

Sevacare (UK) Limited

Sevacare - Blackpool

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

The inspection visit at Sevacare - Blackpool was undertaken on 18, 20 and 25 May 2016 and was announced. We gave 48 hours' notice of the inspection to ensure people who accessed the service, staff and visitors were available to talk with us.

Sevacare provides personal care assistance for people who live in their own homes. The service supports people who may live with a physical or sensory disability, mental health condition, dementia or learning disability. The office is based in Blackpool town centre.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (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.

At the last inspection on 01 July 2014, we found the provider was meeting the requirements of the regulations.

During this inspection, people and their representatives told us they felt safe whilst being supported in their own home. One person said, "I'm very happy, I trust my carer." Staff demonstrated a good understanding safeguarding principles.

People said there was consistency of staff who met their care packages. All staff had completed the training, which they were required to repeat every three years to refresh their understanding. The registered manager followed safe recruitment practices to protect people from unsuitable staff.

Individuals who accessed the service told us they felt fully supported when assisted with their medication. Staff undertook related training and the management team checked their skills through competency testing.

Staff demonstrated a good awareness of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. A relative told us, "They're very good to [my relative], they're not rough." People or their representatives had signed their consent to care in their care planning and other associated records.

People told us staff responded to their needs with a personalised approach. We found staff worked collaboratively with them and relatives, fully involving them in their care. Care records were based around the person's requirements and preferences. Systems were in place to assist people to make a complaint if they chose to.

We observed staff were patient and aided people to maintain their dignity and independence. One person said, "They're very, very good and very cheerful." Where applicable, staff assisted people with their

nutritional needs and checked their preferences in relation to what they wanted to eat.

Individuals who accessed Sevacare said it was well run and they could contact the office if they had any concerns. We found evidence of the registered manager acting upon identified concerns and feedback from people and their relatives. A range of audits was in place to maintain their safety and wellbeing.

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 described good practice in relation to safeguarding procedures and people told us they felt safe in their own homes.

People said there was consistency of staff who met their care packages. The registered manager followed safe recruitment practices to protect people from unsuitable staff.

The registered manager had suitable arrangements to manage people's medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision to support them in their roles and responsibilities.

Staff had received training on the principles of the Mental Capacity Act 2005.

Where applicable, staff assisted people with their nutritional needs and had a good understanding of food safety principles.

Is the service caring?

Good ●

The service was caring.

People who lived in their own homes told us staff were caring and patient. We observed staff supported people to maintain their dignity and independence.

We found staff worked collaboratively with people and fully involved them in their care.

Is the service responsive?

Good ●

The service was responsive.

People told us staff responded to their requirements. We found

staff completed care records with a person-centred approach.

We observed staff consistently provided meaningful interaction to support the social needs of people who accessed the service.

People were assisted to comment about their care, which was acted upon by the registered manager.

Is the service well-led?

Good ●

The service was well-led.

People told us Sevacare was well run and they could access the office for any concerns. Staff spoke highly of the registered manager.

The registered manager had suitable arrangements to monitor the quality of the service. The management team acted upon negative feedback from people who accessed Sevacare.

Sevacare - Blackpool

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 team consisted of an adult social care 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. The expert by experience for the inspection at Sevacare had experience of caring for older people.

Prior to our unannounced inspection on 18, 20 and 25 May 2016, we reviewed the information we held about Sevacare. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who received support in their own homes. We checked safeguarding alerts, comments and concerns received about the service. At the time of our inspection, the provider was working with the Local Authority's investigation into ongoing safeguarding concerns.

We spoke with a range of people about this service. They included the registered manager, five staff members, seven people who accessed the service and three relatives. We discussed the service with the local authority who told us they had no ongoing concerns about Sevacare.

We also spent time looking at records. We checked documents in relation to eight people who had received support from Sevacare and five staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

Is the service safe?

Our findings

People and their representatives told us staff consistently maintained their safety as part of their care packages. One person stated, "I feel safe and well cared for." Another individual added, "They come into my home, so I need to trust them. I have a good relationship with my carer and I feel safe." A relative said, "[Mr relative's] very safe with them."

The registered manager had systems to manage accident and incidents. Records included details about the accident, actions taken and a review of what could have been done differently. Care files included a reminder to staff to check for any changes or concerns in the person's home. If any were noted, staff were required to update the office for the management team to review further.

Staff received safeguarding training and demonstrated a good understanding of protecting people from abuse. One staff member said, "If I had concerns I would check records first in case there was a cause. I would document my concerns and inform the office, CQC and social services." Staff checked our identification before admitting us to the person's home and had a good awareness of their access requirements. Furthermore, care files contained guidance to assist people to understand what abuse meant and who they could contact if they had concerns. The management team analysed safeguarding incidents to review their systems and reduce the risk to individuals who accessed Sevacare.

We found staff completed risk assessments to monitor and manage potential risks to people from receiving unsafe support. These related to potential risks of harm or injury and tools to maintain the safety of individuals in their own homes. Assessments covered risks associated with, for example, security and access, movement and handling, infection control, nutritional support and medication. We noted these were reviewed to check care continued to maintain people's safety.

Staff, relatives and people who accessed Sevacare said they felt staffing numbers were sufficient and consistent to meet their requirements. One person told us, "I get the same two carers, or if one was on holiday I would get a different one, but even they are usually someone I would know. It's good consistency of staff." We found the management team monitored staff visit times to ensure these were delivered in line with agreed care packages. Staff said their assigned rotas included travel time between visits, which gave them the time to meet people's support needs. A staff member stated, "We always have the staff to help people. If someone goes off sick they're always covered." If staff had any concerns or required additional cover due to sickness, there was an office team back-up system. The staff member added, "We're well supported and have the on-call back-up, which is great too." This showed the registered manager had suitable arrangements to make sure staffing levels met people's requirements.

The registered manager followed safe recruitment practices to protect people from the employment of unsuitable staff. We saw staff files contained references and criminal record checks obtained from the Disclosure and Barring Service. Additionally, the management team verified potential employees' full work history. Staff we spoke with confirmed they completed their induction prior to commencing work. One staff member said their recruitment and induction was, "Good to make sure I was safe and confident to work with

people."

The registered manager had suitable systems to ensure the safe management of people's medicines. Records were completed accurately, whilst medicines were stored securely. The management team completed monthly medication audits to assess staff competency and the safety of related procedures. We noted this was a good system because identified issues were followed up and addressed through team meetings and supervision.

We observed a staff member supported one person to take their medication in a kind and careful approach. They explained what each one was for and then signed afterwards to evidence they were taken. The individual refused their 'when required' medication and the staff member checked if they were pain-free before recording this as refused. The staff member told us, "If someone refused their medication I would respect their decision. If it was an important tablet I would inform the office and we would let the GP know." Staff were provided with medication training and we found they were knowledgeable about related procedures. People who were supported with their medication said their medicines were managed safely. One person said, "I take my painkiller myself and the carers help me with the rest. It's really important I get it when I need it and the carers make sure I get it on time."

Is the service effective?

Our findings

We discussed staff skills and abilities with people who were supported in their own homes and their representatives. When we checked if they felt staff were competent, one individual who accessed the service said, "Definitely." Another person added, "I'm completely happy with the staff." A relative stated, "They follow the instructions and they've been very helpful to me."

Sevacare had dedicated trainers who provided the 'care certificate' training. Staff were required to complete it on induction and every three years. It was their policy not to permit staff to work if their certificate had expired. The training was provided once a month to ensure staff had the opportunity to update their skills and awareness. This included three days of classroom-based training followed by a minimum of three days shadowing for new staff. The guidance covered, for example, person-centred care, communication, dementia awareness, first aid and environmental safety. One staff member told us, "I'm very happy with the company. We get good training." Another staff member said, "We do the care certificate. It's really good training."

We found staff received regular supervision to support them in their roles. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. The sessions were a two-way process to explore personal and professional development, as well as any training needs. One staff member said, "Supervision is good to talk about any problems or if I need to get things off my chest." We found the management team undertook spot checks to assess staff skill and abilities. A staff member stated, "They'll just pop in without us knowing. It's good support and reminds me we are helped to do our job properly." This showed staff were supported to carry out their duties effectively.

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 had received MCA training and demonstrated an understanding of related processes.

We discussed the principles of consent to care with staff, who demonstrated a good awareness. Staff continuously checked the person's agreement before supporting them and explained each process. The registered manager told us about an individual who did not wish to have the same staff on every visit. They explained, "We have agreed with them seeing different staff. [The person] often runs out of things to say. It's their choice." Information was made available to people about data protection and consent. Care records we looked at held evidence of consent to their overall and decision-specific support. This included agreement for staff to use the person's landline to log on and off visits, care planning and risk assessments. One person told us, "My carer would never force me to do anything. She's just very encouraging and helps me to keep going."

Staff received training in the principles of supporting people to meet their nutritional requirements. Records

included risk assessments and actions to minimise the risks of malnutrition and dehydration. Staff had a good understanding of effective food safety. One staff member explained, "We follow good hygiene and support procedures. I make sure I wash my hands and food is in date and thoroughly cooked." Care records included details about what support people required, including their meal preferences and how they wished to be assisted. We observed staff asked individuals what they wanted to eat and checked for any other requirements before they left.

Staff documented any health issues in the person's communication records. They understood the importance of seeking immediate medical support if emergencies or general concerns arose. One staff member said, "If someone is poorly I contact the GP and inform the office. It's a good communication system." Care records we reviewed held information about other healthcare services involved in people's support, including their GP and social worker. The management team contacted them or their relatives regularly to check contact details of services involved were up-to-date. They also checked individuals who lived in their own homes were made aware of the information should they need to access them. The registered manager had effective communication processes to assist people to maintain their continuity of care.

Is the service caring?

Our findings

People said they were comfortable and happy with the support they received from staff. One person told us, "I'm very happy with my care." Another individual stated, "The staff are absolutely wonderful. They're kind and they can't do enough for you." A relative added, "They are so lovely, they make [my relative] laugh and give her a kiss." Another relative said, "They're kind and patient. I must say how good they are." A healthcare professional found staff were genuinely happy in their roles, which was demonstrated in their caring and kind approach.

We saw evidence the local authority had presented a member of staff at Sevacare the 'Newcomer of the Year' award. The awards were given in a variety of categories to highlight good practice across the providers the authority worked with. The panel consisted of representatives from the authority, Age UK and the Carers' Trust. The staff member won the award because of their caring nature towards people and other staff, patience and good communication skills. They had also demonstrated how they excelled in care and the positive impact this had on individuals who accessed the service. This recognised the staff member provided good levels of care to improve people's lives.

We observed staff were courteous and caring when they supported people. For example, they knelt down when they engaged with individuals who lived in their own homes and spoke in soft tones. We found they worked with a supportive approach to maintain people's independence. One person told us, "I'm losing my independence, but the staff still help me to keep it as much as possible." Staff had a good understanding of the individual's preferred routines and we noted they had a strong caring bond. One staff member said, "I think 'wow', I'm doing something to help someone." The registered manager stated when a new care package was set up they reviewed which staff would best suit the person's needs. This showed the management team strived to ensure people were assisted by staff who knew them and understood their requirements.

Staff received training in maintaining privacy and dignity in care, which we saw they used when they supported people. For example, staff were polite when they engaged with individuals and checked their needs prior to supporting them. A staff member said, "It's about being sensitive when supporting people and checking how they're feeling." A healthcare professional noted staff valued one person's relatives and their home whilst they undertook their visits. The management team had a good awareness of each individual's culture and diversity and trained staff in related principles. One person's first language was not English and they struggled to communicate. The registered manager had translated their care records to enable them to understand these and to empower them to give informed consent. They told us, "[The person's] face lit up when we showed her the care plan and risk assessment." This showed staff had respected people's dignity and diverse needs through a kind and courteous approach to care.

We found staff worked collaboratively with people and their representatives and fully involved them in their care. Care records focused on each individual and included information about their preferences and how they wished to be assisted. One person who accessed Sevacare told us, "My wishes are taken into account as part of my care." The management team met with people in their own homes to discuss and agree a

package of care. They then completed six-monthly checks with individuals to discuss their ongoing support and any other requirements they may need. Staff said they understood the importance of working with people to ensure care was personalised to their needs and wishes. A staff member explained, "It's important to have a good rapport and to just chat with them."

Is the service responsive?

Our findings

When we asked one person if staff responded to their needs, they said, "Yes they do and they're very thoughtful." Another person said, "I get everything I need. There's nothing I would change about my care." A third person added, "The carers know me and what I need."

We found care files contained completed assessments of needs to check people's requirements. Areas covered included home access, medical conditions, communication, nutrition, mental health, movement and handling, medication and cultural needs. Care was then agreed and goals established and transferred to care planning processes. We saw care plans were detailed and covered areas of assistance, as well as information about how individuals wished to be supported.

People told us their care was personalised to their needs. Staff completed care planning and risk assessment with a person-centred approach. For example, records included people's preferences and wishes in line with their support. The management team checked the desired gender of care staff, where they wished to sit and what they preferred to eat. Staff and individuals who lived in their own home had signed and dated records. People were fully involved in the review and update of their care planning to ensure this continued to meet their needs. This was centred on the maintenance and development of the person's independence. A healthcare professional commented about the staff approach to one person's requirements. They found because of staff interactions and support the individual had significantly improved, such as smiling and communicating more than previously.

We noted office copies of care plans were updated to changes in documentation held at the person's own home. Staff completed this whenever care changed whilst they visited people and then revised this in-line with the office copy. When the management team formally reviewed support, they attended the person's home so that both copies could be updated. A staff member told us, "We have regular reviews with the service users. We work really well together to make sure they get what they need and their care plans are up-to-date."

Staff additionally completed an assessment and care plan in relation to supporting people to maintain their social requirements. We observed staff consistently provided meaningful conversation throughout the care visit. They asked how people were feeling, discussed current news items and talked about their interests and hobbies. Staff also made sure the individual had what they required until their next visit in relation to assistance to remain fully occupied. People who accessed Sevacare confirmed staff made their care packages an enjoyable event. A relative told us, "They always complete the hour and they will sit and talk to [my relative]."

Care files in people's own homes included a complaints procedure and signed confirmation staff had discussed this with them. The registered manager told us they had received six complaints over the past year, a sample of which we reviewed. They documented a full account of the concerns raised, action taken and follow-up information. We found the management team had responded to complaints in line with their policies and established timescales. One person told us, "If I'm not happy with something I would tell the

carers because I know them well enough now to do that. Then I would call the office if I needed to." This demonstrated people were assisted to comment about their care, which was acted upon by the registered manager.

Is the service well-led?

Our findings

People told us Sevacare was well run and they could access the office if they had any concerns. One person said, "I don't have any problems at all." Another person added, "You can always talk to somebody and they will come out and see you as soon as they can." A relative stated, "They are very friendly, we have a good rapport."

We noted the management team were available for staff to contact and discuss any concerns or issues. Staff told us they felt the registered manager supported them in a caring, knowledgeable and supportive way. One staff member said, "They're very good managers. I love [the registered manager]." Another staff member added, "[The registered manager] has been my biggest support no matter whether it's personal or work-related. She's awesome."

The management team checked the quality of care with people who lived in their own homes. Satisfaction surveys were sent out on a regular basis. Areas covered included staff attitude and competency, support planning outcomes, care package visit times and attendance, aspirations and office contact. We reviewed a sample of responses and noted the service scored 'good' or 'excellent' in all areas. Comments seen included 'Keep up the good work'; 'Very happy with care being provided'; and 'Carers are marvellous, wonderful and provide an excellent service.' Additionally, the management team completed six-monthly calls to individuals to assess their experiences of accessing the service.

Over the last year, the service had received informal and formal feedback about late and missed visits. The registered manager investigated the concerns and found staff visits were not monitored efficiently and identified issues were not addressed. They implemented systems and processes to tackle the problems and improve people's care. These included improved visit log on and off monitoring and a new form to record this where phone contact was unavailable. Staff and the person supported were required to sign the document. We reviewed this and looked at a sample of audits. We saw prior to when concerns were identified and noted visit and time compliance was far below 20%. However, following action taken, compliance in both areas had greatly improved within six months. We also found the management team met with individual staff to look at poor compliance and supported them through supervision. This showed the registered manager took people's feedback seriously and implemented systems to improve their quality of care.

The registered manager had suitable arrangements to assess quality assurance and ensure they maintained people's safety and wellbeing. Audits covered, for example, care files, staff training and recruitment records, medication, safeguarding concerns, communication processes and recordkeeping. A member of the senior management team attended the office to monitor records, management systems, complaints, health and safety, safeguarding and accidents. We noted identified issues were addressed to improve the quality of the service. This showed the management team assessed quality assurance to maintain people's safety and wellbeing.

Team meetings were held every two months to provide staff with an opportunity to discuss any concerns or

suggestions to improve Sevacare. We reviewed records of the last two meetings, which covered, for example, call logging, recordkeeping, rotas and medication. One staff member told us, "We do have team meetings. They are really helpful and we get asked for ideas to improve the service." The management team additionally provided staff with regular newsletters to keep them up-to-date with information, regulations and care practices. The staff member we spoke with added, "We get updated about CQC, medication and they thank staff for their good work."