

Sova Healthcare Ltd

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Inspection report

18 East Parade
Bradford
West Yorkshire
BD1 5EE

Tel: 01274309543

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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

We inspected Sova Healthcare Limited on the 9 May 2016. The visit was made at short notice to make sure the registered manager would be available. This was the first inspection of the service since registration.

Sova Healthcare Limited is registered as a domiciliary care agency and provides a range of services including personal care. Although the agency is based in Bradford they operate in Leeds and throughout West Yorkshire. At the time of inspection the agency were only providing care and support to three people.

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.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes.

The feedback we received from relatives about the standard of care was consistently good. We saw that people were supported by regular staff. This consistency enabled care staff to develop meaningful relationships with the people they supported.

The support plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information. The staff we spoke with told us they used the support plans as working documents and they provided sufficient information to enable them to carry out their role effectively and in people's best interest.

The registered manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff showed a good knowledge of the people they supported and their capacity to make decisions.

There were clear lines of communication and accountability within the agency and staff were supported through a planned programme of supervision and training.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence learning from incidents took place and appropriate changes were made to procedures or work practices if required.

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 processes in place to help make sure people were protected from the risk of abuse and staff were aware of the procedures for safeguarding vulnerable adults.

Assessments were undertaken in relation to potential risks to people who used the service and staff. Written plans were in place to manage these risks.

The staff recruitment and selection procedure was robust and there were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People were involved in discussions about their care and support needs.

Staff had the skills and knowledge to meet people's needs and received regular training and support to make sure they carried out their roles effectively.

People's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Care and support was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

Wherever possible people were involved in reviewing their care needs and were able to express their views about they wanted their care and support to be delivered.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences which enabled them to provide a personalised service.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

Is the service well-led?

The service was well led.

There was a quality assurance monitoring system in place that continually monitored and identified any shortfalls in service provision.

Audit results were reviewed and analysed for themes and trends. If necessary changes were made to procedures or work practices.

People who used the service were asked about their views and opinions of the service and knew who to contact if they had a problem.

Good 

Sova Healthcare Ltd

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 started with a visit to the provider's offices on 9 May 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available. The inspection was carried out by one inspector. At the time of inspection the service was only providing care and support to three people.

During the visit to the provider's office we looked at the care records of people who used the service, staff recruitment files and training records and other records relating to the day to day running of the service.

Following the visit to the provider's offices we carried out telephone interviews with the relatives of all three people who used the service and three members of staff.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us.

We also asked the provider to complete 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. The registered provider returned the PIR and we took this into account when we made judgements in this report.

Is the service safe?

Our findings

All the relatives we spoke with told us they felt confident the staff employed by the agency were suitable to work in the caring profession and had no concerns about the safety of people who used the service. One person said, "We have the same carer every visit so we have got to know them very well. I could not ask for a better service." Another person said, "A first class service provided by management and staff who really care about people."

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern.

In addition, the registered manager told us they operated an open door policy. People who used the service, their relatives and staff were aware that they could contact them at any time if they had any concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing they would be taken seriously. We saw the topic was an agenda item at the last team meeting held in April 2016. The registered manager confirmed this was to ensure staff were fully aware of their roles and responsibilities. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

However, when we looked at the records for one person we found staff were purchasing items on their behalf without a financial transaction sheet being in place. This was discussed with the registered manager who immediately addressed this matter. The registered manager confirmed that once completed financial transaction sheets would be returned to the office for audit purposes.

The registered manager confirmed the agency employed sufficient staff for operational purposes. Staff told us they never felt rushed and always had sufficient time to meet people's individual needs. One staff member told us, "I support the same person; I know them very well and have plenty of time to carry out my duties and ensure they are comfortable before leave. If this was not the case then I would report this to the office and I am sure they would ensure additional hours were allocated." Our review of records and discussions with people who used the service and staff led us to conclude there were sufficient staff to ensure people's needs were met and that people received consistent care.

We saw safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. The staff we spoke with told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed. Staff disciplinary procedures were in place and the registered manager gave examples of how and when the disciplinary process would be applied if poor working

practices were identified.

The provider had policies and procedures relating to the safe administration of medicines in people's own homes which gave guidance to staff on their roles and responsibilities. The registered manager told us although staff received training on the safe administration of medicines none of the people they currently supported required this service. This was confirmed by the relatives we spoke with. However, the registered manager confirmed if this situation was to change the medication administration records (MAR) completed by staff would be returned to the office for audit purposes.

Risk assessments were in place and the staff we spoke with were aware of their roles and responsibilities in keeping people safe when they were providing care and support. Risk assessments covered such areas as mobility, medication, infection control and the environment.

The staff we spoke with told us if they noticed any areas of risk they took immediate action to minimise the risk and informed the registered manager who arranged for a risk assessment to be carried out and the support plan updated.

Is the service effective?

Our findings

The registered manager told us all staff completed induction training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and the registered manager had an understanding of how these principles applied to their role and the care the agency provided.

We saw people's capacity was regularly assessed as part of the care planning process. The staff we spoke with told us they respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered. They also demonstrated a good understanding of people's different needs and preferences. We saw mental capacity assessments and consent forms in all three files we looked at.

The registered manager confirmed if people were unable to consent to care and support their preferences were discussed with everyone involved in their care and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's best interest.

We asked the staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. They told us they always talked and reassured people while they assisted them and never insisted they accepted assistance against their wishes. The relatives we spoke with confirmed this.

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their support plans to help staff be aware of people's healthcare needs. The registered manager confirmed if staff noted a change in people's needs or were concerned about someone's health they would refer them to other healthcare professionals if appropriate.

We found that an assessment of people's nutritional needs and food preferences had been completed as part of their initial needs assessment. The relatives of people who used the service told us that where meals were provided the staff always asked people about their individual preferences and choices.

The staff we spoke with had a good knowledge of people's dietary preferences and the level of support people required to eat a healthy diet. We saw the nutritional (healthy eating) support plan for one person showed they had requested that staff encouraged them to get involved in preparing their meal by giving them small tasks to do such as peeling vegetables. The support plan for another person showed they had difficulty swallowing and all food prepared had to be of a soft texture to overcome this problem. The plan also showed the person had to be reminded only to eat small mouthfuls of food and to drink small amounts of fluids between each mouthful. We discussed these issues with the staff involved in the individual person's care and it was apparent people nutritional needs were being met in line with the support plan in place.

Is the service caring?

Our findings

The relatives we spoke with told us staff were very caring and always provided care and support in line with their support plan. They told us that the staff were professional and had a flexible approach to providing care and support. One person said, "Having the same carer is excellent and (name of person) is very pleased with care and support they receive." Another person said, "I have no concerns at all about the care and support (name of person) receives. The carer is absolutely great with them and they look forward to their visits."

People were provided with appropriate information about the agency in the form of a 'Service Users Guide'. The manager told us this was given to people when they started using the service. This included information on the services provided by the agency and ensured people were aware of the standard of care they should expect.

Relatives told us they had been involved in developing people's support plans and agreeing the level of they required. One person told us "I have been involved in all aspects of (name of person) care and are kept well informed of any changes in their health or general well-being." The staff we spoke with told us they helped people who used the service to remain as independent as possible and to remain in control of their daily lives.

The support plans we looked at showed they had been developed in close consultation with people who used the service and/or their relatives. This helped to ensure their individual needs were met. The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They told us they always provided care and support in line with the agreed care plan. They spoke warmly about the people they supported and said they always treated them with respect.

The agency had a policy on maintaining confidentiality which confirmed the sharing of information would be restricted to staff employed by Sova Healthcare Limited and other relevant professional agencies if required. The relatives we spoke with told us they were confident staff maintained confidentiality and never discussed people's personal information inappropriately.

Is the service responsive?

Our findings

The relatives we spoke with told us they were provided with sufficient information about the agency and the range of services they offered during the initial assessment visit. One person said, "We were visited by (name of person) before the service started and everything was explained to us. We were given a copy of the service user guide and were happy with the way the meeting was conducted."

The registered manager told us when a person was initially referred to the agency they were always visited by them before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had. The registered manager confirmed that they would not take on a care package unless they were absolutely certain they could meet the person's needs.

The relatives we spoke with told us the assessment process was thorough and staff had listened to them regarding how they wanted their care and support to be delivered. They told us they were encouraged to ask questions during the initial assessment visit and were given information about the services the agency was able to provide.

Relatives also told us they were involved in planning their care and support and were pleased with the standard of care they received. One relative said, "I was involved in planning (name of person) care and when the support plan was completed we went through it with (name of person) to make sure it was what we agreed." This demonstrated to us that the service was providing care and supported in line with people's needs and preferences.

We looked at all three support plans and found they were person centred and provided staff with the information they required to make sure people received appropriate care and support. We were told a copy of the support plan was kept both in the home of the person who used the service and the agency's main office. This was confirmed by the relatives and staff we spoke with.

The staff we spoke with told us they used the support plans as working documents and had sufficient time to read them during their visit. They also told us they completed and read the daily reports at each visit and if they had any issues or concerns, these were reported to the registered manager. One staff member said, "The support plans are always kept up to date, are easy to follow and give you lots of valuable information about people's needs and preferences." Another staff member said, "The support plans are straight forward and easy to understand." We saw support plans were reviewed regularly to make sure they met people's changing needs.

Staff felt any issues were responded to quickly by the registered manager and they were always on call outside of normal office hours to provide support in case of any unforeseeable events or emergencies. The relatives we spoke with confirmed staff always read the care documentation when they visited and completed the daily report sheets.

The provider had a complaints procedure in place. The registered manager told us no complaints had been received since the agency had become operational. However, they confirmed if a complaint was received it would be acknowledged and responded to within set timescales and a thorough investigation would always be carried out. The registered manager told us they had a proactive approach to managing complaints and they were always available to talk to people and deal with any concerns as soon as they arose.

The relatives we spoke with told us staff were punctual, always carried out their duties in line with their agreed support plan and had never let them down. One person said, "I would recommend the agency to anyone looking for caring and reliable staff. I have no complaints about the service and standard of care provided." Another person said "There is nothing to complain about everything is going on very nicely and long may it do so." Relatives also told us they had a telephone number for the agency which they could use both during and out of normal office hours if they required assistance or needed to cancel or rearrange a visit.

Is the service well-led?

Our findings

The relatives we spoke with told us the registered manager was approachable and they were always able to contact them if they had a problem. One person said, "I have never had any trouble contacting the manager but if I have had to leave a message they always get back to me fairly quickly."

We saw there was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision. We saw the registered manager audited people's support plans and risk assessments, the daily reports completed by staff and the accident and incident log on a regular basis so that action could be taken quickly to address any areas of concern. We saw the registered manager also audited the staff files and checked the staff training records on a routine basis to make sure they provided accurate and up to date information.

The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The registered manager told us they also carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan.

The relatives we spoke with told us they were contacted by the registered manager on a regular basis and were kept fully informed of any events that might impact on service delivery. They also told us they were asked to complete questionnaires about the quality of the service provided and were fully involved in people's care and support.

We saw staff meetings were held to ensure staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received.

The staff we spoke with told us there were clear lines of communication and accountability within the agency and they were supported through a planned programme of supervision and training. They also told us they enjoyed working for the agency and felt well supported by the registered manager.