

Churchill Health Care Ltd

Seva Care Home Services

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

About the service:

Seva Care Home Services is a domiciliary care agency. The provider for the agency is Churchill Health Care Ltd also known as Seva Care. The agency provides personal care to people living in their own homes in the community. There were approximately 65 people using the service at the time of our inspection. The provision of personal care is regulated by the Care Quality Commission.

People's experience of using this service:

People and their relatives were satisfied with the services provided. They stated that staff were competent and felt safe when cared for by staff.

Risks to people's health and wellbeing had been assessed and this included risk of falling and pressure sores. There was guidance for staff on how to minimise risks to people.

The service had a safeguarding policy and procedure. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to, or at risk of abuse.

Staff had received medicines administration training and knew how to administer medicines safely. Regular audits of medicines administration records (MARs) were carried out to ensure that errors were identified and promptly responded to.

Staff were carefully recruited, and essential pre-employment checks had been carried out. There were enough staff to attend to people's needs.

The healthcare needs of people had been assessed and staff worked closely with healthcare professionals to meet the needs of people.

Staff encouraged people to have a healthy diet where this was part of their contracted responsibilities. They were aware that if there were significant fluctuations in people's weight, they should alert relatives and professionals involved.

Staff had received appropriate training and they had the knowledge and skills to support people. The registered manager and senior staff provided staff with regular supervision, spot checks and a yearly appraisal of their performance.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way

possible.

Staff were caring and treated people with dignity and respect. They had received training on ensuring equality and valuing diversity and respecting the human rights of people. Staff formed positive relationships with people and their preferences had been responded to.

People's care needs had been fully assessed and staff were knowledgeable regarding people's needs. The service provided people with person-centred care and support that met their individual needs and choices.

Complaints were listened to and used as opportunities to improve the service. Complaints recorded had been promptly responded to.

The service was well managed. Morale among staff was good. Management monitored the quality of the services provided via regular audits and checks. The results of satisfaction surveys indicated that people and their representatives were mostly satisfied with the care and services provided. Suggestions made for improving the service had been responded to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for the service was Good (published on 17 December 2016).

Why we inspected:

This was a scheduled planned comprehensive inspection.

Follow up:

We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Seva Care Home Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and some younger adults.

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

Notice of inspection:

We gave the service 48 hours notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the office location on 20 June 2019 to see the registered manager and office staff and to review care records, policies and procedures and other records associated with the running of the service.

What we did before the inspection:

We used information the provider sent us in the Provider Information Return. This is information providers are required to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service such as statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law. We asked the local authority for any information they had which would assist our inspection. We used this information as part of our planning.

During the inspection:

We spoke with one care co-ordinator, one field supervisor, the registered manager, the regional manager and a director of the company. We looked at six care records, six staff records training, policies and procedures and other records needed for the running of the service.

After the inspection

We spoke with seven people who used the service and four relatives of people who used the service and seven care staff. We received feedback from two care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to safeguard people from abuse. Staff had received training and were aware of action to take if they suspected people were subject to, or at risk of abuse.
- People and relatives told us that that people were safe when cared for by staff. One person said, "They are careful and do things properly. I feel safe with the carers." A relative said, "They provide my relative with personal care and my relative feels safe with them. They are careful."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been identified and documented. There was guidance for staff on how these risks could be minimised. Staff we spoke with were aware of these.
- The risk assessments we saw related to people's physical and mental health and the environment they lived in. These included risks assessments for moving and handling, risk of falls, pressure sores and risks related to individual medical conditions.
- The risk assessment of a person with diabetes was not sufficiently comprehensive as there was no guidance on action to take if people became hypoglycaemic or hyperglycaemic. The registered manager promptly updated the risk assessment soon after the inspection.

Staffing and recruitment

- Staff were carefully recruited to ensure they were suitable. They had the appropriate checks prior to being employed. Staff records contained evidence of Disclosure and Barring Service checks (DBS), references, evidence of identity and permission to work in the United Kingdom.
- The service had adequate staffing levels to meet the needs of people. Staff told us they had enough travel time between visits. People and relatives told us that staff were usually on time. Two people stated that occasionally some staff were late. The registered manager agreed to look into the matter and also provided us with documented evidence that punctuality had been monitored and staff usually arrived within a few minutes of their allocated time.

Using medicines safely

- Medicines were managed safely. Staff had received training in the administration of medicines. Medicine administration records (MAR) indicated that people received their medicines as prescribed. There were no unexplained gaps.
- Weekly audits of MARs had been carried out to ensure that medicine administration procedures were followed, and improvements made when found to be needed.

Preventing and controlling infection

- The service had an infection control policy to provide staff with guidance on how to minimise the risk of infection.
- Staff had received Infection control training and were aware of infection control measures. The service had a stock of personal protection equipment (PPE) such as shoe covers, gloves and aprons for use by staff.
- People using the service and their relatives told us that staff observed hygienic practices when attending to people who used the service.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, action had been taken to prevent re-occurrences. For example, after a staff member on duty had a fall while walking, the local authority was contacted to carry out repairs to the road.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before their care was provided by the service. This ensured their needs could be met. Assessments covered people's physical and mental health and social care needs.
- Any cultural, religious or other special needs and preferences were identified so staff could understand and meet these.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. They had received a comprehensive induction. New staff had started the Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- Care workers confirmed they had completed a wide range of essential training including the Care Certificate, safeguarding of adults, moving and handling, health and safety, food hygiene, first aid and the Mental Capacity Act 2005.
- Staff were well supported by management and there were arrangements for regular supervision and an appraisal of their performance. They told us that their managers were helpful and approachable.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff had been provided with training on the importance of nutrition and hydration. Where support with meals was required, they had recorded individual food preferences as well as people's cultural, religious or health needs within their care plans.
- Guidance was given to staff on their responsibilities in preparing meals for people. People informed us that staff were competent at preparing their meals. One person said, "They cook for me and I am happy with it. They do it properly."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with local authority service purchasers, health and social care professionals. We note that when people's health needed special attention, they had contacted relevant professionals to ensure that people received appropriate care.

Supporting people to live healthier lives, access healthcare services and support

- Most people arranged their own healthcare appointments or had family who supported them in making appointments.
- Care workers also monitored people's wellbeing. They were aware that if there were any deterioration in people's health, they should inform people's relatives or contact the registered manager so that if needed,

the appropriate care professionals can be informed.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Care plans included detailed information about people's capacity to make decisions.
- Staff had received MCA training. They were aware that when a person lacked the capacity to make a specific decision, their representatives including relatives and professionals would be involved in making a decision in the person's best interests.
- There was documented evidence in care records that people or their representative's consent to care were sought and agreed before care was provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and dignity. One person said, "No problem with any of them, they are very respectful and pleasant. They are very careful and gentle when providing personal care." A relative said, "My relative's regular care staff was excellent and caring."
- The service had a policy on ensuring equality and valuing diversity. Staff we spoke with had a good understanding of equality and diversity and respecting people's human rights, their individual beliefs, culture and background. They knew what was expected when entering the homes of people from other cultures. One person informed us that their care worker understood their culture and spoke the same language. Another person stated that staff could cook food they liked.
- The care co-ordinator regularly met with people to seek their views and ensure they remained satisfied with the services provided.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the planning of people's care. The information obtained from them were used in preparing people's care plans. The plans contained information on what they liked, how they wanted to be cared for and their preferred times of calls.
- The service employed staff who spoke the same language as some people they supported. This enabled staff to communicate more effectively with people who could not speak in English.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff were friendly and respected people's privacy and dignity.
- Staff were aware of protecting people's privacy. One staff said, "I protect people's privacy. If there are family around when personal care is to be provided, I ask them to leave the room and close the door."
- Staff encouraged people to be as independent as possible. They told us that they encouraged people to do as much as they could for themselves but ensured they provided help when needed. One staff said she would also be observing people to ensure their safety while they encouraged people to do some tasks for themselves such as making tea.
- The service had organised outings for people who used the service. However, the registered manager informed us that the response was poor as no one attended. She nevertheless stated that further activities may be organised where people could meet with staff and receive social stimulation.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support. They had been assessed prior to services being provided. Care plans were then prepared with guidance for staff on how to support people's individual needs. People and their relatives told us they were satisfied with the care provided. One person said, "The staff are careful and do things properly. They are able to meet my special needs." A relative told us that the care worker they had was able to cheer up their relative and they were very happy with the care worker.
- We discussed the care of people with diabetes with staff. They had been provided with training and were knowledgeable regarding the needs of people with diabetes. They knew of the signs and symptoms to look for if people were unwell. A person told us that staff knew her diabetic care needs and were able to meet her needs.
- People's care had been regularly reviewed with them and their representatives. This was done either face to face or via the telephone.
- Care workers completed daily records which included personal care given, information if medicines had been given and any difficulties experienced by people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had an Accessible information policy. The registered manager stated that the service matched care workers with people who spoke the same language so that communication with people could be improved. For example, this included matching people who spoke Gujarati or Hindi with care workers from the same cultural background.
- The service employed a mix of staff to meet language, and the cultural needs of people. Staff wrote notices in Urdu, Punjabi, and Gujarati, for those service users who needed prompting or reminding.
- The service read mail and literature to a person with sight impairment. A person who had hearing impairment had all communication from the service sent to him via text messaging on his mobile phone. In addition, staff used hand gestures and wrote messages on a pad for this person.

Improving care quality in response to complaints or concerns

- Relatives knew how to make a complaint. The service had a formal complaints procedure. We looked at four complaints recorded. These had been promptly responded to.
- One person who used the service and one relative complained about some aspects of the service during

this inspection. This was discussed with the registered manager who informed us that they would record and follow up the complaints.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the management of the service. They informed us that there was good communication and they worked well together. Monthly staff meetings had been held where staff could express their views and receive updates regarding the care of people.
- People and their relatives were mostly positive about the way the service was run. One person said, "I am happy with the management of the service. They have wonderful staff." A relative said, "I am satisfied and happy with the management. They have done spot checks and reviewed the care provided." A small number of people expressed dissatisfaction that they could not always have the same staff. The registered manager stated that where possible they would ensure that the same staff was provided.

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

- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. She knew when she needed to report notifiable incidents to us.
- People and relatives told us that people were well cared for and they were involved in decisions to do with people's care. The care records contained documented evidence of regular communication with people and their relatives.
- Care documentation and records related to the management of the service were well maintained and up to date.

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

- There was a wide range of policies and procedures available to provide guidance for staff. These had been subject to regular reviews.
- Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen whilst providing its service. The registered manager was aware of this responsibility and had submitted notifications when required.

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

- The service had systems in place to gather feedback about the quality of service it was providing from the

people it supported and their relatives. It also sought feedback from staff.

- The service had regularly sought the views of people and their relatives so that they can be involved in the running of the service and the care provided. This was confirmed by them and documented in the care records.
- The service fully considered and met people's equality and diversity needs. For example, some people requested care workers who came from the same cultural background. This request had been responded to and it was confirmed by people we spoke with.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor the quality and safety of the service and make improvements.
- Regular spot checks were carried out by the registered provider to assess staff performance and ensure that people's needs were met.
- Audits of care plans, care logging sheets and MAR charts had been carried out.
- Where areas for improvement were identified, the registered manager had taken action to incorporate them, and this included ensuring that there were pressure area turn charts for people with pressure sores.
- The registered manager had attended various seminars and meetings held by the local authority and the CQC in order to update her knowledge and understanding of changes affecting her area of work. She had been involved in undertaking care tasks at intervals so that she is aware of issues affecting the care of people and her staff.

Working in partnership with others

- The service maintained good working relationships with partner agencies. This included working with other health and social care professionals, such as GPs and social workers. Feedback we received from two care professionals regarding the management of the service was received was positive.
- When staff noted that a person's pressure sore had deteriorated, they had notified the community nurse so that appropriate action could be taken.