Sevacare (UK) Limited

Sevacare - Leicestershire

Inspection report

Memorial Square
Coalville
Leicestershire
LE67 3TU

Tel: 01530832227

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 7 April 2016 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The service provided personal care to adults with a variety of needs living in their own homes. This included people living with dementia, sensory impairments, physical disabilities, older people, people with learning disabilities, and younger adults. At the time of the inspection there were 132 people using the service.

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.

People told us that they felt safe when they received care from the staff. Staff understood and practised their responsibilities for protecting people from abuse and avoidable harm. Risk assessments were in place which set out how to support people safely.

Staff were not deployed effectively. People told us that staff were often late for calls and missed calls. People told us that this made some things more difficult for them. There was a log in system in place for staff to record the time that they arrived at and left calls. This was not used by consistently by staff.

The provider had robust recruitment procedures in place. Pre-employment checks had been completed before new care workers started supporting people using the service.

People were supported to take their medicines by care workers. Staff had completed training and been deemed competent to support people with their medicines.

When people started to use the service a care plan was developed that included information about their support needs, likes, dislikes and preferences. This meant that staff had the relevant information to meet people's needs.

People were prompted to maintain a balanced diet where they were supported with eating and drinking. People were supported to access healthcare services and staff monitored people for changes in their health and well-being.

People were supported by staff with the necessary skills, experience and training. Staff were supported through effective induction, supervision and training. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us that they sought people's consent prior to providing their care.

People told us that some staff were kind and compassionate. Staff we spoke with understood people's needs and preferences. People were involved in decisions about their support.

People told us that staff did not always treat them and their property with dignity and respect. Some people told us that staff did not understand professional boundaries.

People were involved in the assessment of their needs.

There was a complaints procedure in place and people felt confident to raise their concerns. People told us that they had not always received a response when they raised complaints.

People had completed a questionnaire to provide feedback on the service. They were not told of any outcomes to their feedback.
People told us that they did not always receive open communication from the registered manager and the staff in the office.

Systems were in place for monitoring the quality of care and support provided. There was a log in system in place for staff to record the time that they arrived at and left calls. This was not used by consistently by staff and not monitored to make sure it was effective.

The service had a clear management structure in place and this had been restructured to make sure that service quality could be monitored more effectively. Staff told us that they found the management approachable and felt that they were listened to.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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

The service was not consistently safe.

Staff were not deployed effectively. This meant that people missed calls or the staff were late.

Staff understood their responsibilities for protecting people from abuse.

The service had robust recruitment procedures in place and checks were carried out on staff before they commenced working at the service.

People were supported to take their medicine safely.

Is the service effective?

Good

The service was effective.

Staff had completed an induction. They had completed regular training. Staff were supported through supervisions and team meetings.

Staff sought people's consent prior to providing their support. The registered manager and staff had an understanding of the Mental Capacity Act 2005.

Where staff supported people with eating and drinking, people were prompted to maintain a balanced diet. People were supported to access healthcare services.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People told us that some staff were kind and friendly. They told us that some staff did not respect their privacy and dignity.

People told us that staff did not always understand professional boundaries and discussed things that made them uncomfortable.

Staff we spoke with had a good understanding of the needs of people they supported regularly.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People told us that they were not always contacted when staff were going to be late. They told us that sometimes staff made them feel rushed and did not stay for the time they were allocated.

There was a complaints procedure in place. People felt confident to raise their concerns, however told us that these had not always been responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People felt that the communication was not always open from the registered manager or the staff based in the office.

There were systems in place to monitor the quality of care and support that had been provided, however these were not always used and monitored to make sure that they were effective.

People had been asked for their opinion on the service that they had received however they had not received outcomes from this feedback.

Staff felt able to raise suggestions and were confident that these were acted upon.

Sevacare - Leicestershire

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 7 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the information we held about the service and information we had received about the service from people who had contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We reviewed a range of records about people's care and how the service was managed. This included eight people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people who used the service and policies and procedures that the provider had in place. We spoke with the registered manager, and three care workers.

We contacted 24 people who used the service by telephone. We spoke with eight people who used the service and seven relatives of other people who used the service. This was to gather their views of the service being provided. The other nine people we contacted said they did not want to speak with us.

Requires Improvement

Is the service safe?

Our findings

People told us that staff had missed calls or were often late and that this was mainly caused by staff being off work due to sickness. People told us that this had an impact on them and made them feel unsafe. Five people we spoke with told us that no carer had turned up for a scheduled call. One person told us that their call was time critical. This means that it must be done at the agreed time in order to meet the person's needs. The person told us that it was marked as time critical on their regular staff members rota but not on any other staff members rota. They told us that this had been raised with the office staff but had not changed. The person told us about difficulties they had when staff were late and problems that this had caused. They told us, "I am doubly incontinent. I was in a mess as you can imagine. My legs start to hurt when the staff are late." Another person told us, "Sometimes they are late and it is a bit of a struggle." A relative told us, "If the staff are late I have to get [Person's name] up. I would rather not have to do this." The person explained how they struggled to help the person to get up.

One person told us, "The staff get called while they are with me to ask them to cover calls. I have heard them say how can I fit them in?" Another person told us, "It is the same staff that go off sick at the weekend. I think the office have implemented some new rules for sickness. This has had a positive effect." Staff told us that they felt there were enough staff to meet peoples' needs however this was impacted on by sickness. One staff member told us, "Sickness can have an impact." Another staff member told us, "Sickness has a knock on effect." One staff member told us, "I can be late and calls are passed to staff due to sickness and holidays." The registered manager told us that sickness was high in one geographical area. They told us that they followed sickness management procedures when staff were consistently off work due to short term illness and that this was having a positive effect on sickness levels. The registered manager told us that they tried to cover all calls when a member of staff was off work due to sickness, however if it was not possible to cover with a care worker they told us that a member of office staff would go and complete the calls. The registered manager told us that they had not missed a call due to sickness. They told us that they were recruiting new staff on a regular basis to improve staffing levels.

This meant that staff were not effectively deployed to cover sickness and absences and the contingency plans in place were not consistently effective.

These matters constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

People we spoke with told us that they felt safe when they received support from the care staff. One person told us, "I feel safe with the carers." Relatives we spoke with told us that they felt their relatives were safe when they were receiving care.

Care workers we spoke with had a good understanding of types of abuse and what actions they would take if they had concerns. All the staff we spoke to told us that they would report suspected abuse immediately to the office. The provider had a safeguarding policy and the actions the staff described were consistent with the policy. Staff told us that they had received training in safeguarding adults. Records confirmed that this

training had taken place. All of the staff we spoke with told us that they understood whistleblowing and that they could raise concerns with external professional bodies such as the local authority. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commissions. We saw that the registered manager had reported concerns appropriately to the local authority safeguarding team and the concerns had been investigated either internally or by the local authority.

People's care plans included risk assessments and control measures to reduce the risk. These provided staff with a clear description of any identified risk and guidance on how to support the person in relation to this risk. These included assessments about access to someone's property, and risks associated with moving and handling. Risk assessments were reviewed at least annually unless a change had occurred in the person's circumstances. This was important to make sure that the information included in the assessment was based on the current needs of the person. Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

We saw that the person's home environment was assessed to make sure it was safe for the person and for staff. This included checking that the property was accessible and that there were no trip or slip hazards.

People were care for by suitable staff because the provider followed robust recruitment procedures. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. This meant that people could be confident that safe recruitment practices had been followed.

The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete. Staff told us that they had been trained to administer medicines. Records we saw confirmed that this training had taken place. We saw that staff had been assessed to make sure that they were competent to administer medicines. Each person who used the service had an assessment carried out to determine the support they needed with medicine and a medication administration record (MAR) to record that medicine had been given. We looked at records relating to medicine and found that these did not record information about the specific medicine that people were prescribed. National guidelines determine that a full record must be kept of all medicines that are administered. The registered manager agreed that they would implement MAR charts that detailed what medicines people were prescribed where staff were administering the medicine to people. Following the inspection the registered manager confirmed that they had implemented a process where the care team leaders would complete the MAR chart with the correct information. We saw that audits were carried out on the MAR charts that had been completed and any errors were identified, discussed with staff and corrective action had been taken.

Good

Is the service effective?

Our findings

People who used the service told us that the staff knew what support they needed and helped them. One person told us, "They saw that I needed help and gave me this. They really helped." Another person told us, "I can't speak highly enough of them. I don't know what I would do without them."

Staff told us that they had a comprehensive induction. They described how they had completed three days training and then shadowed more experienced staff before working alone with people who used the service. One staff member told us, "The induction was useful." Another staff member told us, "The induction was brilliant." Records we saw confirmed that staff had completed an induction.

People were supported by well trained staff. We looked at the training matrix that was used to manage the training needs of the staff team. The training matrix accurately recorded details of the training staff had completed and when this needed to be refreshed. Staff we spoke with told us that they had completed training. One staff member told us, "I have done enough training to do my job. It is good quality." Another staff member told us, "The training is all good quality." One staff member told us, "I enjoyed the training but it would have been better if there were less people on the course. " All of the staff we spoke with told us that they had received training to meet the needs of the people they supported. For example, we saw that staff had received training in pressure sore care and in catheter care. The registered manager told us that they were looking into staff completing a health passport as part of their training. The health passport records that staff have been trained in identified healthcare tasks and have been deemed competent to carry these out.

Staff were supported through training, supervisions and team meetings. Staff we spoke with told us that had supervision meetings with their manager. One staff member told us, "I have supervisions and spot checks and I feel supported." Spot checks are a way of observing staff while they were working to monitor their practice. Another staff member told us, "I had a spot check on Sunday. It was unannounced." All staff told us that they felt supported and could raise issues with their manager. We looked at the records and saw that supervisions and spot checks had taken place. Records showed that most staff had received a spot check, supervision and a carer's assessment within the last nine months. A carer's assessment is carried out while people were working with people who used the service. It is used to assess staff's practice. We saw that team meetings had taken place six monthly. The minutes of the team meetings demonstrated that issues raised by staff had been addressed and resolved.

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 made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We saw that each person had

a care plan that included information about asking the person what they wanted and prompted the staff to involve people in making their own choices. We saw that people were assumed to have capacity to make decisions and had signed their own care plan in most cases to consent to their care. Where someone else had signed the care plan the reasons for this had been recorded. We saw that consent forms were used to evidence people's consent to use their telephone for the electronic call monitoring system that the provider used. This was free for the person paying the bill. We also saw consent forms for people who used the service that asked if they were happy for other people to see their care records.

Staff told us how they would seek consent prior to assisting people with their support, and that people had the right to refuse care. Comments included, "I always ask for consent. I don't do things for people. I encourage the person to do it", "It is the person's right to say no, and it is their choice", "I always ask if it is ok before doing something", and "I always gain consent. If someone was not happy I would stop and let the office know."

We saw from the records that where people did receive support with food, details of what had been made were recorded in the daily notes. We saw that as part of the initial assessment it had been considered what support people would need with eating and drinking. Care plans indicated that people were able to choose what they ate and drank and included information about the assistance that was needed. Where guidelines were in place from dieticians about food texture or specific foods to be eaten these were recorded in the care plan.

People and their relatives told us that they were supported to access healthcare. A relative told us, "She [member of staff] called the office straight away when she thought that [person's name] had a pressure sore. They called a nurse straight out. It was dealt with very promptly. Staff were aware of their responsibility for dealing with illness or injury telling us they would call an ambulance or GP if required and report any concerns to the office. Staff told us that they would support someone to contact a health professional if they felt it was needed. One staff member told us, "I asked for a physiotherapist to reassess someone as I felt they needed some extra help." Another staff member told us, "I have had to call an ambulance when someone needed it." The registered manager told us that they would make referrals if they felt that someone needed additional support or required assessments as their needs had changed. We saw that care plans contained contact details of people's relatives; GP's or other involved health professionals so that staff were able to contact them in the event of an emergency.

Requires Improvement

Is the service caring?

Our findings

People told us that some staff acted in a caring manner towards them. One person told us, "Some carers are very good; some are slip slop and don't do everything they should." Another person told us, "You get good ones and no so good ones." One person said, "Some carers are brilliant but some carers should not be in the job." Another person said, "Carers in essence are good." Relatives told us that staff were caring. A relative told us, "They are nice, well mannered, jolly and talkative." Another relative said, "They are caring and helpful."

People told us that they liked to have the same staff when they could however this was not always possible. This means that people found it more difficult to build a positive relationship with the staff. One person told us, "I mostly get the same staff." One person told us, "They [Sevacare] promised four to seven different carers, however we actually get up to ten different carers a week." One person said, "I wish I had set carers, it is difficult as they don't know where things are." People told us that when they had staff on a regular basis they were very caring. One person told us, "I can't speak highly enough of them [regular carers] I don't know what I would do without them." One person said, "They [regular carers] are absolutely marvellous and would do anything for you." Staff told us that they usually worked with the same people who used the service regularly and this made it easier to get to know each person. One staff member told us, "I get to know people quite well and talk to people. I went through a photo album with one person and have heard some very nice stories." Another staff member told us, "I get to see some people regularly. It helps as I get to know the person and notice any changes." A staff member told us, "It is good to see people regularly. You get to build up a relationship." Records we saw confirmed that planned rotas had the same staff team visiting people on a regular basis, however this would change when there was sickness.

People told us that their regular carers made them feel that they mattered. One person told us how their regular members of staff would 'sit and have a chat with them when they have time'. The person told us much this companionship mattered to them. Another person told us how a member of staff had brought them some custard when a relative had made them a crumble and forgotten the custard. They told us that the staff came back later in the day to bring them the custard. They told us, "I appreciated that. I can't fault them." One person told us how their regular carer had found out that they had not received a call. They told us that the carer had popped in later on that evening to make sure that they were well. Another person told us, "A few of the carers stopped me from doing something silly in the early days." The person was extremely grateful that the staff had supported them during a difficult time.

People told us that staff did not always respect their privacy. One person told us that they had cancelled a call. The member of staff had not been told about this and had arrived at the person's house and they were out. The person told us that the member of staff had contacted the office and been told to 'sit in the home for the duration of the call'. The person told us they had discussed this with the office and was not happy with the response. One relative told us that on two occasion's staff from the office had entered their relative's home outside of planned call times to complete paperwork with them. The relative told us, "I have made it very clear that [person's name] is not to be approached unless I am there. They let themselves in. [Person's name] has no idea who they were." The relative told us that this had been raised with the service

and they had been told that it was a mistake and the details had not been passed on. Staff told us that they respected people's privacy while they were supporting people. One staff member told us, "It is important to give people time and privacy. I go out the room and give people space." Another staff member told us, "I ask if it is okay to be in the room and make sure the doors and curtains are closed."

People told us that staff did not always provide care in a dignified way. Two people gave us examples where staff had discussed their private lives with people who used the service. Both people told us they were not comfortable with the topics that had been discussed. One person told us that the staff at the office had been made aware of what one staff member had said. The person told us that they believed the office had discussed this with the member of staff. We found that some people who used the service did have information about the service, and staff members that was not always appropriate. This meant that staff were not respecting professional boundaries and the dignity of the people who used the service.

Staff told us about what people liked and disliked and that this information was in people's care plans. One staff member told us, "The care plans had personalised information in them." Another staff member told us, "Some care plans record information about people's likes and dislikes. I like to talk to people and find out what they like. It makes them feel comfortable." We saw that each person's care plan contained information about what the person liked, and how they wanted to be supported.
The registered manager told us that when they received an enquiry about the service a team leader would go and meet with the person and their relatives. This was to determine if the service was able to meet their needs. They told us that people were asked about what support they needed, how they wanted this and when they wanted it. This meant that people were involved in planning the care and support that they received.

Staff told us that they encouraged people to be independent and to choose what they wanted. One staff member told us "I ask people what they can do for themselves and encourage them." Another staff member told us, "I always offer people choice, and encourage people to do what they can." We saw that the information in people's care plans prompted staff to encourage independence. For example, one person's care plan told staff that the person used a stair lift but could work this themselves. This meant that staff were encouraging people to maintain the skills that they had instead of doing things for people that they could still do for themselves.

Requires Improvement

Is the service responsive?

Our findings

People told us that the service and individual staff were sometimes responsive to their needs. One person told us, "My call is planned for 6am. This is far too early. My carer comes at 7:30 which is the time that I prefer." Another person told us, "If I have anything I need I just ask and they give me an answer."

People told us that they felt that they had contributed to planning and reviewing their care. One person told us, "They [office staff] visited me at home to complete it [my care plan review]." Another person told us, "My care plan needs changing. I have changed a lot. The office are going to come out and speak with me about this in the next couple of weeks." The registered manager told us that a team leader met with people before they started using the service to carry out an assessment. They told us that care plans and risk assessments were developed based on information provided by the person, their relatives and information that had been provided by the funding authority. This involved discussions and input from the person and their family. The registered manager told us that people had their care plans reviewed at least annually or when their needs changed. Records we saw had been reviewed within the last twelve months. This meant that people contributed to planning and reviewing their care.

People's care plans included information about what was important to the person, their history and their and their preferences. For example, the care plan for one person highlighted that they liked their cup of tea made in a saucepan with the milk and tea bag in the saucepan. Staff had a good understanding of the care needs of the people they worked with regularly and could tell us about these. One staff member told us, "The care plans tell us what people like and dislike. People tell us what they like and dislike as well." We saw that people were asked if they had preferences around the gender and language of their staff. The registered manager told us that they tried to make sure that these preferences were respected. We found that one person had diabetes and their care plan did not fully assess the associated needs with this diagnosis. For example, following a healthy diet and monitoring people's feet and eyes. We discussed with the registered manager who agreed that they would update the person's file to include relevant information for staff about living with diabetes.

People told us that they sometimes felt rushed by staff. One person told us, "They are not as thorough due to time." Another person told us, "Some do cut time." One person said, "It is supposed to be 30 minutes but it is 15 minutes. This means that they are quite rushed." Records we saw where staff had used the log in system showed that staff had stayed for different times to the planned times. We found that this varied from one to two minutes under or over the call time, to 24 minutes under the call time. The registered manager told us that sometimes people did not require their whole call time, or the staff had completed all of their tasks. They said if people consistently needed more or less time this was discussed with the person and the funding agency.

People told us that when staff were late they were not always contacted about this. One person told us, "I have to call the office to find out where the staff are." Another person told us, "Sometimes they call to say if they are late, but it doesn't always happen." People told us that they received a rota to tell them what time staff would be coming the following week. One person told us, "The times change in the week with no

explanation." Staff told us that they when they had been late to calls they tried to let people know. One staff member told us, "If I am running late there will be a reason for this. I will ring and tell the person."
People told us that they did not feel confident when using the on call system. The on call system was used outside of office hours so that people could contact someone from Sevacare 24 hours a day. One person told us, "The on call system is not local and they have no clue on the situation." Another person told us, "You cannot get through to on call." One person said, "On call did not cover the 9:30 call. They told me someone was not coming until 12:30. It is not brilliant."

People told us that they had been asked for feedback about the quality of the service they received. However not everyone said that they had received a questionnaire. One person told us, "We have questionnaires from time to time." Another person told us, "Someone came to my home a few weeks ago and we completed a questionnaire." One person said,"I have not been asked for feedback." People seemed unsure what the purpose of the questionnaires was. One person told us, "I thought I was giving feedback however this was supposed to be a care plan review." Another person told us, "I spoke with you yesterday." We discussed this with the registered manager who confirmed that a member of staff from the office had been carrying out calls to seek feedback from people. This meant that people may have been providing feedback, or participating in reviews of their care and this had not been explained to them. We saw that people had been asked for their opinion on the service that they had received on an individual basis and this was carried out over the phone or in person by staff who were based in the office. We found in the care plans we looked at each person had received at least one phone call and one visit in the last twelve months. The registered manager told us that they tried to make sure that each person had a care plan review, a phone call for feedback and a visit each year as a minimum. We saw that some people had been asked for feedback on a more frequent basis.

People told us they knew how to make a complaint and had information about this in their home. One person told us, "I would call the office if I had any problems." Another person told us, "I would happily call them. I would tell them off." One person told us, "I have a good relationship with them I am happy to raise concerns." A relative told us, "[Person's name] can call them if they have a problem." Two people who we spoke to told us that they had raised complaints with the service and had not received a response. One person told us, "I have made a number of complaints in writing and on the phone. The most recent one was a few months ago and I have had no response." Another person told us, "I have not heard back from my complaint." Other people we spoke with told us that they had arranged meetings with the registered manager to discuss problems that they had with the care provided. Staff told us that people had complained directly to them and that they passed any comments or concerns straight to the staff at the office. The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us that all people were provided with a copy of the complaints procedure and we saw that this was also included within the service user guide. We saw that the service had received eight complaints in 2016 and fourteen complaints in 2015. The registered manager told us that all complaints were recorded on a central system that was monitored at head office. Records we saw confirmed that complaints that had been received were recorded, with information about the complaint and actions that had been taken. Where complaints were taking longer to investigate we saw that the registered manager wrote to the complainant to advise them of this.

Requires Improvement

Is the service well-led?

Our findings

People told us that they did not always receive good communication from the registered manager and the staff who were based at the office. One person told us, "Communication is hit and miss; It can be hit and miss if they call you." Another person told us, "It is very unprofessional." However one person told us, "I am very well informed of everything." A relative told us, "If you call the office, they don't call back." People gave us examples of when they had contacted the office due to a problem they had with the care that had been provided. They told us that they felt that these concerns were no listened to or communicated to staff. This meant that some people felt that they did not receive open communication from the office staff or the registered manager and did not feel that they were always informed of what was happening.

We saw that the system that was used to plan and monitor calls did record that calls had taken place and the time they had taken place. The system was in place so that the provider could monitor whether calls were made at scheduled times. Records we saw showed that staff were not consistently using the electronic monitoring system. This recorded the planned time for calls and the actual time for calls. We saw that where staff had used the system so the call time had been recorded that staff arrived either early or late for calls. This varied from under 15 minutes which is the time window allowed for staff arrival to 20 minutes late. However the data was limited due to the system not being used so this did not give a full record of the time that staff arrived. We discussed this with the registered manager. They told us that they had a new member of staff in the office who would monitor the log in system and would contact staff if they had not used this within 15 minutes of the planned start time of the call. Following the inspection the registered manager told us that they had spoken with staff about the importance of using the log in system and that they were monitoring use of this on a weekly basis.

The registered manager took an active role within the running of the service and had good knowledge of staff members and people who used the service. The management structure had recently been changed and new staff were being inducted into team leader roles. The registered manager told us that this restructure had taken place to make sure that the staff were supported and to drive the quality of the care that was provided. They told us that the team leader role was to be 'out in the field' to monitor staff members practices and to carry out reviews and risk assessments with people who used the service.

All staff we spoke with told us that they felt valued by the organisation and that the registered manager was very approachable. One staff member told us, "The manager makes is clear that if you have any issues you should talk to them about it. Managers are approachable. Sevacare have been good to me." Another staff member told us, "The manager is brilliant. They are very approachable. I feel valued." One staff member told us, "The manager is approachable and will listen to what you have to say." Staff told us they knew how to raise suggestions and concerns and that they felt comfortable to do so. One staff member told us, "You can speak out at team meetings and raise concerns. You do get answers."

We saw that an annual quality survey had been sent out in August 2015. The registered manager told us that 60 had been sent out and 19 had been received. We saw the results from these surveys and found that these were generally positive. All respondents said that they knew how to contact Sevacare. 94.7% of respondents

were satisfied or very satisfied with the care that they received. The registered manager told us that feedback from this was sent to head office and people did not receive any feedback. They agreed that they would find a way for people to receive the outcome from the survey that they had completed.

The registered manager and the co-ordinator undertook audits of quality. This included audits on the daily records, medication records, care plans, risk assessments, accident forms and incident forms. We saw that the records were monitored to make sure that they had been completed correctly and signed. Where areas were identified that had not been completed correctly we saw that this was discussed with the individual staff member. The registered manager told us that they completed a weekly compliance report. This was submitted to head office and the regional manager. The registered manager told us that this included information about how many supervision meetings and spot checks had been completed, what risk assessments had been completed, what recruitment had taken place and how many hours support were provided. This information was used to monitor the performance of the service on a weekly basis by the regional manager and head office. We saw that staff from head office carried out an annual audit of quality at the service. The most recent quality audit had been completed on 4 April 2015. We saw the report from this and it recorded finding and recommendations. We did not see an action plan developed from this to record when actions had been completed.

We saw that Leicestershire County Council had carried out a compliance contract monitoring visit in October 2015 and they had written a report to say that the service was compliant with the contract they held with the Council.

The registered manager understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accident and other occurrences to CQC. They had reported events they were required to report.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service did not deploy staff effectively to make sure that cover was provided and that staff were not late. There were plans in place to cover staff sickness and holidays but these did not work effectively. Systems in place to monitor the time that staff arrived and left were not used consistently.