Sevacare (UK) Limited

Sevacare - Rotherham

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 21 July 2016, with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was last inspected in 2014, and was judged to be complying with the regulations inspected.

Sevacare – Rotherham provides personal care to people living in their own homes in the Rotherham area. At the time of the inspection they were providing support to over 100 people.

The service had 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 and associated Regulations about how the service is run.

People's care files showed that their care needs had been thoroughly assessed, and they received a good quality of care from staff who understood the level of support they needed. People told us that they experienced a good standard of care and that they found staff to be polite and knowledgeable.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Risk assessments on the whole were up to date and detailed. We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

Staff had completed a comprehensive induction and training programme before commencing work. This helped them meet the needs of the people they supported. Records demonstrated people's capacity to make decisions had been considered as part of their care assessment.

People were involved in planning their care, and their views about their care and support was incorporated into how care was delivered. There was a system in place to tell people how to make a complaint and how it would be managed, and this was explained to people when they first started using the service.

The registered manager had a clear oversight of the service, and of the people who had used or were using it. However, care plans had not been formally audited for two years, meaning that the registered manager had not identified that care visits did not always last for the planned duration.

Staff received regular supervision and appraisal, and the standard and quality of care visits was regularly monitored.

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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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Risk assessments were up to date and detailed.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff.

Is the service effective?

Good

The service was effective

Staff had completed a comprehensive induction and training programme before commencing work. This helped them meet the needs of the people they supported.

Records demonstrated people's capacity to make decisions had been considered as part of their care assessment.

Is the service caring?

Good

The service was caring

People's care files showed that their care needs had been thoroughly assessed, and they received a good quality of care from staff who understood the level of support they needed.

People told us that they experienced a good standard of care and that they found staff to be polite and knowledgeable.

Is the service responsive?

Good

The service was responsive

People were involved in planning their care, and their views about their care and support was incorporated into how care was delivered.

There was a system in place to tell people how to make a

complaint and how it would be managed, and this was explained to people when they first started using the service.

Is the service well-led?

Requires Improvement

The service was not always well led

The registered manager had a clear oversight of the service, and of the people who had used or were using it. However, care plans had not been formally audited for two years, meaning that the registered manager had not identified that care visits did not always last for the planned duration.

Staff received regular supervision and appraisal, and the standard and quality of care visits was regularly monitored.

Sevacare - Rotherham

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 was 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 included a visit to the agency's office which took place on 21July 2016. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to us by the provider, and information gained from people using the service and their relatives who had contacted CQC to share feedback about the service. We sent surevys to people using the service, and their relatives, asking about their experience of receiving care from Sevacare – Rotherham. Before the inspection, the provider completed 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.

During the inspection site visit we looked at documentation including care records, risk assessments, personnel and training files, complaints records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Our surveys asked people whether they felt safe when receiving care from Sevacare - Rotheham. They all told us that they did. They said that they understood how to raise concerns should they feel unsafe, and told us that they believed the provider kept them safe from harm.

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at ten people's care plans which all contained assessments to identify and monitor any specific areas where people were more at risk, such as how to support complex needs. Risk assessments we checked had been regularly reviewed to ensure they were relevant. We noted in one person's care plan the risk assessment had not been updated to address a specific concern that staff had raised. We identified this to the registered manager on the day of the inspection and they told us that they would update this to improve staff's safety.

An environmental risk assessment had been completed for each house that staff visited to carry out care duties or provide support to people. These were carried out before care commenced, and were regularly updated. This ensured that staff were able to identify any potential risks in the person's home that could have an impact on staff carrying out their duties, or on the person themselves.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adults procedures which aimed to make sure incidents were reported and investigated appropriately, and a copy of this procedure was stored in the provider's office. There was also information displayed in the office, and in the files given to people when they beagan using the service, about safeguarding procedures and abuse. However, we noted two incidents which had not been reported to CQC, which is a legal requirement.

Staff records showed that staff had received training in relation to safeguarding. This was part of the provider's induction programme as well as being delivered in a stand alone training session. This training was repeated annually, and the electronic system used by the provider meant that if staff's training lapsed, they were unable to be allocated any care work.

Recruitment records showed that an effective recruitment and selection process was in place. We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. These included three written references, one being from their previous employer, checks of the staff member's ID and checks of their right to work in the UK. All staff underwent a Disclosure and Barring Service (DBS) check before starting work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. There was a system in place which meant that, where a prospective employee's DBS check showed that they had a criminal conviction, a risk assessment was undertaken to assess whether it was safe to employ the staff member. It was the provider's policy that DBS checked would be undertaken on all staff annually. In one of the staff files we looked at, a reference from the staff member's previous employer was not available due to their previous employer no longer operating. Their record showed that

managers had assessed the risk of this, and had taken other steps to ensure they contacted people who could vouch for the potential employee's conduct and character.

There was a policy in place to guide staff in how to support people using medicines, including relation to recording and storing. People's care records showed that staff were following people's care plans and the provider's policy in relation to handling and recording people's medication.

Good

Is the service effective?

Our findings

We sent surveys to people who were using the service, and their relatives, prior to the inspection. They all told us that care staff carried out all the tasks they were required to do, and the vast majority told us that the care they received assisted them in maintaining independence. People's relatives told us they believed that staff had the skills, knowledge and experience required to ensure they provided effective care and support.

People's care was regularly reviewed, to ensure that it was effective. These reviews took place after people had been receiving care for a short time, by telephone, and then formally in six-monthly documented meetings. These reviews looked at whether people were satisfied with the care they were receiving, and whether it was meeting their goals. The registered manager checked records of review meetings, so that they had an oversight of the service people were receiving, and their views about it.

Staff training records showed that staff had training to meet the needs of the people they supported. The provider's mandatory training, which all staff completed before delivering care, included moving and handling, infection control, the protection of vulnerable adults and food hygiene, amongst other, relevant training. The registered manager told us that the electorinic system the provider used meant that staff could not be rostered for duty unless their training was completed and up to date. This system provided prompts where a staff member's training was becoming close its renewal date, and the registered manager had oversight of this. Staff surveys, which we sent out prior to the inspection, showed that staff felt they received sufficient training to undertake their roles effectively.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process, and people had completed forms giving their consent to receive care in the way set out.

There were details in people's care plans about their nutritional needs, where appropriate. For example, where part of the care package required staff to provide a cooked meal for people, there was information about their food preferences and dislikes. Where people required assistance or prompting with eating and drinking, there were detailed care plans setting out how people should be supported. Care records showed that staff were adhering to this guidance.

Good

Is the service caring?

Our findings

Every person who completed a survey told us they were happy with the care and support they received from Sevacare- Rotherham. They told us that care staff treated them with respect and dignity, and were consistently kind and caring. One person said: "They are very friendly and make you feel good, upbeat and it's always a pleasure to see them."

We looked at the feedback the provider had sought from people using the service, and again this was predominantly positive. One person described the care team as being like part of their family. One person's relative described the staff saying their "attitude is good, they are polite and friendly."

We observed staff in the office taking telephone calls from people using the service and their relatives. Staff interacted with people warmly and with knowledge. They understood people's needs well, and spoke with people with respect.

We checked to see whether people were receiving care in accordance with the way they had been assessed as requiring. Each care plan contained an assessment of people's needs in sufficient detail for staff to understand what care was required. When staff completed a care visit they recorded details of it in people's daily notes. We cross checked these with people's care assessments and found that staff were carrying out the support and care required. However, we noted that care visits did not always last for the intended duration. For example, one person's care plan showed that visits should be 30 minutes in duration, but records showed they were often 10 – 15 minutes long. Another person's records showed that their visits should again last 30 minutes, but their daily notes showed that staff were visiting for 12 minutes or 15 minutes.

We asked the registered manager about this, and suggested that perhaps people had told staff that they could leave after the shorter duration. The registered manager said that this would not be acceptable as staff should remain in people's homes even if all care tasks were completed, in order to provide company to people. We looked at the minutes of a recent team meeting where this matter had been reinforced with staff.

We checked two care plans to see whether there was evidence that people had been involved in their care, and contributed their opinions to the way their care was delivered. We saw that people's views had been sought, and each care plan contained a service user guide and a signed contract, so that people using the service understood what they could expect when receiving care or support from the provider. People's care plans also contained information about their cultural backgrounds and guidance for staff about any areas they needed to be aware of in order to deliver care in a way that was tailored to each person's needs.

Care plans we checked contained notes describing the care and support provided at each appointment. These were detailed and showed that care was being delivered in accordance with each person's assessed needs.

Good

Is the service responsive?

Our findings

The vast majority of people using the service who responded to our surveys told us that they were involved in making decisions about their care and treatment. Relatives told us that they were consulted about people's care, where appropriate, and that they felt involved in decision making.

There was a system in place for formally reviewing people's care. We checked records of this and saw that people's views and preferences had been taken into consideration, and was incorporated into any changes in the way people's care was delivered.

We checked ten care files, and saw they contained detailed information about all aspects of the person's needs and preferences. This included clear guidance for staff in relation to how people's meeds should be met in accordance with their care assessments. These were set out in sufficient detail so that staff understood what was required. There was information in each person's care plan about their life histories, hobbies, families and employment history, to help staff better understand the person they were supporting.

Records we checked showed that staff completed a daily record of each care visit they made to people. This included a report on the care they provided and any changes in the person's condition, or any concerns or issues that arose. Staff completed these records to a good level of detail, so that managers checking these records could monitor what care was being provided and whether it was being provided in accordance with their assessed needs. The registered manager told us that care co-ordinators checked these records regularly, although these checks were not documented.

In the provider's PIR, which we asked them to provide prior to the inspection, they told us they had received one complaint in the year prior to the inspection. We checked complaints records and saw that the matter had been well documented, and the provider had responded within a timely way to ensure the complaint was addressed.

We checked the provider's arrangements for making complaints. Information about making a complaint was given to each person when they began receiving care from Sevacare – Rotherham. This told people how to make a complaint, what they could expect if they made a complaint, and how to complain externally should they be dissatisfied with the provider's internal processes. However, we noted that this guidance did not direct people to the correct route of external remedy.

In our surveys, we asked people using the service if they would be confident making a complaint to the provider. The vast majority told us they knew how to make a complaint, and told us they were confident it would be dealt with appropriately.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They were supported in their post by care co-ordinators and team leaders based within the office, as well as a structure of senior managers within the organisation.

In our surveys, we asked staff whether they felt supported by the provider and whether they felt they received information when they needed it. They told us that they did. People using the service told us they knew who to contact in the office if they had any concerns, and told us that information they received from the office was clear and easy to understand.

There was a system of team meetings, staff supervision and appraisal to enable staff to understand what was happening within the organisation, as well as for managers to give feedback to staff and monitor their performance. Staff supervision records showed that topics discussed included staff training, the needs of people using the service and health and safety issues. Each supervision session also checked the minutes of the previous meeting so that any issues which required further work had been addressed.

In addition to the above communication methods, there was a comprehensive system of staff spot checks. This involved managers carrying out checks of staff undertaking their duties. records of these checks showed that managers monitored whether staff were upholding people's dignity and treating them with respect, as well as more practical matters such as whether personal protective equipment (PPE) was used, and whether the care visit was on time.

The provider had a central quality monitoring system which was an electronic system which checked issues such as staff training, consistency of care workers (ie. how often people received care from the same, named workers), complaints records, risk, incidents and medication records. We asked the registered manager how people's care plans and care records were formally checked. They told us that this was done by care co-ordinators, however, formal records of this were not kept. Each care plan we checked had a document within it for auditing the file, but this had not been completed. If formal checks of care plans were completed, the issue we identified of care calls falling short in duration may have been identified and addressed.

There was a range of policies and procedures to support the safe and effective running of the service. They were up to date and regularly reviewed. The polices we checked reflected current legislation and best practice. These were available in the office, and policy issues were discussed, where appropriate, in team meetings and supervisions.

Prior to the inspection, we reviewed information we held about the provider, including statutory notifications submitted to us by the provider to tell us about certain incidents, as required by law. We also asked the provider to complete and submit a Provider Information Return, which they did. We noted that there had been two incidents within the service which the provider was required to notify CQC about,

however they had failed to do so.