Sevacare (UK) Limited

Sevacare - Bolton

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

This inspection took place on 26 and 27 July 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to facilitate the inspection. At the previous inspection on 31 July 2013 the service was meeting all the standards inspected at that time.

Sevacare is a domiciliary care service, registered to provide personal care within people's homes across Bolton via private arrangements or through local authority contracts. The service also supported people who were living in their own apartments within an extracare housing scheme. The local office is situated in Bolton.

There was a registered manager in post. 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.

People we spoke with who used the service told us they felt safe using the service. The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. Staff we spoke with were able to tell us about the different forms of potential abuse.

We looked at the care and support records of people who used the service and found these were very comprehensive, well organised and easy to follow and included a range of risk assessments to keep people safe from harm.

We found there were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service.

We looked at how the service managed people's medicines and found that suitable arrangements were in place. The service did not administer any controlled medicines.

There was an appropriate up to date accident and incident policy and procedure in place and details of any accidents and incidents were recorded in detail.

There was an up to date business continuity plan which covered areas such as loss of utility supplies, loss of IT systems, influenza pandemic, fire and flood and adverse weather.

At the time of our inspection visit, we found staffing levels to be sufficient to meet the needs of people who used the service.

People who used the service told us they felt that staff had the right skills and training to do their job. Staff

undertook a comprehensive induction into the service at the start of their employment and detailed induction records were kept in staff personnel files.

Staff told us they felt they had received sufficient training to undertake their role competently and that undertaking training helped them to feel confident in meeting people's care needs.

The service used a 'care workers assessment' form which was used to assess staff competencies and included a series of checks. Each care staff member had a 'care worker compliance report' which identified planned visits, the actual number of visits made and the percentage of compliance, the planned and actual start and finish time and the percentage of compliance.

We saw that the service communicated regularly with peoples' relatives and provided regular updates to family members regarding various aspects of their relative's care and support.

There was a large staff training room in the office based premises which was used to deliver training by the Sevacare 'in-house' trainers. Staff had completed training in a range of areas, including dementia, safeguarding, first aid, medicines, the Mental Capacity Act 2005, infection control, person-centred care, pressure sore care, catheter care and health and safety. Training was aligned with the requirements of the Care Certificate.

Staff received supervision and appraisal from their manager and the service kept a record of all staff supervisions that had previously taken place. Staff told us they received supervisions every two to three months in addition to an annual appraisal.

Care plans contained a comprehensive 'support plan' document, received from the referring professional that was used prior to service commencement. Before any care and support was given the service obtained consent from the person who used the service or their representative.
The structure of the care plans was clear and easy to access information. People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the office premises.

People who used the service told us that staff were kind and treated them with dignity and respect. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Staff we spoke with were able to describe the principles of person-centred care and said they supported the same people most of the time providing continuity of care.

The views and opinions of people were actively sought. People who used the service and their relatives told us they were involved in developing their care and support plan.

The service did not provide end of life care directly but could support other relevant professionals such as district nurses and Macmillan Nurses, if required.

The service had a 'Service User Guide' which was given to each person who used the service, in addition to a Statement of Purpose', which is a document that includes a standard required set of information about a service.

People told us that the service was responsive to their needs. The needs of people were assessed by experienced members of staff before being accepted into the service and pre-admission assessments were completed.

People who used the service and their relatives told us that should there be a need to complain they felt confident in talking to the manager directly. The service had a complaints policy and procedure and we saw that they followed this consistently. We found that a complaints log sheet was used to track any trends or regularly recurring areas of concern, which were then discussed with the relevant staff member or whole team if applicable.

The manager sought staff input into the delivery of the service at team meetings and through supervision meetings. A staff form had been established to enable staff to input their views. Monthly newsletters were also provided to staff that identified any issues of concern, any new information or any reminders of information previously discussed.

It was clear from our observations that the management team worked well together in a mutually supportive way. We saw a number of audits in place such as medication, complaints, and communication and satisfaction surveys.

We found the service had a comprehensive range of policies and procedures in place, which covered all aspects of service delivery.

The service is a member of the United Kingdom Homecare Association Ltd (UKHCA).

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 who used the service told us they felt safe.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse.

Care and support records of people who used the service were very comprehensive, well organised and easy to follow.

There were suitable arrangements in place to ensure that the administration of medicines was safe.

Is the service effective?

Good

The service was effective. People who used the service told us they felt staff had the right skills and training to do their job.

There was a comprehensive process of staff induction in place and staff had completed training in a range of areas. Staff received supervision and appraisal from their manager.

Before any care and support was given the service obtained consent from the person who used the service or their representative.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect.

The service had a Service User Guide which was given to each person who used the service, in addition to a Statement of Purpose.

The service aimed to embed equality and human rights through well-developed person-centred care planning.

Is the service responsive?

Good

The service was responsive.

People who used the service and their relatives told us they were involved in developing and reviewing care plans.

People who used the service had a care plan that was personal to them.

Regular reviews of care needs were undertaken by the service.

Is the service well-led?

Good

The service was well-led.

People who used the service and their relatives told us the manager was very approachable and held regular discussions with them about the quality of care.

The service had policies and procedures in place, which covered all aspects of service delivery.

The service undertook audits to monitor the quality of service delivery.

Staff told us they felt supported and were able to put their views across to management.

Sevacare - Bolton

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 26 and 27 July 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to facilitate the inspection. At the previous inspection on 13 July 2013 the service was found to be meeting all the standards inspected at that time.

The inspection team consisted of one adult social care inspector from the Care Quality Commission. Before the inspection visit we reviewed the information we held about the service, including information we had received since the service registered such as notifications of incidents that the provider had sent us. We also liaised with external agencies including the contract monitoring team from the local authority. 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.

We reviewed the care records of people who used the service and records relating to the management of the service. We looked at documentation including nine care plans, five staff personnel files, policies and procedures and quality assurance systems.

During our inspection we went to the provider's head office and spoke with the area manager and the registered manager and five care workers. We spoke with six people who used the service and visited four people who used the service in their own homes in order to seek feedback about the quality of service being provided.

At the time of our inspection there were 174 people who were using the service, including 21 people who were living in an extracare housing scheme. The service employed 61 members of staff, an administrator, a care coordinator and two team leaders. The registered manager was supported by an area manager who

visited the office frequently.

Good

Is the service safe?

Our findings

People we spoke with who used the service told us they felt safe using the service. One person said, "I definitely feel safe and have never had any reason to feel otherwise" Another person said, "I've always felt safe and I'm very happy with the attitude of the careers who help me." A third person told us, "I've never worried about the staff, they're all very good."

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. The service had a safeguarding policy and associated procedures which were up to date. Staff we spoke with demonstrated a good understanding of local safeguarding procedures and how to raise a concern. All care staff had undertaken safeguarding training and the care staff we spoke with confirmed they had recently undertaken this training.

We asked staff what they would do if they suspected signs of abuse against people who used the service and they stated that they would contact the office and speak to their manager. Staff we spoke with were able to tell us about the different forms of potential abuse. The service had a whistleblowing policy in place and this told staff what action to take if they had any concerns. Staff we spoke with confirmed they were aware of the policy.

We looked at the care and support records of people who used the service and found these were very comprehensive, well organised and easy to follow and included a range of risk assessments to keep people safe from harm. These included areas such as pressure sore care, eating and drinking, moving and handling. Each person had a personal care and support plan that had been completed with the person and included specific details of the care tasks required and how and when they should be delivered.

There was an 'environment risk assessment' which considered issues relating to the home environment of the person receiving care and support, such as lighting, temperature checks, window opening checks, sanitary conveniences, alarm bell (if fitted), grab rails (if fitted), bed safety, tripping hazards and the condition of external pathways and steps. This meant that staff considered any environmental risks to the person receiving care and support or to themselves at each home visit. Each risk assessment had a corresponding form that identified the specific risk or hazard, the existing control measures and further control measures required to reduce any further potential risk.

We found there were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service. Comprehensive recruitment records were kept which covered the process of recruitment at every stage. Personal details had been verified and at least two references had been obtained from previous employers. Criminal Records Bureau (CRB) checks or Disclosure and Barring (DBS) applications had been obtained. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. There was also evidence of identity and address checks. This showed us that staff had been recruited safely.

We looked at how the service managed people's medicines and found that suitable arrangements were in

place to ensure that people who used the service were safe. We looked at the medicines administration records (MAR) for people when we visited them in their own homes and found that these had all been completed correctly, were up to date and stored securely. We looked at records and saw that the service regularly undertook competency checks of staff who administered medication, using a 'medication observation sheet' which was part of an overall 'care workers assessment' document. All staff administering medication had received training, which we verified by looking at training records. Some people who used the service did not require assistance with taking medicines.

The service did not administer any controlled medicines. There was an appropriate and up to date medicines administration policy in use which included information on medicines to be taken 'as required' (PRN). Staff we spoke with told us they had received a copy of the policy.

During the inspection we looked at five staff personnel files. We saw evidence in these files of appropriate disciplinary action being taken where relevant and there was an up to date disciplinary policy and procedure in place.

We looked at how the service managed accidents and incidents. There was an appropriate up to date accident and incident policy and procedure in place and details of any accidents and incidents were recorded in detail and included any correspondence related to the incident and any remedial action required to reduce the risk of any future potential harm.

There was an up to date business continuity plan which covered areas such as loss of utility supplies, loss of IT systems, influenza pandemic, fire and flood and adverse weather. Staff were informed of the existence of the plan and provided with an overview and understanding of its content. There was also a contingency plan for adverse weather which identified each person who used the service and if there support needs were high, medium or low. This meant that in the event of a major disruption to service delivery due to adverse weather, the service was able to prioritise and respond to people who were most at risk.

Sevacare is a domiciliary service providing care to people in their own homes. We saw that adequate supplies of personal protective equipment (PPE) were available in the office premises for staff to collect at any time before supporting people, including gloves, aprons and sterilising hand-gel which would assist with minimising the potential spread of infections. When visiting people in their own homes we saw that staff wore PPE as required.

At the time of our inspection visit, we found staffing levels to be sufficient to meet the needs of people who used the service. We saw that new referrals were not accepted into the service unless there were sufficient staff available to meet people's needs safely. We verified this by looking at new referral information.

Good

Is the service effective?

Our findings

People who used the service told us they felt staff had the right skills and training to do their job. One person said, "After 4 years they do a very good job in difficult circumstances."

Staff received a comprehensive induction into the service at the start of their employment and detailed induction records were kept in staff personnel files. Staff told us they felt they had received sufficient training to undertake their role competently and that undertaking training helped them to feel confident in meeting people's care needs.

One staff member told us, "I had an induction which covered basic training like medication, moving and handling, medicines training and we also covered policies and procedures; I think it lasted about a week. I felt this was sufficient and I also 'shadowed' another staff member at the beginning. The induction covered many subject areas." A second staff member told us, "I had an induction which included about four days in the office. We covered what the job entails, did moving and handling training and did different situational tests as part of this, which were case scenarios or questions and answer sessions. I did medicines training and watched DVD's. I did some shadowing and I felt okay at the end of this to work alone."

The service used a 'care workers assessment' form which was used to assess staff competencies and included checks on pace of work, assisting the person with personal hygiene, medication administration, support, maintaining a safe environment, communications and attitudes, record keeping, nutritional support, dignity and respect, timeliness of attendance and manual handling. Following each assessment, staff received feedback on their performance and an action plan was agreed, where applicable, which identified the action required, the target date for completion and who was responsible.

Each care staff member had a 'care worker compliance report' which identified planned visits, the actual number of visits made and the percentage of compliance, the planned and actual start and finish time and the percentage of compliance. These were discussed in supervision meetings and allowed the manager to keep an accurate real-time check on the actual service delivered against the planned service delivery. The staff personnel files we looked at contained accurate records of these observations which took place regularly.

We saw that the service communicated regularly with peoples' relatives and provided regular updates to family members regarding various aspects of their relative's care and support, or any changes in need that the person or the service had identified. One person told us, "The girls are fantastic and communication is fantastic. We've had no problems recently. We try to get the same carers each time, which usually happens unless someone is on holiday."

We saw staff were given a copy of the organisation's policies and procedures which were available electronically or in paper format and staff knowledge of these policies and procedures was tested out at supervision meetings and as part of the induction process. This meant that staff were clear about the standards expected by the service and how the service expected them to carry out their role in providing

effective care to people in their own homes.

We reviewed the service's training matrix and staff training certificates, which showed staff had completed training in a range of areas, including dementia, safeguarding, first aid, medicines, the Mental Capacity Act 2005, infection control, person-centred care, pressure sore care, catheter care and health and safety. Training was aligned with the requirements of the Care Certificate. We saw that additional staff training dates had been arranged throughout 2016 for a number of refresher courses and dates when training already received was due to expire were clearly identified. Staff told us they were not able to provide any care to anyone if any aspects of training were out of date. We saw the service had an electronic means of monitoring training and this information was fed into the rostering system so that any staff member whose training was out of date was not able to be placed on a rota until this training was completed. This meant that staff were always appropriately trained to deliver effective care.

Staff received supervision and appraisal from their manager and the service kept a record of all staff supervisions that had taken place. These processes gave staff an opportunity to discuss their performance and identify any further training they required. We found staff were actively encouraged by managers to share their views and opinions through the mechanism of supervision.

Staff told us they received supervisions every two to three months in addition to an annual appraisal. We checked records to verify this and saw that supervisions were scheduled throughout the year. One staff member said, "We get regular training; when it runs out we get reminders. Managers are on the ball with training. If training is out of date we cannot go out to people and we can go to any office to get this training. Another staff member commented, "I get regular supervision and training and I can come to the office and ask for it. The manager is good at responding to my requests." A third staff member said, "Supervisions are regular, both formal and informal and this is enough for me."

There was a large staff training room in the office based premises which was used to deliver training by the Sevacare 'in-house' trainers. Manual handling training equipment was available in this room which meant that this training could be delivered using the exact equipment that may be required to be used in people's homes.

At the time of the inspection the service was using an electronic staff scheduling and planning tool called 'Coldharbour.' This software solution is a comprehensive end-to-end software system designed exclusively for the management of community care, complex care and care in the home services. This system kept comprehensive information on each person who used the service and their carer allowing accurate 'matching' and extensive reporting. The system was linked to each individual staff members' name which helped managers to track individual staff performance.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. At the time of the inspection no person using the service was subject to any restrictive practices.

We found that all the staff had completed training in MCA as part of the induction process. Additional training dates had also been identified throughout August 2016 for office staff. We saw MCA refresher paperwork which the manager had planned to deliver to care staff in the next scheduled team meeting in

early August 2016.

We looked at the way the service managed consent for any care and support provided and found that before any care and support was given the service obtained consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the service, checking people's files and speaking with staff.

One staff member told us, "It's about providing completely individualised care; you give people choices and their voice is important and their consent comes first; it could be about what clothes to wear, what food to eat, how the bed is made, if the curtains are closed or not. Another staff member said, "I read the care plan and ask permission to do things before doing them in a polite manner and don't do it if they refuse. If this made me concerned I would contact the office for advice." We found that care planning documents held in people's own homes had been signed and dated by the person or their relative where appropriate.

We looked at how the service supported people to maintain good health and to access healthcare services. We found that each person who used the service had a health assessment which was easily accessible within their individual care and support plan. This gave clear information and appropriate guidance about people's individual health needs and how best to manage their on-going health issues.

We also saw the service completed a holistic assessment of people's wider health needs which included mental and emotional health, family and social relationships, lifestyle and culture, and daily living skills. Where staff supported people with their meal preparation, we saw that accurate records of people's nutritional intake were recorded in the daily recording sheets in people's own homes.

Good

Is the service caring?

Our findings

People who used the service told us that staff were kind and treated them with dignity and respect. One person told us, "All the girls are very caring and we usually get the same people. They take their time and make sure everything is done before they leave and always say goodbye and make sure the door is closed." Another person said, "All the girls who come are really smashing. They are polite and respectful and are doing a good job; they always ask me what I would like doing first." A third person commented, "I always find them caring. I'm a bit hard of hearing so sometimes they're difficult to understand." A relative told us, "I'm absolutely involved in everything." Another relative said, "I'm always involved in planning care. This morning [my relative's] plan was updated following a recent discussion and I got a copy of the new documents which I signed."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs. There was an up to date equality and diversity policy in place.

The views and opinions of people were actively sought. People who used the service and their relatives told us they were involved in developing their care and support plan and were able to identify what support they required from the service and how this was to be carried out.
One person said, "I'm involved in discussions and then a care plan is made up that staff follow to make sure they meet my needs." Another person told us, "I have a social worker who comes regularly so I have discussions with them and sometimes my care plan is changed after discussion with the staff."

Staff we spoke with were able to describe the principles of person-centred care and said they supported the same people most of the time. We found that most people were receiving support from no more than two or three different staff members. This enabled the development of positive long-standing and trusting relationships between people who used the service and the staff who supported them.

We asked staff how they promoted people's independence. One staff member said, "It's about treating everyone as an individual and with respect because everyone matters; people have their own ideas and opinions which we should listen to." A second staff member commented, "It's about encouraging people to do as much as possible for themselves. If someone needs assistance we have to go at their pace, and others like to do it for themselves." A third staff member commented, "I always ask people and give choices and make sure they are happy with what I am going to do before doing it."

The service did not provide end of life care directly but could support other relevant professionals such as district nurses and Macmillan Nurses, if required.

People who used the service told us the service worked in a way which promoted their independence. One

person said: "Staff are good at this and assist me with shopping one day a week." A second person said, "They encourage me to be as independent as possible as far as my health conditions will allow."

The service had a 'Service User Guide' which was given to each person who used the service, in addition to a Statement of Purpose, which is a document that includes a standard required set of information about a service. These documents provided a wide range of information such as the care philosophy; principles and values that the service followed; the standards of care that people should expect; a description of the services and facilities provided; how to make a complaint and dignity and respect. There was key contact information for the local authority, care quality commission and registered manager.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said, ""The office always rings up to make sure if I need staff on certain days. They come and make sure I'm alright and I am getting all the support I need." A second person told us, "They do a good job; when they come in they put the kettle on and get breakfast done and if I want to get out of bed first I tell them and this is fine." A third person said, "The service has been consistent over the years. I get a copy of the staff rota to show me who's coming each week and if I need to change this I phone the office and changes are made without a problem." Another person said, "I once had to ring the out-of-hours service about the rota and they got onto it and sorted it straight away."

We looked at how new referrals to the service were assessed. The needs of people were assessed by experienced members of staff before being accepted into the service and pre-admission assessments were completed. This included gathering background information from a variety of sources including other health and social care professionals and from those individuals who were important in people's lives.

We saw that prior to any new package of care being provided an assessment was carried out with the person and their relative(s), where appropriate, which we verified by looking at care records. Before care and support was provided to any person the service completed a series of initial assessments which covered areas such as health, medicines, social history, mental health, preferred activities, moving and handling, environment.

The manager told us the service did not accept any new referrals until it was determined that the service could meet the needs of each individual referred. The service aimed to have a contingency of 30% within the staff team to enable new referrals to be undertaken or to respond to any change in people's needs.

People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the office premises. This provided staff with guidance around how to meet their needs, and what kinds of tasks they needed to perform when providing care.

The structure of the care plans was clear and easy to access information. The care plans were comprehensive and person centred, and contained details regarding the person's background and life history, interests and social life, any existing support network, spiritual needs and recorded details of people who were involved in care planning such as family members and other relevant professionals. Care plans contained signatures and dates as required.

We saw prior to any new package of care being provided an assessment was carried out with the person and their relative(s), where appropriate, which we verified by looking at care records. Before care and support was provided to any person the service completed a series of initial assessments which covered areas such as health, medicines, social history, mental health, preferred activities, moving and handling, environment.

Care plans contained a comprehensive 'support plan' document, received from the referring professional

that was used prior to service commencement which considered areas such as family history, any existing support already being received, nutrition, personal care/hygiene, hearing sight and communication, mobility, mental health, medicines and medical history/allergies and the type of support required by Sevacare. This enabled the service to identify if the person had been suitably referred to the organisation or whether a more specialist service was required.

Regular reviews of care needs were undertaken by the service and historical care records were kept in an ordered and chronologic way. We looked at records to verify this.

There were systems in place to record what care had been provided during each call or visit. Care plans in people's homes contained a daily information sheet, which was completed by staff at each visit. This recorded when personal care had been provided, any food preparation, medicines given or any creams applied. We checked these documents and found they were being filled in correctly by staff and were signed and dated.

People who used the service and their relatives told us that should they need to complain they felt confident in talking to the manager directly and had regular discussions with management. One person said, "I have no complaints and I understand that sometimes they are busy; I have information on how to make a complaint." Another person told us, "I got a large booklet at the beginning with information on how to make a complaint in it. I've no complaints. I have the telephone number of the office and I wouldn't hesitate to contact them if need be. I have no reason to believe they wouldn't respond." A relative commented, "I understand how to make a complaint and I have absolutely no worries here."

The service had a complaints policy and procedure and we saw that they followed this consistently. We saw evidence where complaints had been recorded and investigations had been carried out following issues raised. Records of complaints were comprehensive and easy to follow.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

An up to date registered manager's certificate was on display in the office premises in addition to an appropriate certificate of employers' liability insurance and a copy of the last CQC inspection report.

People we visited all told us the registered manager had visited them in their own homes. One person told us, "The service is much better now than it used to be. The manager is good and does the job right and has put a lot of things right recently." A professional from the local authority told us, "We have not had any issues since the new manager was brought in. In my view the manager is an effective and efficient manager."

As part of the process of quality assurance, the service used a care worker 'spot check' form which covered areas such as: uniform, identity badge and dress code; if the key safe number was identified; if the carer had a complete copy of their rota with them; if the carer was wearing appropriate footwear, if the carer was wearing any jewellery, if the carer was following the task plan, has the carer arrived at the scheduled time and how long the carer stayed at the person's house. This would help to ensure that staff provided high standards of care consistently. Observations of staff competency to administer medicines were also regularly completed. If any issues were identified staff were subject to knowledge testing and refresher training where applicable.

We saw a number of audits in place such as medication, complaints, and communication and satisfaction surveys. The Sevacare head office also carried out regular service audits in partnership with the manager and action plans were drawn up following these visits which identified a completion date for any remedial actions required to be taken.

We found a complaints log sheet was used to track any trends or regularly recurring areas of concern, which were then discussed with the relevant staff member or whole team if applicable. This would help to ensure that any identified errors were not repeated.

The service sought the views of people using the service and their relatives through the provision of questionnaires and though home visits by the manager. We looked at the responses received and found feedback from people who used the service and their relatives was very positive. Comments included: '[Person] is really pleased with [staff members] who worked great with them and always went that extra mile', and '[Person] wants to compliment [staff member] who is a fab carer and always pleasant', and '[Staff members] are great and always take the time to sit and have a chat with [my relative]. This is really important to him because it makes a difference to his mental attitude.' An annual quality assurance survey was also carried out which considered and analysed the views of people using the service. This showed that the service was responsive to individual needs.

The manager sought staff input into the delivery of the service at team meetings and through supervision meetings. A staff form had been established and the first meeting was held on 14 October 2015. This provided staff with an opportunity to meet and to discuss ideas and suggestions or voice any concerns that they may have.

Staff were encouraged to discuss amongst themselves where they felt improvements could be made to help develop local priorities for carers and the people receiving care across the borough. For example, discussions covered what was on offer in the local community in order to encourage people who used the service to be involved in appropriate community activities paying particular attention to those people at risk of isolation and discussions and ideas on how to promote and continually make improvements in the quality of service being delivered. This provided staff with an opportunity to make a difference to the lives of people using the service and to shape how the service delivered care.

Monthly newsletters were also provided to staff that identified any issues of concern, any new information or any reminders of information previously discussed, such as the need to log in and out when visiting people's homes, the need to wear the correct uniform or the need to use black ink when completing medicines administration records.

Staff told us they felt they were able to put their views across to the management, and felt they were listened to. The staff we spoke with told us they enjoyed working at the service and said they felt valued. They said they thought the management were fair and approachable, and also told us the staff team worked well together. One staff member said, "I feel that I'm a valued member of staff and I recently got some positive feedback from the manager which had come from someone I support." Another staff member told us, "I think the managers are doing a good job; I think it's very stressful and I couldn't do it. They do it to the best of their abilities." A third staff member commented, "I feel that in the time I've been here I get good feedback from managers about my practice, which is encouraging to me."

It was clear from our observations that the management team worked well together in a mutually supportive way.

Although there was on on-going rolling programme of staff recruitment, most care staff had been in employment with the service for several years and this ensured consistency of care staff deployment and familiarity with the people who used the service, who told us they valued the same staff. The relative of a person who used the service told us that the service was always available to contact and actively encouraged discussions and contributions from family members regarding the provision of care and support.

We found the service had a comprehensive range of policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, human rights, MCA/DoLS, moving and handling and infection control. These policies were all up to date and were reviewed each year by Sevacare head office.

Where the service used any hoisting equipment, for example for transferring people, we saw that the service worked in partnership with the equipment suppliers to ensure it was safe before being used. We checked equipment test certificates and found these were all up to date.

The service is a member of the United Kingdom Homecare Association Ltd (UKHCA). This is the professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors. UKHCA helps organisations that provide domiciliary care to people in their own homes, promoting high

standards of care and providing representation with national and regional policy-makers and regulators.