

Seva Care (Respite And Residential Services) Limited

Seva Care Supported Living Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection of Seva Care Supported Living Services took place on the 7 February 2018. This was the first inspection of the service. It was registered with us in March 2017.

Seva Care Supported Living Services is registered to provide people with personal care in their homes. This service provided care and support to people living in three 'supported living' settings, where people who have a learning disability or autistic spectrum disorder, sensory impairment and/or physical disability were supported to live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission [CQC] does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Seva Care Supported Living Services received a regulated activity; CQC only inspected the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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.

Staff had a caring approach to their work and understood the importance of treating people with dignity and respect. Staff understood the importance of protecting people's privacy and dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to be fully involved in decisions about their care.

People received personalised care. People's care plans reflected people's individual preferences and needs. They contained the information staff required to provide people with the care and support they needed in the way that they wanted.

Arrangements were in place to keep people safe. Staff understood how to safeguard the people they supported. People's individual needs and risks were identified and managed as part of their plan of care and support. Staff understood their responsibilities to manage risks and report concerns where there were any issues relating to people's safety or poor practise.

Arrangements were in place to ensure that complaints were responded to and addressed appropriately.

Staff were appropriately recruited, trained and supported to provide people with individualised care and support. Staff were positive about the support and training they received. The provider ensured staff had the

skills and knowledge to meet people's needs.

Staff, people's relatives and community professionals gave positive feedback about the management of the service. They told us the registered manager was approachable, communicated well and ensured people were provided with good quality care.

There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise abuse and understood their responsibility to keep people safe.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Recruitment procedures were followed to ensure the right staff were employed.

The staffing of the service was organised to make sure people received the care and support they needed and wanted.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People's dietary needs and preferences were met by the service.

People received on-going support with their health. They had the access to healthcare professionals and other specialists that they needed.

Staff sought consent from people before providing care and followed legislation to ensure people's rights were protected.

Is the service caring?

Good ●

The service was caring.

People's choices, views and privacy were respected by the service. Staff were kind and involved people in decisions about their care and provided people with emotional support.

People's well-being and their relationships with those important to them were supported.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their individual needs and preferences.

People's support plans were detailed and addressed people's needs and choices.

There was a process in place to deal with any complaints. Staff understood the procedures for receiving and responding to concerns and complaints.

People were supported to take part in a range of activities that met their individual preferences and promoted their well-being.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was clear about their role, responsibility and accountability. They were approachable and knew the people using the service well.

The registered manager and other senior staff provided staff with the support, training and development that they needed. Staff were complimentary about the support they received.

The service liaised and worked in partnership with other agencies to ensure people received an effective and responsive service.

There were processes in place to monitor and improve the quality of the service.

Seva Care Supported Living Services

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 was carried out by one inspector. The provider was given two working days' notice because the location provides a supported living care service. We wanted to make sure that the registered manager would be available and that people had time to decide whether to consent to a home visit from an inspector.

Before the inspection we looked at information we held about the service. This information included the Provider Information Return [PIR] which the registered manager had completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the registration assessment and recommendation report that had been completed by a CQC registration inspector during the process of the provider registering the regulated activity personal care with us.

Some people using the service were able to tell us about what they thought about the service that they received. Others were less able to describe their experience, so to gain further understanding of people's experience of the service we spoke with their relatives.

During the inspection we spoke with the registered manager, care coordinator and five people using the service. Following the inspection we spoke by telephone with one person using the service, five relatives of a people, two senior support workers, four support workers and two social care professionals.

We also reviewed a variety of records which related to people's individual care and the running of the

service. These records included, care files of four people using the service, three staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People's relatives told us that they felt that people using the service were safe when receiving care. They told us, "I am sure [person] is safe, I have no worries or concerns," and "I have no concerns regarding safety." A person using the service told us, "I am happy, the staff are kind. I am safe."

Staff told us that they had received training about keeping people safe. They described types of abuse, and told us about the action that they would take to protect people if they suspected a person had been harmed or was at risk of abuse. Staff knew that they needed to report any concerns to the registered manager and when appropriate senior management and/or the provider's human resource department. Some staff needed a little prompting before telling us that they would contact the host local authority and CQC if there had been no action taken by management.

The contact details of the host local authority safeguarding team were displayed in people's accommodation so the information was accessible to people, staff and visitors. Staff were very knowledgeable about whistleblowing procedures and told us that they wouldn't hesitate to report poor practice or any other concerns to the registered manager.

Accidents and incidents were recorded and addressed appropriately. They were recorded and monitored, and action was taken to minimise the risk of a reoccurrence. The registered manager told us, "We investigate incidents and address the cause to prevent a future occurrence. Outcomes of such investigations are communicated to the relevant authorities and shared amongst the team to promote learning."

People's support plans included information about any risks to their safety. Where risks had been identified actions were in place to manage and minimise them. Staff we spoke with were aware of people's risk assessments and the guidance that they needed to follow to protect people from harm. One member of staff told us that a person had a risk assessment that included guidance to minimise the risk of the person falling when using the stairs. People's risk assessments were reviewed regularly and when there were changes in people's needs, such as health or behaviour needs.

Staff told us if they became aware of any changes in people's needs that could affect their safety they would report this to the registered manager who they were confident would take appropriate action to keep the person safe.

Arrangements were in place for handling and when applicable managing some people's monies. Records of people's income and expenditure were maintained. Checks were carried out regularly by senior staff to minimise the risk of financial abuse.

Arrangements were in place to ensure appropriate recruitment practices were followed so only suitable staff were employed to work with people. We checked four staff records, which showed appropriate checks had been carried out. The service had a lone working policy to minimise the risk of staff being harmed when working on their own.

There were systems in place to manage and monitor the staffing of the service so people received the care and support they needed and were safe. The registered manager told us that "Staffing levels are allocated on an individual basis in accordance with each service user's needs. We ensure a balanced workforce with regards to gender, language and ethnicity." The registered manager told us that there was a staff 'bank' system in place "To support staff when shortages or incidents occur." People's relatives told us that there was continuity of staffing so that people were familiar with the staff that supported them. They told us that this was important to them and the people using the service. A person's relative told us, "They [staff] are regular staff. We know them well."

Arrangements were in place to ensure people received the medicines they were prescribed. People's care plans identified their medicines needs and recorded the medicines that people had been prescribed. Staff told us that they received training about medicines and had their competency to manage and administer medicines assessed. We saw that people's medicines were stored safely and medication administration records showed that people had received their medicines as prescribed.

The registered manager told us and records showed that there were arrangements in place to ensure people were safe. These included fire safety checks, regular fire drills, and having a contingency plan in place for emergency situations.

Records showed us that staff had completed training on infection control. Protective clothing including disposable gloves and aprons were used by staff when undertaking some tasks, to minimise the risk of cross infection.

Is the service effective?

Our findings

People and their relatives told us they were happy with the service. A person told us, "The food is nice; I can choose what I eat and do. I am happy with my room." People's relatives told us that they felt that staff were competent and understood people's individual needs. They also informed us they felt that staff knew people well. Comments from people's relatives included, "Staff have been really good," "We are kept up to date and informed of any changes," "I am involved in [person's] care plan, we discuss [person]. I get invited to the review."

People's support plans included information about people's preferences, health, personal care and other needs. However, they lacked information about people's background. The registered manager and care coordinator told us that they would include that information in people's plans. Following the inspection the registered manager provided us with a copy of a person's support plan that described in detail the person's background and life experience.

People's support plans included detail and guidance for staff to follow to meet people's individual care needs. Staff spoke about the importance of offering people choices. A member of staff told us that they always offered people two kinds of fruits so that the person who was unable to say what they wanted could make their preferred choice. Another staff told us they supported and encouraged people to choose what they wanted to wear and do.

Staff told us that they had received an effective induction that had prepared them for carrying out their role and responsibilities. A member of staff told us that they had spent time during their induction 'shadowing' other staff to learn about the tasks they needed to carry out and how to provide each person with the care that they required.

Staff were knowledgeable about people's needs. They told us about the training they had received to deliver effective care and support. They informed us that they completed regular refresher training that was relevant to their job role and that there was a system in place to remind them to complete training when it was due. Training certificates showed that staff had completed a range of learning and training that supported them to carry out their role in a competent informed manner.

The Human Resources manager told us that staff received both electronic and face to face training and that there was a system in place to make sure that staff received further support and training when they did not achieve the 75% benchmark score for a training topic. A member of staff told us that when they felt that they lacked the knowledge or skills in a particular area the registered manager made arrangements for them to complete the training that they needed. A member of staff told us that they had completed qualifications in health and social care and another staff told us that they planned to achieve a relevant health and social care qualification. Another member of staff told us, "We get enough training. They [management] remind us when it is due."

People's relatives told us that they had been involved in the assessment of people's needs and choices. A

person's relative told us that they had been asked a range of questions about a person. This ensured the service was knowledgeable about people's needs and could then provide them with effective care. The registered manager spoke of the importance of people's needs being fully assessed to ensure that the service understood the needs of each person, so that staff could provide personalised care and support. They told us that "Robust initial assessments are carried out before we accept any individual to be placed in our care." People's support plans showed that they [and where applicable their relatives] had been consulted and had agreed to their support plan. A person told us that they had received a copy of their support plan.

Care staff told us that they read people's support plans and referred to them regularly so that they always provided people with the support that they needed in the way that people wanted. People's support plans were reviewed regularly with people and their relatives and were accessible to staff. People's independence was supported. Staff told us that people were encouraged to do as much as possible for themselves and to achieve goals to do with developing their independence and skills.

People received the support that they needed to maintain and improve their health. People's support plans included health action plans about people's health needs and details of medical conditions such as epilepsy. One person's support plan was not very clear about the action that staff needed to take if the person showed symptoms of their medical condition. Following the inspection the registered manager provided us with an updated support plan/risk assessment which provided clear guidance for staff to follow.

Records showed people had their health monitored and access to healthcare services and received on-going healthcare support. Staff told us that they always reported any changes in people's health needs to senior staff. They told us that people were supported to lead a healthy lifestyle.

Staff were provided with the support that they needed during on-going supervision and through one-to-one supervision meetings with senior staff. A care worker told us that received regular appraisals of the performance and development needs. They informed us that they felt they were well supported by the registered manager and other senior staff. Records showed that staff received regular supervisions and appraisal of their performance and development.

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. The registered manager, care coordinator and other staff understood and applied the principles of the MCA when supporting people. Records showed that people had a Court of Protection order when restrictions needed to be in place including when they required constant supervision by staff to keep them safe.

Staff told us and records showed that people's capacity to make particular decisions was assessed. Staff were aware that people's ability to make some decisions could change. They knew that a decision in the person's best interest may then have to be made by those involved in their care such as family members, staff and healthcare and social care professionals. People's care records showed that family members had been involved in making decisions in people's best interest including decisions to do with one person's dietary needs.

Staff spoke of the importance of obtaining people's consent, such as before assisting them with their

personal care. A member of staff told us that they always asked for people's agreement before helping them with their personal care as well as with other activities.

People's nutritional needs and preferences, and any assistance people needed with meals were recorded in their care plan. A member of staff spoke about a person's particular dietary needs that met their cultural and religious needs. The member of staff told us about the importance of respecting the person's specific dietary needs and providing them with the support they required to have that need met. During our visits to people's homes we heard staff offer people a choice of meals. A person told us that they enjoyed the meals and their choices were respected by staff.

We discussed the Accessible Information Standard [AIS] with the registered manager and the care coordinator. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. Information about the service was in mainly written format. Some information including people's support plans, the complaints procedure and their tenancy agreements included pictures to make the information more accessible to people. Staff told us that they used a range of pictures and symbols to help people who were unable to speak to communicate their needs, and preferences. The registered manager told us that they would look at further methods for making information as accessible as possible to people who had difficulty communicating their needs and preferences.

Is the service caring?

Our findings

People's relatives told us that they thought staff were kind and caring. They told us, "They [staff] are caring, which is really important," and "[Person] is absolutely treated with dignity and respect."

We saw very positive engagement between staff and people using the service. We saw staff laughing and chatting with people. People approached staff without hesitation and indicated by smiling and gestures that they were comfortable with staff. A person told us that they were treated well by staff and liked them. Staff spoke in a positive way about their job. They told us, "I love my job. The clients make my day. I have conversations with them," "I get to know them [people]. They make me smile."

People showed signs of well-being by smiling and engaging with staff and other people using the service freely and contentedly. The registered manager provided us with examples of how the staffing arrangements met people's individual cultural and language needs. Records showed that people were supported with their personal care by the gender of staff that they preferred. The registered manager told us that she regularly asked people about whether they are happy with the care and support that they received from staff. Staff told us that they respected people's choices and provided them with emotional support when this was required.

Staff we spoke with had a good understanding of the importance of treating people as individuals and with respect. A person's relative told us, "[Person] is treated with respect." Staff told us that they observed other staff engagement with people to ensure that the support people received was always positive and caring. They told us that they would report any poor practise from staff.

People were supported to maintain relationships with family and friends. A person told us that they had regular contact with their relative and also had a number of friends. People's relatives spoke of the regular contact they had with people which was supported by staff.

People's independence was supported. A member of staff told us that they were proud of the support that the service gave to people in promoting their independence and choice regardless of any disabilities that they had. They told us about a person who had regularly attended a community facility where the person had been supported to develop a number of skills and were now able to do some everyday tasks that they had not been able to do before.

People's relatives told us that they felt that people's privacy was respected by staff. A person told us that their dignity and privacy was respected. People's care records and staff records and other documentation were stored securely. Staff knew the importance of not speaking about people to anyone other than those involved in their care. Information about confidentiality was included in the staff handbook.

Staff were aware of the importance of respecting people's equality, diversity and human rights. They spoke about treating people with dignity and respect. Staff we spoke with knew about the importance of respecting people's differences and promoting their human rights. A member of staff told us, "We learn

about people's differences and to respect them and their culture." Another member of staff spoke of having supported a person to attend a place of worship.

A person using the service told us festive occasions and people's birthdays were celebrated by the service. They told us, "We had a Christmas party. We had a father Christmas who came to the house." Staff told us that they ensured they learned about people's preferences and culture from the person, the person's support plan and by talking with people's relatives. A member of staff told us that "everyone's rights were equal." Another member of staff told us, "There is wide diversity among staff and service users, which is nice, we respect each other."

Is the service responsive?

Our findings

People's relatives told us that they felt that staff understood people's needs. A person's relative was very positive about the personalised care that a person received from the service. They told us, "[Person] is in heaven compared to [previous placement], person is very happy and alert. They [staff] respect [person's] preferences and culture." Another relative told us "I am very happy."

The support plans that we looked at were personalised. They included information about people's preferences and routines, and identified the actions required of staff to meet people's individual needs.

Staff we spoke with knew people well. They told us that they ensured that they read people's support plans and followed guidance to ensure people received personalised care and support in a consistent way. A member of staff told us about how they ensured that they were responsive to a person's personal care needs. They spoke about a person being sometimes reluctant to have a shower. They told us that they respected the person's choice, but asked them again in an hour and explained why having a shower was important. They told us that the person usually then was happy with being assisted with personal care. The staff told us "We give [person] time so they don't get angry and have time to make a decision." A person's relative told us, "They [staff] know [person] well. I trust the staff."

People's specific communication needs were identified in their care records and included how their communication needs were met. Staff told us that they used tools including pictures to help people who were unable to speak express their views and preferences. One staff member told us that to help one person decide what they wanted to eat they showed them pictures and the person indicated by behaviour, gestures and facial expressions what they wanted to eat. Another member of staff told us that they showed people different clothes and shoes and the person identified what they wanted to wear.

One person told us that they had participated in regular reviews of their support plan with staff. They told us that they were happy with the service, staff listened to them and they received the support that they needed and wanted. Regular reviews of people's needs ensured that staff were kept informed about people's current needs and preferences so they could provide them with the care and support that they needed. Records showed that during monthly meetings with staff people agreed goals that they wanted to achieve. We noted that these were not always reviewed during the next meeting. The registered manager and care coordinator told us that they would speak with staff and monitor the progress of people's goals.

People led busy lives. They accessed community facilities and amenities to maintain and develop their relationship with the local community. Some people were supported to attend a local leisure centre and had participated in swimming and gym sessions. A member of staff spoke of the support the service provided to people so they could take part in activities including, walks, cinema and meals out. Staff completed 'daily' records about the care people had received during each shift. This helped ensure that care staff shared information about people so were aware of people's current needs and could provide the care that they needed in a consistent way.

The service had a complaints procedure, which was in written and 'easy read' format. A person told us that they would speak to staff or their relative if they had a complaint or concern to do with the service. People's relatives knew who to contact if they wished to make a complaint. They told us that they would speak with the registered manager or the care coordinator if they had a concern, and were confident that they would be listened to and the issue addressed. A person's relative told us "I am confident if I raised a complaint, it would be listened to." Another relative told us, "I have no concerns and complaints." There had been one complaint in the past twelve months. The registered manager told us that they planned to provide more support for people to communicate concerns and that the recording of these would be developed to show the service was responsive to all feedback about the service. They told us that people were "encouraged to raise complaints without fear."

The people using the service were relatively young and there were currently no one using the service who was receiving end of life care.

Is the service well-led?

Our findings

People's relatives and a person using the service told us that they were satisfied with the way the service was run and would recommend it. People's relatives told us, "[The registered manager] is very good, she is approachable and I see her regularly," I think that it is well-led. My [relative] is looked after. They do a very good job," "It is a well-run organisation, responsive and caring," "The service is very good" and "We are absolutely happy."

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.

The registered manager ran the service with assistance and support from the care coordinator. Staff we spoke with were aware of the management structure of the organisation and told us that the registered manager and care coordinator were visible, approachable, supportive and available at any time for advice and support. They told us that they were kept well informed about the organisation and the service.

Staff told us that they felt valued and communication between staff was good. They told us, "We cooperate and work as a team." Care staff had the opportunity to attend regular team meetings and supervisions meetings where they were informed about changes to the service and discussed people's progress and best practise.

Care staff knew they needed to keep management staff informed about any changes in people's needs and any issues that affected the service. The registered manager and/or the care coordinator provided 24 hours on call service to provide guidance and support. A member of staff told us, "The manager is very good. She and the care coordinator are available at any time for advice."

People and their relatives knew who the registered manager and the care coordinator were and spoke in a positive manner about them. A person's relative told us that "They [management] are approachable and willing to make changes and improvements. It's a very good service."

During our visit to people's homes we observed people indicated by their engagement with the registered manager and care coordinator that they were well known to them. We saw people were comfortable interacting with them both. The registered manager told us that they and the care coordinator carried out 'spot checks' of the services to monitor staff practise.

People and their relatives had the opportunity to provide feedback about the service. People's relatives told us that they had received questionnaires to provide feedback about the service. A person's relative told us, "I get a feedback survey annually." Another person's relative told us "I raise issues and they address them straight away. Action is taken from [person's] review. If it wasn't I would raise it and ask why?" Relatives told us that they also had face to face contact with staff and could provide feedback during people's review

meetings, telephone calls and via email contact with the registered manager. A person's relative told us that the registered manager often phoned them and asked them feedback about the service. The completed feedback questionnaires that we looked at showed that people's relatives were very satisfied with the service.

The registered manager told us that the provider's quality monitoring officers carried out "unannounced visits to the services and make periodic telephone calls and arrange meetings with service users and their representatives" to obtain feedback about the service.

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service. We found that audits were regularly undertaken as part of the quality assurance and quality improvement process, covering a range of aspects to do with the service. These included daily and monthly audits of the medicines, incidents and health and safety arrangements. Action was taken when deficiencies were found and to make improvements to the service in order to minimise the risk of them happening again. The registered manager told us that this was to ensure the team delivered "services of the highest possible quality and constantly improve through listening reflecting, learning and action."

The registered manager and care coordinator liaised with community professionals to ensure people received an effective, good quality service. Social care professionals confirmed this and spoke in a positive way about the service and the communication they had with the registered manager and care coordinator. A social care professional told us that management were, "Good at letting us know if there are any issues," and that they addressed them promptly and quickly.

Care documentation was up to date. However, we noted that some records were not dated. The registered manager told us that they would ensure records were reviewed and dated. The service had up to date policies and procedures in place. The policies included the guidance staff needed to follow and act upon in all areas of the service such as responding to complaints and health and safety matters. Details of these were included in the staff handbook.