

Servesoul Limited

Servesoul - Camden Office

Inspection report

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15 September 2021

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Servesoul – Camden Office is a large domiciliary care agency that provides support to people in their own homes. It provides a service to predominantly older adults. At the time of our inspection there were 150 people using the service. People using the service lived in three London Boroughs in both north and south London.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service

Staff had received training about safeguarding and knew how to respond to, and report, any allegation or suspicion of harm or abuse. This had improved since our previous inspection in September 2020.

The care and support provided to people was person centred. People's care plans and risk assessments included information about their care and support needs and preferences. Care staff had the necessary guidance about the support each person required and how people preferred to be cared for.

The recruitment procedures were designed to ensure that staff were suitable for the work they would be undertaking. However, we found that the provider could do more to evidence attempts to contact previous employers if care staff had come to the UK having previously worked in health and social care in other countries.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their family were involved in decisions about their care, which was evident in the care plans we viewed and from the feedback we received from people using the service and relatives. During the COVID-19 pandemic reviews had stopped being held face to face and these had to be done using other means, such as telephone calls and online virtual meetings using computer. Since the easing of restrictions, the provider had begun to re-introduce face to face spot checks and meetings with people during visits to people's own homes.

Information about people's religious, cultural and communication needs was included in their care plans. People were asked about their views of the care and support that they received using telephone calls and handwritten feedback questionnaires, and more recently during visits to people at their own home. The provider expected people to be asked for feedback every two months, although during the pandemic people had been contacted more regularly to check how they were doing. It was evident that views were sought and that this was now increasing in frequency once more.

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 11 November 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

At our previous focused inspection, we had identified breaches to Regulation 12 (Safe care and treatment) and Regulation 13 (Safeguarding service users from abuse and improper treatment). At this focused inspection we found that the provider had taken the necessary action to address these failings. We had also considered whether grounds for enforcement action existed for a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. We decided that it was not in the public interest to proceed as the provider had acknowledged the failure and had provided CQC with assurances about what they needed to do to address it.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

You can read the report from our last focused inspection, by selecting the 'all reports' link for Servesoul on our website at www.cqc.org.uk.

Follow up

We will continue to monitor intelligence we receive about 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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Servesoul - Camden Office

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our focused inspection of Servesoul took place on 9 and 15 September 2021.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They conducted telephone interviews with a selection of people using the service and relatives.

Service and service type

This service is a domiciliary care agency. It provides support to adults living in their own homes in the community. At the time of inspection 150 people were using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care agency and we needed to be sure that the registered manager would be in the office.

What we did before the inspection

We reviewed information we held about the service, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law.

During the inspection

We spoke with the registered manager, homecare manager and field supervisor. We were able to obtain

feedback from fifteen people in total, five people using the service and ten relatives. We also made contact by email with twenty care staff and received six responses. We looked at a range of records. This included fourteen people's care records, eight staff recruitment records and records relating to the management of the service such as quality monitoring records.

After the inspection:

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm and there were procedures in place to support this.
- People using the service told us, "I've never felt unsafe or uncomfortable, she [the care worker] does my washing up, makes my tea and toast" and "Yes, absolutely. My carer is brilliant. I trust him completely. I felt less safe with one replacement carers who did not speak English well. I mentioned it to the office and this carer hasn't been back to me."
- A relatives told us, "[relative] has four calls a day with two carers. They go the extra mile, she's in a good pair of hands. It's peace of mind for me and my sister. The carers are our eyes and ears and we have a good relationship. They always contact us if they have any concerns about [relative's] health."
- Another relative said "Yes, we [family] do feel that our relative is safe. We have two regular carers who are very kind and liaise with each other and that makes us feel safe. They write everything they do in the book, so everyone knows what's what."
- The provider had detailed guidance for staff to use and refer to in respect of keeping people safe from harm or abuse. This guidance described what action care staff should take if they had concerns about the welfare of people they were supporting.

Assessing risk, safety monitoring and management

- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing areas, such as eating and drinking, assistance with medicines, moving and handling and environmental risks.
- In the care plans we looked at described people's care and support needs and referred to any potential areas of risk associated with people's care. People's risk assessments included guidance for staff on how to manage and minimise the potential risks identified.

Staffing and recruitment

- The service's recruitment procedures described what should be done to check that staff members were suitable for the work they were undertaking. Checks of criminal records (DBS) and references had been carried out before staff started work. However, we did point out to the provider that in two instances where references for people that had previously worked in health and social care in other countries had not been obtained. The provider told us that obtaining references from overseas was difficult although they accepted that they should at the very least document that efforts had been made to do so.
- Some people told us that they had infrequently experienced late or missed visits, not least when they had first started using the service. However, these people also said that once raised this had been responded to and that the situation had much improved. The service monitored care visit times and late or missed calls. These events were not frequent, and the provider provided us with detailed information about any events

that had taken place and what they had done to resolve the situation and action to minimise recurrence.

Using medicines safely

- At our previous inspection we had identified an issue around changes to a person receiving medicines not being recorded. At this inspection we found that medicines assistance was documented. Consent to provide assistance was recorded and medicines administration records were being kept in the appropriate way.
- The medicines policy was unchanged since our previous inspection. This policy was detailed and described what action the service would take if medicines support was required.
- A person using the service told us, "The carer does my eye drops three times a day. I do my own tablets." Another person said that they had times when it varied if the care worker arrived later than expected, or sometimes earlier although the person did not think this was a problem only something that sometimes happened. We told the registered manager about this comment although everyone else we spoke with, if they had assistance to take medicines, thought staff did this well.
- Signed consent to support people with medicines and details of the medicines that people were taking were included on care records.
- Care staff had received medicines training as a part of their induction programme and a programme of refresher training was in place. New staff told us they had completed their induction training, which included training about the safe management of medicines.

Preventing and controlling infection

- People were protected from the risk of infections. Staff received infection control training. Disposable personal protective clothing including gloves were available. The registered manager told us that they were receiving ample supplies and we saw large stocks at the agency offices that were either delivered to people's homes or that care staff could come to collect.
- We received feedback from a local authority that mostly commissioned the service. We were told that the authority believed that the service had managed well at mitigating risks to people and staff. The service had been able to continue to provide care to people using the service during the ongoing Covid 19 pandemic without interruption.

Learning lessons when things go wrong

- Staff had guidance about reporting any concerns about people's welfare. Systems were in place to monitor and review any incidents or other welfare concerns to ensure that people were safe.
- The registered manager showed us the system in place that was used to respond to complaints or other incidents which included what could be learnt from them.
- The registered manager told us, and we were shown, that people's risk assessments and care plans were updated if there were any concerns arising from an incident or a complaint. People and relatives told us that they felt that the provider listened to them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our previous inspection a concern about safeguarding a person using the service in May 2020 had not been reported to CQC as required by regulation. There had been delays on two occasions earlier in 2021, although not major delays, we had raised these with the provider at the time. There had been no other repeats of delays in reporting required notifiable incidents since.
- People using the service told us, "I would contact the office, I have their details on my table. I've never needed to complain but have rung the office to check things occasionally." We were also told that "I would speak to the office. Spoke to them about carers being late which was resolved" and "I would ring the office but haven't had to. In fact, I rang the office to tell them that the carers are awesome, they are gold."
- The registered manager worked at the service daily and on call arrangements to provide advice and support for care staff was available outside of normal office hours. Staff told us "I receive all support I need, and I am happy with my Agency" and "Over my time with the company I have felt secure and supported. Servesoul takes pride in their guidance for staff and support."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Arrangements were in place to ensure that the service was operated on the basis of the needs of the people using the service. The local authority that mainly commissioned care from the service told us that the service and care staff team had managed to support people well during the challenges that arose as a result of the COVID-19 pandemic.
- Information about the aims and objectives of the organisation was available. The guide for people using the service clearly outlined what the service could or could not provide.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Care staff usually had the cultural and linguistic knowledge necessary to respect and address people's heritage and communication needs. However, a couple of people we spoke with did raise an issue regarding poor English language skills of some staff. We were told by the registered manager that they focused on good communication skills for staff, however, they did accept the views people expressed. The registered manager agreed to explore this further.
- The majority of comments that people and relatives made referred to how readily they were able to get in touch with the service and, with few exceptions, they had received a suitable response to whatever they had

raised.

Continuous learning and improving care

- The registered manager kept up to date with best practice and information was shared with staff. An ongoing programme of staff training, and development was in place.
- A formal spot check system was in place although visits to see people in their own homes had not been possible in most cases due to the COVID-19 safety measures. The provider had recently begun to re-establish face to face visits to people by field care supervisors since pandemic restrictions had eased.
- Phone calls to people using the service and relatives had continued and we were shown evidence of what people had fed back to the agency and any subsequent action taken as a result. Almost all feedback that had been provided was positive, aside from minor issues, and almost entirely highly complementary about the caring attitude of staff and how safe they felt with the staff who visited and supported them.

Working in partnership with others

- The service liaised effectively with other health and social care professionals to ensure that people's needs were met. Feedback we received from one of the authorities that commissions the service was highly positive about the response received from the service to any matters raised.
- Care staff were provided with advice and guidance by the registered manager. The agency was clear about the expectation that care staff would contact the agency if there were any matters that needed to be raised in order to continue to care for people safely and well.
- Care workers we had contact with all told us that the systems in place enabled them to easily get in touch with the service and received support. They praised the service about their induction, if new workers, the training and the support they had received during the difficult and challenging times of the pandemic. They told us that they were in contact regularly with senior managers at the service to check how they were managing.