these issues was available to staff. Staff had the opportunity to develop their skills through national vocational qualification (NVQ) training courses. A NVQ course was underway at the time of our visit. A care worker told us they had achieved NVQ qualifications and they were pleased to have the opportunity to undertake the course as they felt this helped them in their career development.

At the last inspection in January 2015 we found that the registered person did not have suitable

arrangements to ensure staff were appropriately supported to deliver care safely and to an appropriate standard, including by training and supervision. At this inspection in

August 2015 we found improvements had been made in this area. Supervision and spot checks of care workers had increased in frequency and care workers said they felt supported by the organisation.

People were looked after by care workers who were supported to carry out their jobs and look after people well. A relative of someone who received the service said "they [care workers] know what they are doing." They felt the care workers were competent to carry out the care for their relative and understood their family member's needs.

The provider had arranged support meetings for staff and these gave opportunities to meet together and with manager to discuss areas of general concern, raise queries and gain support. Supervision sessions and annual appraisals were taking place where training and development needs were discussed. Training courses had been arranged and staff said they saw their managers more frequently. This meant staff were supported more effectively and the provider could be assured the care staff were providing care suitable for the needs of the people who used services. Care workers told us they felt supported, one said they felt "100% supported, totally."

People's rights were protected because the manager was aware of their responsibilities within the Mental Capacity Act 2005 (MCA) and staff had received training about it. Staff asked people for their consent before they provided care.

People who needed help to prepare meals received it from care workers who understood their needs. The improved scheduling arrangements meant missed and late calls no longer occurred and people received meals when they needed them. A person who received help with meals three times a day told us their care worker "does everything I ask them to" and they were satisfied with the assistance they gave them with all aspects of their care, including at mealtimes.

Care workers were observant of people's health and noticed when they needed extra assistance from health professionals. A care worker told us about a situation when they had noticed signs of ill health in a person they looked after. They reported their concerns to the office based staff, called an ambulance and stayed with them until it arrived. A person told us their care worker helped them with personal care tasks and did so in accordance with the instructions of a district nurse who visited them.

# Is the service caring?

## Our findings

At the last inspection in January 2015 people who had experienced missed visits and poor communication with office based staff believed the approach of the organisation was not caring. At this visit we found that the provider had addressed the scheduling problems so people did not experience missed visits and found the service reliable and caring.

People felt cared for by their care workers and had developed supportive relationships with them. People told us they appreciated the assistance that care workers gave them. One person said of their carer that she “always cheers me up” and described them as “so caring”. The person said their care worker assisted her because “nothing is too much trouble.” Another person praised their care worker saying they “should get a medal” because they did everything they needed and were very reliable. The person said their care worker arrived on time, stayed for the correct length of time, was “very good” and they felt “well looked after”.

Care workers understood the need to provide care with regard to people’s dignity and privacy. A care worker told us

that they made sure the person they looked after was well dressed. They said the person had always been well dressed when they were younger and they felt it was important to maintain the same standards. A relative told us that the care workers helped with personal care tasks and did so in a way that was respectful to the person.

People were supported to make decisions about their care, for example to choose what to eat if the care worker was preparing meals for them.

People told us they did not feel rushed by their care workers and felt they gave them enough time to help them. A care worker said they understood the importance of not rushing the people they provided care for. They said the people they visited lived in a small geographical area so they did not have to rush as the time allocated was adequate and travelling time was limited.

Care workers understood and respected people’s privacy. A person using the service told us their carer used their key safe to enter their home and always called out “hello I’m here” to let them know they were coming in. They said they found this reassuring and felt the care worker was aware they were entering their private space and wanted to ensure they knew who was coming in.



# Is the service responsive?

## Our findings

At the last inspection, in January 2015, people told us that when they called the out of hours team (which worked outside of office hours) they were not always helpful or responsive to their needs. The provider told us they had made changes to the working systems of the out of hours team with the intention of improving issues. The team had been allocated to localities so they became familiar with the demands of the area and understood local transport issues more so work allocation could take these into account. At this inspection we found visits were not missed and people did not raise concerns with us about the out of hours service. However care workers did not always feel supported or valued by the out of hours team. Three care workers told us they had found members of the out of hours team “rude” when they were unable to assist by providing care at short notice.

Communication between office based staff and people using the service was not always reliable or responsive to people’s individual needs. A note on care records stated that a person using the service had told the senior staff doing their care needs assessment they preferred contact by e-mail because of their disabilities. We were told that despite their request essential documents such as a copy of their needs assessment, care plan and statement of purpose, were provided as paper copies rather than electronically as requested. The person was not able to access easily important information such as the contact details for the agency and the complaints procedure. The person could also not easily check the assessment and care plan so they could request it was updated in response to their changing condition. This could have denied the person the opportunity to be fully involved in their care arrangements, to make a complaint and to contact Sevacare Lewisham when required.

People felt they were not always listened to by office based staff. One person using the service said the people at the office did not respond to their requests. They said their messages were not always passed to the care worker by office based staff. For example they said had told the office staff on more than one occasion they did not require assistance but the care worker was not informed. They said

“I don’t think [the care worker] always gets the message when I ring the office.” They said they were concerned about this as they knew the care worker was busy and did not want them to have an unnecessary journey.

This is a breach of Regulation 9(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

People had the opportunity to be involved in writing their care plans. People were consulted when assessments of their needs were made and they explained how they would like their care provided. The assessment tool was detailed and thorough and was used to gather information to create care plans.

People told us that the care workers they had that had known them for a long time knew their preferences and needs and could provide care that was responsive to them. People who had a consistent group of care workers to look after them said they received a personalised service because they knew them well.

People’s individual needs were taken into account when matching care workers to people. For example a person who needed assistance to prepare meals had a care worker with the same cultural background. The person made comments in a review of their care that they were pleased to have meals which reflected their culture. They felt this was a positive part of their service; they were quoted as saying the care worker “knows how to cook my meals”.

Care workers were responsive to people’s changing needs. If care workers noticed someone’s care needs had increased or they needed more help than had been allocated they reported

this to the management staff who in turn discussed with social workers the amount of care allocated. This was also discussed at care reviews between people using the service and care coordinators. These were carried out more frequently that at our last inspection so action could be more taken more promptly than previously.

People told us staff were generally punctual and stayed the correct amount of time. One person said “I am well satisfied with all the arrangements I have.” Another person said “Everything is fine... they turn up when they are meant to.”

People knew how to complain and their concerns were taken seriously and investigated. At the last inspection in

## Is the service responsive?

January 2015 we found some people had not received written apologies to complaints they had made. At this inspection and we saw a letter written in response to a complaint. The letter addressed the concerns raised and included an apology. People told us they knew how to

complain and said they would do so if necessary but said they had no need to. One person said they had “nothing to complain about”, and another said “never in all the years [my care worker] has been calling have I had to complain.”

# Is the service well-led?

## Our findings

At the last inspection in January 2015 we found that the registered manager had not notified CQC about all of the issues they were required to. This had improved since the last inspection and notification were made as required.

We also found in January 2015 that management systems did not adequately address how to improve the service people received. Although there were management systems in place such as audits and reports to the central management of the organisation, these had failed to identify and address shortfalls in the service which had led to people's needs not being met. Since the inspection the organisation had made improvements to the management of the organisation, and quality audits were carried out and action taken promptly to address areas of concern.

In August 2015 we found that the management systems had been strengthened since the last inspection. The office based team had been stable and a deputy manager had been recruited. Weekly meetings of office based staff were held and were used to promote the use of the systems to ensure audits and checks were carried out. People had more contact with the organisation as the improved monitoring of care arrangements through spot checks and care plan reviews. The frequency of these had increased due to better monitoring that they were being carried out when they were due. Office based staff were required to be more accountable for their work by reporting on their targets at weekly team meetings.

Care workers told us they felt supported by the introduction of meetings for care workers. One said to us they had the opportunity "to discuss updates and concerns with managers". This was an improvement to the situation at our last inspection when team meetings for care workers were not being held. The meetings helped care workers to be included in discussions about the running of the organisation and gave them a forum to air their views.

The feedback we received from care workers about the office based staff and managers was positive, one described their manager as "really good". They gave an example of when their work partner had not arrived for a job where two care workers were helping a person. The care workers said the manager "listened and talked to" their colleague. This helped to ensure the service people received improved.

The manager made reports each week to the central management of the organisation detailing the week's achievements in checking quality. This gave the central management team information such as the numbers and nature of complaints, safeguarding alerts and compliments received, which they could use to assess the quality of the service. The registered manager told us the central office staff would sometimes respond to the report by requesting more information about events that took place at the branch.

An annual survey was carried out, it was completed shortly before our inspection but the results were not yet available. The most recent completed survey was carried out in October 2014 before the management improvements were made and did not reflect the current situation.

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.

The care service area manager was a frequent visitor to the office and provided support to the registered manager. Care workers and other staff felt able to raise concerns with the manager of the service and felt their views were listened to.

A social care professional involved with the service said they had seen improvements since the last inspection, in particular with the quality monitoring of service provision.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The care and treatment did not achieve service users' preferences and ensure their needs or preferences are met.

Person centred care. Regulation 9(3)(a)(b)

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Medicine administration charts contained errors that increased the risk that people may not receive their medicines as prescribed.

Safe care and treatment. Regulation 12(1) (2) (g)