

Sevacare (UK) Limited

Sevacare - Kingstanding

Inspection report

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Kingstanding
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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 inspection took place on 7 July 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 someone would be in.

Sevacare Kingstanding is a large service which provides personal care and support to over two hundred people living in their own homes.

There was a registered manager in post at the time of our inspection. 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.

We last inspected the service on 10 February 2014; the provider had met all the legal requirements.

People received a safe service. Procedures were in place to ensure that people received a service that was safe; staff followed the procedures to ensure the risk of harm to people was reduced. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

People received care and support from staff that were trained to be effective in their role. People's rights were protected and they had choices in their daily lives. People were supported to maintain their diet and health. People's privacy, dignity independence and individuality was respected and promoted at all times.

People received care from staff that were suitably recruited, supported and in sufficient numbers to ensure people's needs were met.

People were able to raise their concerns or complaints and processes were in place to ensure complaints were investigated and responded to, so people could be confident they would be listened to and their concerns taken seriously.

People received a good quality service. The management of the service was stable, with processes in place to monitor the quality of the service. People were asked to comment on the quality of service they received and the information was used to improve the service.

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 said they received a safe service, procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm.

Risks to people were assessed and managed appropriately and there were sufficient staff that were suitably recruited to provide care and support to people.

People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective

People received care from staff that had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, and people's rights were protected. Where necessary people received support from staff to maintain their food and drink intake. People's health care needs were met.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People were involved in all decisions about their care and the

care they received met their individual needs.

People were able to raise concerns and there were clear procedures in place to respond to people's concerns and complaints. People's concerns and comments were used to improve the service.

Is the service well-led?

The service was well led.

People said they received a good quality service.

The service was monitored to ensure it was managed well. The management of the service was open and receptive to continual improvement.

Good ●

Sevacare - Kingstanding

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 July 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 someone would be in. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We reviewed the findings of our last inspection report and reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people. We also sent questionnaires to people that used the service and their relatives, so that they could tell us their opinion of the quality of the service they received.

During our inspection we spoke with 12 people that used the service, five relatives, 16 care staff, the registered manager and an area manager. We looked at, safeguarding and complaints records, sampled seven people's care records; this included their medication administration records and daily reports. We also looked at the recruitment records of two care staff, analysis of questionnaires sent to people that used the service and quality assurance processes that the provider had in place to monitor the quality of the service.

Is the service safe?

Our findings

People that used the service and their relatives told us that people received a safe service. One person told us, "Yes I am happy, it's a safe service." Another person said, "They are very good. I have a very good carer, she is regular and I feel safe with her." A relative told us, "Oh yes [Staff name] definitely safe with them. She, [person using the service] looks forward to them coming." We sent 60 questionnaires to people that used the service and their relatives, we received 19 responses and everyone said they felt safe using the service.

The risk of harm to people was reduced and managed because there were procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with knew the procedures for keeping people safe from abuse and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff understood how to report concerns both within the service and external agencies that they could contact, should they have any concerns about people's safety. All staff said if they reported concerns to their immediate line manager and it was not investigated, they would use the whistle-blowing procedures. This is a procedure that enables staff to raise concerns about poor practice in confidence. The provider told us in their PIR that they operated a 'take action against abuse' campaign and all staff were issued with the contact details of the senior managers, so they could report concerns at a high level if the need arose. Staff confirmed they had this information. Where concerns about people's safety had been raised, the provider kept us informed and took action where necessary to safeguard people's welfare.

People told us that risks to their care was discussed and managed appropriately. For example, where people needed support with using equipment to help them to move, they felt this was done in a safe way, by trained staff. Staff told us that risk assessments and risk management plans were available to support them in caring for people safely. Records looked at confirmed this. Staff spoken with knew the risks associated with people's care and told us how they talked to people about any risks identified and ensured that new risks were reported, so that the care can be reviewed to ensure people were cared for safely.

Staff told us that there was an on call system and a senior member of the staff team was always available. This meant staff had access to guidance and support in an emergency situation. Staff said they had been trained in emergency first aid, so were able to act to keep people safe in an emergency.

People spoken with had no concerns about the staffing numbers and said they received a reliable service. One person told us, "They have never missed a visit only once and I phoned the office and they organised for someone else to come." Information we had prior to the inspection showed that there were occasions when the service was not as reliable as it should be. The area manager told us they had increased spot checks and competency assessments for care. Staff told us, "The office is hot on disciplinary and does regular spot checks to ensure the care was being delivered safely." Staff spoken with said there were enough staff to provide the care. Some staff told us that they always double checked with the office to ensure the people they support were covered when they were on annual leave. This ensured calls were not missed.

All staff spoken with said the recruitment checks required by law were undertaken before they started

working. Records looked at confirmed this. This showed that the provider ensured that the staff employed were suitable to work with people who required care and support.

People that needed help with taking their medicines told us that staff always gave them their medicines. One person told us, "They make sure I take my medication." A relative told us, "They do always give her medication." Medication administration records (MAR) looked at confirmed this. All staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedures. Staff told us they received training in medication administration and their competency to support people with taking their medicines was monitored during spot checks and carer's assessments. This ensured that where people required support with taking their medicines, there were processes in place to ensure staff were competent to do so safely.

Is the service effective?

Our findings

People told us they had no problems or concerns about staff skills. One person said, "They do their job well so I think they are trained." Someone else told us they used a hoist to help them to move and they thought the staff were trained and competent to use this piece of equipment. Staff told us they had the necessary training to provide the care and support people needed. A member of staff told us, "Sevacare put a lot of time in training. The duty of care is imperative."

Staff said they had regular supervision and appraisal to enable them to undertake their role well. We saw that the provider adopted a planned approach to staff training, supervision and appraisal, which was monitored and reviewed to ensure they were effective.

People told us that staff sought consent before supporting them with their care. Staff told us that they always provided care and support in line with what people wanted. A member of staff told us, "We Always explain and ask people how they want things done. Always ask and gain consent." Another staff member said, "Even if someone has no capacity I would still explain things to them. Some people can give a nod even if they have no capacity. Keep information simple, for example when getting dressed, give people two options."

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. Staff said they had received training to enable them to understand how to protect people's rights. We asked staff what they would do if they felt someone could not make informed decisions about their care. They told us they would always refer to the office, for an assessment. A member of staff told us, "We always refer to the care plan. The care plan will tell you what is in the best interest of the service user. If we are really concerned we would report to the office, if there is a change of mental state." This meant care staff clearly understood their responsibility in relation to the MCA.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff knew about the DoLS, however, they were clear that this did not apply to anyone using this service and were aware of what action to take should people lack the capacity to make decisions about their care and living arrangements. For example, were aware that where necessary a court of protection order was in place for people.

Where people needed support with preparing food and drink, they told us that staff always supported them in a way that they wanted. Staff knew how to support people that had specific dietary needs or were at risk

of losing weight. A member of staff told us, "If people are at risk of losing weight, we can involve the dietician, who may prescribe fortified foods and drinks. We Monitor their eating and drinking and report concerns if people refuse to eat and drink."

People told us that if they were not well staff would contact the doctor for them. One person told us, "My carer would call the doctor if I needed her to." Staff told us that if someone was not well, they would call the GP, with the person's permission, or report to the office, so that the office staff could call the GP and inform family members. People spoken with confirmed this to be true. One person said, "If I am not well she [care staff] will call the doctor and district nurses, and inform the office." A relative told us, "They are observant and will spot things that I am not aware of and will let me know, so I can call the doctor." This meant people were supported to maintain their health when needed.

Is the service caring?

Our findings

People said that staff were caring towards them and were complimentary in the way they were treated by staff. One person said, "My primary carer is very good and goes beyond caring." One relative told us, "Caring staff they are friends and friendly. She [person using the service], doesn't feel uncomfortable with staff."

People and their relatives were involved in discussing and agreeing their care and support needs. People told us that staff did what people wanted them to do. One person told us, "They always ask me how I want things done." Another person said, "I have a care plan and the service matches the care plan."

People were confident that the care they received met their needs. One person told us, "I think the service is wonderful. I like the way they devote themselves to looking after me. They have a wonderful way with them and we have a laugh." Another person said, "It's nice to know when someone knocks your door you can feel comfortable with them."

People's privacy and dignity was respected. Everyone spoken with said staff were respectful and kind. A relative said, "They are respectful and [Person's name] gets on great with them, we have a laugh. It's like a family affair." Staff gave good examples of how they maintained people's privacy and dignity. For example a member of staff told us, "We make sure the service user is the centre of the care and promote the well-being of the service user. Dignity and respect is a key part of that." Another member of staff said, "Keep people covered up when providing care. Ensure doors and curtains are closed. Ask the family to leave the room. You treat people how you would like to be treated."

People told us staff promoted their independence. One person said, "[Staff name], helps me to be independent." A relative told us, "Mom is independent, so staff helps when needed." Staff told us that they treated people as individuals and promoted their independence wherever possible. A member of staff said, "You always have to think about the person as an individual. Another member of staff said, "We encourage people to do as much for themselves, and only assist when needed."

Is the service responsive?

Our findings

People that used the service and their relatives spoken with told us that people decided how they wanted their care and support to be provided. One person told us, "They came out to do an assessment and care plan." People said they felt the service was responsive to their needs and had no concerns about the care they received. A relative told us, "I think the service is very good, and I have total confidence in the carers that care for my mom."

The PIR told us the provider's care teams understand that some days people will feel more able to carry out certain task independently than on other days. So where ever possible they accommodate any changes in service delivery in order to promote people's changing needs and support their independence. Most people told us they had a regular member of staff that cared for them. This ensured they had a consistent service from staff that knew and understood their needs.

We saw that people's needs assessment, care plan and risk assessment were reviewed and updated taking into account people's changing needs. People told us that someone came out regularly to review their care. One person said, "They do a review and ask if I am happy. They do check that things are ok." People spoken with said the members of staff that regularly supported them understood their changing needs. One person commented that the staff member that cared for them knew when they were unwell before the person themselves. For example the person told us, "If I am not well she [care staff] knows before I do. I had a urinary tract infection and she noticed it before I did and called the ambulance." This indicated that staff knew people well and responded to the changing needs of the people they support.

All the people we spoke with knew how to complain about the service. The majority of people said they had never made a complaint as they had no reason to. One person told us, "I would phone the office if I wasn't happy." Where people had raised concerns they said they were dealt with to their satisfaction. All staff spoken with knew how to raise concerns on people's behalf. Complaints records sampled showed that they were investigated and responded to in line with the provider's policy. We saw that the provider had used information gathered from complaints and questionnaires sent to people, to develop and implement improvements to the service. For example the PIR and information we had received about the service, showed that analysis of complaints highlighted lateness of calls. The registered manager and staff spoken with said the provider had introduced a call monitoring system; this had resulted in improved reliability of the service and people confirmed to us that the service was very reliable.

Is the service well-led?

Our findings

All the people and their relatives that we spoke with felt they received a good quality service. One person told us, "The service is quite good." Another person described to us how they had requested the service following discharge from hospital. Someone else told us that their relative was sceptical of them using the service at first, but they said, "The care I get is absolutely wonderful."

Most people spoken with did not know who the registered manager was. However, they knew the name of a senior member of staff that they could speak with and felt that the office staff were open and receptive to any concerns they raised. One person told us, "The office staff are very good. They always act on what I say." Another person said, "They always inform me of any changes. The office staff are friendly."

People told us they were regularly asked for their views on the quality of the service they received. They told us this was done during review visits, telephone calls from the office staff and questionnaires. One person told us, "They do review visits and they ask if I am happy with the service." We saw that comments made from the analysis of questionnaires were analysed and used to inform the service improvement plan. For example, we saw that the surveys from last year showed people were concerned about missed calls. The area manager told us that the provider had implemented a call monitoring system, so that staff time keeping could be monitored. People and their relatives we spoke with, had no concerns about missed visits, showing that the provider had listened to people's concerns and had improved the service. In addition the area manager told us about their plan to introduce a new system called cell call track. This is a system that will further enable the provider to identify when staff are late, or if visits are missed and will support the care planning process. The area manager also said they were organising the first user forum for August 2016.

Staff said they received the appropriate support from the office staff. A number of staff we spoke with had worked for the provider for a number of years. All said they would not be doing the job if they did not think the provider was supportive. One staff member told us, "They [the provider] are good employers or we wouldn't be here." Another member of staff said, "I feel supported. If there is a problem they will always deal with it."

Staff spoken with said they were able to make suggestions for improvement to the service during staff meetings and individual supervision sessions. Staff knew about the whistle blowing procedures, which they could use to raise concern about the service, and said they had no hesitation in using it if the need arose. This ensured staff were able to put forward ideas for improvement to the service and raise any concerns they had about poor practice.

There was a registered manager in post with no changes of managers so the management of the service was stable. All conditions of registration were met and the provider kept us informed of events and incidents that they were required to inform us of. The PIR was completed and submitted to us when we requested it. This gave us the information we needed and was mostly in line with what we found during our inspection.

We saw that the provider had systems in place to monitor the quality and safety of the service. This included annual audits done by the quality and assurance manager. The last audit was completed April 2015. This audit consisted of home visits to the people using the service, sampling of care records, staff files, accident, incident, complaints and safeguarding records. From this the registered manager was set compliance targets, which were monitored by the area manager.

The area manager told us of future plans that the provider had to acknowledge staff input into ensuring a quality service. They told us they intended to involve people using the service in nominating care staff for 'making a difference in people's lives care award certificate.'