

Sevacare (UK) Limited

Synergy Homecare - Wakefield

Inspection report

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Date of inspection visit:
04 July 2017

Date of publication:
07 August 2017

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

The inspection of Sevecare Limited took place on 4 July 2017 and was the first inspection of this service. The onsite visit was followed by one day of telephone calls to staff, and relatives and people who used the service

Sevecare Limited provides personal care to people in their own homes in Wakefield and the surrounding areas. At the time of inspection the agency supported 125 people.

At the time of our inspection the service had a registered manager. A new manager was in the process of becoming registered at the service. 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 manager had completed their application form and had been given a date for their interview with the Care Quality Commission.

People who used the service and their relatives felt they or their family member were safely looked after and had no current concerns.

We found the systems in place to manage and monitor people's medication was robust and staff had completed training in management of medicines.

People had care plans in place to manage risks, which staff understood and followed. Staff could recognise abuse and knew what action to take to keep people safe. There were procedures in place to ensure any allegations of abuse were reported and acted upon by the provider.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and we saw decision specific mental capacity assessments had been carried out where needed. Staff had a good understanding of promoting choice and independence as well as gaining consent from people.

There were sufficient numbers of staff to meet people's needs and keep them safe. People and their relatives told us they were happy with the care staff.

We found people were provided with care and support by staff who had the appropriate knowledge and training to effectively meet their needs. Staff told us they felt well supported and received regular supervision and a yearly appraisal. Robust recruitment processes were in place and were followed.

People were treated with dignity and respect by staff. Staff knew people well and were able to describe how individual people preferred their care and support delivered. The care plans we looked at were person-centred and reviewed on a regular basis to make sure they provided accurate and up to date information on meeting people's needs as individuals.

People were supported to maintain their health and were supported with a balanced diet when this support was needed.

People we spoke with were aware of how to make a complaint and felt they would be listened to. There were procedures in place to ensure the provider responded appropriately to any complaints they received.

The registered manager and manager worked with the team of staff, monitoring and supporting the staff to ensure people received the care and support they needed. Staff spoke highly of the management team. There were systems in place to monitor and improve the quality of the service provided.

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.

People felt safe and relatives were happy with staff.

Risks were managed in a person centred manner and all calls were covered by the team.

Medication was administered safely.

Is the service effective?

Good ●

The service was effective.

Staff received a thorough induction with training and shadowing opportunities and were supported through regular supervision and appraisal of their role.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

There were systems in place to support people to maintain healthy choices.

Is the service caring?

Good ●

The service was caring

Feedback from people who used the service about the quality of care provided was positive.

Staff understood how to treat people with dignity and respect and were confident people received good care. People's independence was encouraged and supported and this was evidenced throughout the care plans.

Staff had developed good relationships with the people who used the service and used their knowledge of people to provide person centred care.

Is the service responsive?

Good ●

The service was responsive

Records showed that individual choices and preferences were discussed and identified with people who used the service.

People's care plans gave good guidance on people's care needs. They were regularly updated and provided staff with the information they needed to meet individual's needs.

The service had systems in place to manage complaints and concerns.

Is the service well-led?

Good ●

The service was well- led.

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

The registered manager and management team were familiar with individual care needs and knew people who used the service well.

People who used the service and staff we spoke with found the management team approachable and described the service as well run.

Synergy Homecare - Wakefield

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 4 July 2017 and this was announced. The provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

The inspection team consisted of two adult social care inspectors who both visited the provider's premises, and an expert by experience who spoke by telephone to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Staff calls were made on the day of inspection and also a few days after.

Before our inspection, we reviewed all the information we held about the service, including any statutory notifications. We also sent out 48 surveys to people who used the service and 48 of their relatives and friends. Of these 17 people, and three relatives survey were returned to us. We have included the responses from surveys in the inspection report.

Before the inspection providers are asked to complete a Provider Information Return (PIR). This 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 contacted the local authority and Healthwatch.. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We were not made aware of any concerns by both agencies.

At the time of our inspection there were 125 people receiving the regulated activity of personal care from the

service. We spoke with the registered manager and the new manager during our visit to the office. Following the visit to the provider's office we carried out telephone interviews with 16 people who used the service, four relatives of people who used the service and eight care staff. We spent time looking at documents and records related to people's care and the management of the service. We looked at seven people's care plans and seven people's medication records.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "Yes the care workers all know me really well and my family. I do feel safe with them." Another person said, "Yes of course they are all lovely girls." A third person told us, "Without a doubt it's always the same girls." People went on to tell us, "If they are running late they will call us. It's only about 5 minutes." Another person told us, "I have never had no one turn up they are all good at letting us know if they are running late but it is not very often and it is normally the same staff that come."

In the PIR the provider told us, 'We operate a template scheduling system to ensure that the people who use our service receive continuity of both visit times and regular care staff'. Our inspection findings confirmed staffing arrangements were appropriate to keep people safe and meet people's needs.

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included processing applications, conducting interviews and seeking references. We saw checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. We looked at recruitment files for seven staff and saw the provider's procedures had been followed.

The care staff we spoke with told us they had received training in how to recognise and report abuse. They said that they would always report any concerns to a senior person in the organisation. Staff felt confident any concerns they reported would be addressed by the management team. One staff member said, "They are very good the new manager will act on everything we report."

Staff had received training in managing and preventing infection and said they were provided with plenty of personal protective equipment such as disposable gloves and aprons. Staff also spoke about the use of footwear covers if needed. Staff told us their practice was safe and they always used gloves, aprons and followed good hand washing procedures when providing personal care or when preparing food and drinks.

Staff spoke about how they would deal with foreseeable emergencies, such as people having accidents in their home. For example, falls. The staff we spoke with were very clear on the management of first aid such as not moving someone and calling the emergency services and agency for support.

We were shown records which demonstrated prior to the commencement of the service environmental risk assessments were undertaken of the person's home. We saw information to show individual safety checks had been carried out in each home setting for staff to be able to work safely. We saw risk assessments which covered areas such as pressure care, falls, and medication. They were reviewed regularly and were up to date. Care plans showed what action staff needed to take in order to reduce or eliminate potential risks.

Staff confirmed that they had received training and competency checks in relation to the management of medicines. The registered manager told us they checked staff competency in this area during spot checks

and records showed this was covered as part of spot checks procedures. We saw where staff assisted with medication, medication administration sheets were completed in detail. The management team regularly audited these. There was a robust effective plan in place when staff had not recorded information on the records. This was followed up in supervisions and if needed through the disciplinary process.

We saw the management team monitored any accidents or incidents and looked at what could be put in place to prevent any re-occurrence. There was documentary analysis of incidents to identify any patterns or trends. Staff told us they had lots of support to help them make decisions out of hours and in office hours where they were concerned or an emergency had occurred.

Is the service effective?

Our findings

People and their relatives told us staff were well trained and knew them and their family well. One person told us, "They are all well trained." Another person told us, "They all know what they are doing." A third person told us, "Yes they all know my needs and are all really nice." A relative told us, "Yes they know [name of person] very well and take care of all their needs."

Staff said they received good support during their induction. They said they completed a programme of training and shadow shifts with experienced colleagues to get to know people's needs.

All of the care staff we spoke with told us they had completed training to give them the skills and knowledge to provide people's care. They also said they were given opportunities to gain qualifications relevant to their roles. Where care staff worked with people who had complex needs they had received additional training to support the person.

In the PIR the provider told us, 'We support our staff with on going training and supervision to enable them to deliver effective services that are flexible and meet the needs of individuals that we support'.

Staff told us they were well supported by the management team. Staff confirmed they received supervision where they could discuss any issues on a one to one basis and annual appraisals were carried out to review progress and training needs. Staff said they found these useful and helped in their development. Staff we spoke with were aware of how respect to people's choices and the need to ask for consent prior to carrying out any care tasks. One member of staff told us, "I have regular checks when I am supporting people in their home. They give me constructive feedback and this helps me improve."

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.

We found the service was working within the principles of the MCA and staff had an understanding of how these principles applied to their role and the care they provided. Staff told us they supported people to make their own decisions.

Staff showed a good understanding of protecting people's rights to refuse care and support. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. The staff we spoke with told us they had completed MCA training and were able to give us an overview of the MCA 2005 and how this impacted on their work with people. One staff member said, "We must never tell anyone to do anything they don't want to do."

People who used the service said they were asked for their consent prior to any care or support being

delivered. One relative told us the agency respected their family member's wishes to have female staff only. Another relative told us their family member's choices and wishes were respected well at all times.

Staff told us of the importance of good nutrition and hydration for people who used the service. Staff described how they encouraged people who were nutritionally at risk to eat and drink when they carried out their visits.

The management team told us they provided support to enable people to manage their health care needs. They said visit times could be altered to fit in with attendance of appointments or support could be provided to attend appointments with people if this was needed. They also told us they liaised with families and professionals to ensure people received the healthcare support they needed. Staff confirmed this had happened on several instances when people's times had changed due to unforeseen circumstances and staff changed their call times to accommodate this.

Is the service caring?

Our findings

All of the people and relatives we spoke with told us staff had a caring and friendly approach. One person told us, "They are all marvellous. Just lovely." Another person told us, "They are all lovely. I would not mind who came as they are all nice." A third person told us, "I did not want to have people coming to my home. My family told me to try this and I did. I am so glad I did they are all wonderful." A fourth person said, "Fantastic all of them." A relative told us, "I can't speak highly enough of them. They are all lovely."

In the PIR the provider told us, 'The results of our recent survey show that 100% of the service users who responded rated the service as either very caring or caring. This result indicates that the people who use our service feel that they receive a caring service'.

Care plans contained information about people's life history. This gave important information about people's background and their likes and dislikes. This information helped staff to provide more personalised care. Staff we spoke with could describe people's likes and dislikes and showed they had developed good relationships with people who they supported. They spoke warmly about people. They said they provided good care and gave examples of how they ensured people's privacy and dignity were respected.

Staff spoke of the importance of making sure care was carried out in private, people were covered, curtains were closed and people's wishes were respected at all times. Staff also spoke of the importance of maintaining independence for people who used the service. One staff member said, "We all do our best to make sure people do not lose their skills to be as independent as possible. We would not want that so we try to encourage people at all times where possible."

Staff we spoke with supported some people who had specific needs or preferences arising from the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. Staff said they had received training in equality and diversity and so were aware of issues that may arise in this area such as social isolation and discrimination.

Is the service responsive?

Our findings

Care plans contained a pre-assessment which showed how the provider ensured they could meet people's care and support needs, wishes and expectations before they commenced using the service. The registered manager said they carried out the pre-assessment to ensure all needs were fully assessed with the person who used the service and relatives or other representatives where necessary.

Care plans were developed once assessments had taken place. The care plans we looked at were detailed and personalised to ensure support was provided according to the person's preferences. We saw the care plans provided clear guidance to help staff assist with the required care and support such as assistance at mealtimes, washing, dressing and mobility. There was a good level of person centred information recorded within care plans, such as how people liked to be dressed, type of clothing preferred and how someone's behaviours affected them. We saw evidence that six monthly reviews had taken place with people and their relatives.

Staff said they found the care plans useful and gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. One member of staff told us, "The care plans are easy, we look at these every day just in case anything had changed from the day before."

We received surveys from people who used the service; 94% agreed they knew how to complain if they needed to.

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. This information was given to people when they first began to use the service. People we spoke to told us they were aware of how to make a complaint and would do so if they needed to.

We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints would be recorded together with the action taken to resolve them and the outcome. This showed people's concerns were listened to, taken seriously and responded to promptly. The registered manager had a system in place to carry out an analysis of complaints to look at any emerging themes. The registered manager showed us a log when they had contacted staff in relation to late calls and the action taken. This included discussions in supervision, staff meetings and also in dismissal of staff.

Compliments were also recorded and we saw a number of these had been received. Comments included: 'Thank you to all the staff for looking after [name of person]', 'Fantastic carers' and 'Brilliant provide a fantastic service'.

Is the service well-led?

Our findings

People who used the service and their relatives spoke positively about the staff and management team. One person told us, "Yes I think they are marvellous, fantastic, and very good." Another person told us, "The Manager is there if we need to speak about anything." One relative told us, "I'm very satisfied with everything they do for us as a family." Another relative told us, "Yes I am very happy, I have no concerns about [name of person] being looked after."

Staff said they felt well supported in their role and said the management team were aware of important issues about the service. All the staff we spoke with said the management team worked alongside them and carried out spot checks on their performance. Staff told us they felt valued and supported in their role. Staff said communication within the service was good and they received information such as their rotas in a timely way.

People and relatives we spoke with all said they would recommend the service. One relative told us, "I cannot fault the care." Another relative said, "Yes I would recommend this service."

We looked at a recent satisfaction survey completed by the service in April 2017. There was a high percentage of satisfaction throughout. Comments included, 'Care cannot fault'. And 'Lovely care staff. Would recommend the service'.

In the PIR the provider told us, 'If a member of staff's mandatory training skills expire (show red), our computer system will not allow them to be allocated any work until the member of staff has completed the necessary training/refresher courses. They are then signed off by our training department, systems are updated by head office and the member of staff can be allocated work again'.

We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw the registered manager and manager checked people's care plans risk assessments and daily logs to ensure they were up to date and completed to a good standard. We saw any actions identified were transferred on to the computer system for discussion with individual staff.. The agency also had a monthly management meeting which looked at safeguarding/ missed calls, complaints, health and safety, call monitoring and any issues still outstanding. We saw evidence of these completed in the allocated time.

The registered manager and manager told us spot checks were carried out regularly to ensure staff were fulfilling their role properly and people who used the service were satisfied. We looked at some records of spot checks and saw where actions were identified these were addressed to ensure improvements in the service.

