

# Sevacare (UK) Limited







## Sevacare - Luton

### 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	

### Overall summary

This inspection took place on 15, 16, 19 and 20 October 2015 and it was announced. When we inspected the service in October 2013 we found that the provider was meeting all their legal requirements in the areas that we looked at.

Sevacare Luton is a care agency providing personal care and support for people in their own homes. At the time of our inspection the agency was providing a service to approximately 100 people.

The agency has a registered manager as required by the Care Quality Commission (CQC). A registered manager is a

person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe and were supported by consistent carers who were knowledgeable and skilled.

People's needs had been assessed and detailed care plans took account of their individual needs, preferences

# Summary of findings

and choices. There were risk assessments in place that gave guidance to staff on how individual risks to people could be minimised. There were systems in place to safeguard people from the risk of possible harm.

Staff had an understanding of safeguarding processes and had completed training to enable them to provide effective care. Staff were supported by way of spot checks, supervisions and appraisals and these were consistently completed for all staff and used to improve and give feedback on performance.

The provider had effective recruitment processes in place and was recruiting additional staff to support people safely. Staff understood their roles and responsibilities to seek people's consent prior to care being provided and were friendly, kind and compassionate.

The provider had an effective process for handling complaints and concerns. These were recorded, investigated, responded to and actions to prevent recurrence were recorded.

The provider encouraged feedback on the service provided. Action plans had been developed to address issues raised within audit processes and surveys with a view to continuously improve the service.

The provider had effective quality monitoring processes in place.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There was sufficient staff to meet people's needs safely.

There were systems in place to safeguard people from the risk of harm and staff had an understanding of these processes.

The provider had robust recruit processes in place.

Good



### Is the service effective?

The service was effective.

Staff had the skills and knowledge to provide the care and support required by people.

People received care and support from consistent members of staff.

People were asked to give consent to the care and support they received.

Good



### Is the service caring?

The service was caring.

People were supported by staff that were friendly, kind and compassionate.

Staff were aware of people's preferences and choices and knew the people to whom they provided care

Staff were respectful and protected people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People were involved in the planning of their care and received a personalised service.

Detailed care plans were in place which reflected individual needs.

The provider had an effective system to manage complaints.

Good



### Is the service well-led?

The service was well-led.

People were encouraged to give feedback on the service provided and this was used to develop the service.

Staff told us they felt valued and supported and that management were approachable.

The manager completed regular audits to monitor the quality of the service provided.

Good



# Sevacare - Luton

## 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 15, 16, 19 and 20 October 2015. The provider was given 48 hours' notice because as the service was a domiciliary care agency we needed to be sure that they would be available on the day of the inspection.

The inspection team was made up of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 sent questionnaires to people who received a service, relatives, staff and professionals to ask their views of the service. We also reviewed the information available to us about the agency such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with six care workers, one team leader, one care coordinator and the registered manager.

We reviewed the care records, risk assessments, Medicines Administration Records [MAR] and daily records of ten people who used the service. We reviewed how complaints were managed, looked at five staff records and the training records for all the staff employed at the service. We reviewed information on how the quality of the service was monitored and managed.

Following our visit to the service's office we spoke with two people who used the service and relatives of five people by telephone to ask for their views of the service.

# Is the service safe?

## Our findings

All the people we spoke with told us that the service and the staff that visited made them feel safe. They had no concerns about the conduct of staff or their ability to provide care safely. When asked if they felt safe one person told us, “I feel safe; staff do very well with me.” A relative told us, “My [relative] and I feel safe using this service provider.”

There was a current safeguarding policy and information about safeguarding was displayed in the office. This included guidance for staff on how to report concerns and the contact details for local agencies. Staff told us they had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. They were also aware of reporting to the local authority or other agencies and demonstrated a good understanding of these processes. One member of staff told us, “I would always speak to someone in the office, or on call, if I had any concerns about someone.” Another said, “I’ve raised concerns before when I was worried and office staff have reported it to safeguarding for me. I would do it again, no question.” Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm.

The care records showed that care and support was planned and delivered in a way that ensured people’s safety and welfare. An environmental risk assessment had been completed to help staff identify and reduce any potential risks in the person’s home. This included assessments of possible risks from the location, access requirements, furnishings, utilities, specialist equipment and any pets that may be present in the home. Each person also had a fire risk assessment.

There were also personalised risk assessments in place for each person to monitor and give guidance to staff on any specific areas where people were at risk. These included risks in relation to specific health issues, medicines, nutrition and hydration and any mobility equipment used. The risk assessments provided information about the risk and the measures that needed to be put in place and had been reviewed and updated regularly to reflect any changes in people’s needs. Staff were able to give us

examples of how they kept people safe such as using equipment safely, checking the environment for any issues prior to giving care, storing medicines securely and maintaining security by closing doors and windows.

A record of all incidents and accidents was held, with evidence that appropriate action had been taken to reduce the risk of recurrence. Records showed that incidents had been reported by staff in a timely manner. Where required, people’s care plans and risk assessments were updated to reflect any changes to their care as a result of these, so that they continued to have care that was appropriate for them.

We reviewed the recruitment files for staff. The provider had effective systems in place to complete all the relevant pre-employment checks including obtaining references from previous employers, previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. This robust procedure ensured that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service.

The registered manager confirmed that staffing levels were monitored and determined depending on the assessed needs of each person being supported. There was an ongoing recruitment process to ensure that adequate members of staff were employed to meet the needs of the people who required a service. We saw that there was an effective system to manage the rotas and schedule people’s care calls.

Some people, or their relatives, managed their own medicines and did not require support from staff to do this. However, the service had a medicine policy and when required, people received appropriate support to assist them to take their medicine safely. Medicines were only administered by staff who had been trained and assessed as competent to do so. This was supported by our discussions with staff who described the processes involved in the safe administration of medicines and the training they had received. One member of staff told us, “Medication was something completely new to me when I started so the training was really important. It was good and I felt more confident with practice. Shadowing another staff member really helped and a spot check gave me feedback on how I was doing.” A review of the daily records

## Is the service safe?

and Medicines Administration Records [MAR], showed that staff were recording correctly when medicines had been given. Where issues with medicines had been identified by staff they had been reported and appropriate action taken.

# Is the service effective?

## Our findings

People we spoke with and their relatives told us they were satisfied with the care provided and thought that staff were knowledgeable and trained. One person told us, "Staff have the right skills to look after me." A relative told us, "The staff who look after my [relative] are well trained, absolutely first class." Another relative said, "Staff are well trained, there was an emergency last month and carers sent for the paramedics, doing what they've been trained to do."

People who spoke with were happy with the consistency of their care and received care from regular staff who they had built relationships with. When asked if they had a consistent group of carers comments included, "The one we get all the time, she's always punctual and good" and "The usual worker is always on time." One relative told us, "We've had the same team for approximately six months." Results from the latest provider satisfaction survey showed that three quarters of the people who responded had confirmed that they had regular carers. However, in addition to positive responses to the questionnaire we sent to people, comments included, "I received care for six weeks and my main carer was wonderful, always reliable kind and caring. The agency seemed to have difficulty at the weekends especially for the bedtime visit, when my main carer was not on duty", "all carers say they will see you next day and someone completely new arrives" and "30 + different carers in twelve month period."

People told us they were often introduced to new carers before they provided their care. Staff confirmed that that they had completed an induction programme when they first started work with the agency and then had shadowed a more experienced colleague before working on their own. One member of staff said, "I completed my training and then did some shadowing with other staff. The office asked me if I was happy to work on my own before I did." Another member of staff confirmed that they had, "Done a little more shadowing before being ready," as they had requested it. Staff training records showed that staff had completed the required training identified by the agency and had further courses planned to develop their skills and knowledge. Staff told us that they kept up to date with skills relating to their roles and responsibilities and that the registered manager monitored their training needs and when refresher courses were required. One member of staff

told us, "We always get enough training either to keep up to date or when something new comes along. Sometimes it's because we have a new client who has a different care need."

Staff told us that they had regular supervision meetings and were supported through team meetings, spot checks and that they could speak to the registered manager or a senior member of staff if they needed support. We saw evidence of these meetings in the records that we looked at and saw that they were used as opportunities to discuss performance, training and any other support measures that the staff member may require. Senior staff undertook spot checks to ensure that they staff were competent in their roles and that they met the needs of people appropriately. These 'Care Worker Assessments' included an evaluation of the care workers performance, skills, attitude and timeliness at care calls. We noted from these records that they were discussed with members of staff. One member of staff told us, "I enjoy the feedback from assessments. I get told where I have performed well or at a good level and if there's room to improve. It helps me get better in my job."

The people we spoke with confirmed that staff would always ask them for consent before they provided them with care or support. One person said "They always ask me. Always ask me if there's anything I need doing. If it's ok to help." Staff had received training in the Mental Capacity Act. 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. Although staff were not able to fully explain the legal implication of the Act when supporting people in meeting their needs, they understood their roles and responsibilities in ensuring that people consented to their care and support. Staff said that they always respected people's decisions and if a person felt that they did not wish to receive personal care on the day, then they would respect their decision. One member of staff said, "I can speak to people and encourage them but if they say no, then no is no." The staff we spoke with were able to describe ways in which they sought consent from people prior to providing care and support. Written

## Is the service effective?

consent to their care plans had been provided by people, or their relatives in most of the care records we viewed. We brought to the attention of the registered manager the plans where written consent was not documented.

People's needs in relation to food and fluids were documented in their care plan. People told us they were supported with preparing meals and to eat and drink sufficient amounts by the care staff where they needed help. One relative told us that care staff only assisted on occasion with preparing food but their relative received the help they needed with meals, if they requested it. Staff we spoke with told us that they would always leave the person

with a drink, when required by their care plan, to ensure that they remained hydrated. Staff confirmed they would report any concerns with regards to a person's nutrition or hydration to the office.

People were supported to maintain good health because staff were able to identify health concerns and report them appropriately. Staff told us that they sought advice from the office if they had concerns over a person's well-being or called the person's GP. We also noted from the care records that people had accessed other health care professionals, such as occupational therapists or physiotherapists, when required.



# Is the service caring?

## Our findings

People we spoke with were positive about the staff and were very complimentary. One person we spoke with said, "They are kind and considerate, I can't fault some of them. They're excellent." Another person told us, "The staff are very nice, they look after me." Comments from relatives included, "All the staff are very nice, very pleasant", "My [relative] feels she can talk to most of the carers. They are friendly" and "I would describe us all as friends now. They are very caring and nice people." Results from the most recent provider satisfaction survey showed that all the respondents found their carers to be polite, courteous and caring.

People told us that care workers were respectful and treated them with dignity. One person said, "I am treated with respect, dignity, compassion and kindness." A relative told us, "Yes, [relative] is treated with dignity and respect. Don't worry about that." Another relative told us, "With us being [relationship], carers absolutely respect our privacy and dignity." Staff we spoke with all gave clear examples of how they promoted privacy and dignity in every day practice. One member of staff explained to us how they always asked if people were ready for their help and checked they were happy for their assistance, encouraging people where they could help themselves and explained to people to let them know if there were any problems or if they were uncomfortable.

People said that they were asked their views and were involved in making decisions about their care and support. People told us that staff listened to them and acted on their wishes. One person told us "They always ask me what I need doing and often we chat having tea and biscuits. Sometimes just the company suits me." A relative told us, "[Relative] has been with the agency for about 18 months now and has been involved in decision making

throughout." Another relative told us, "When it comes to the deciding about care and treatments I like to be there as it gives me confidence but if I go out I know staff can be trusted to come and see that [relative] is alright."

People confirmed that they had copies of their care plans in their homes and knew what they were for. We saw a copy of the files held in people's homes which showed that a range of information had been included for use by people and the members of staff providing care. This included details of their care, the service, the complaints procedure and emergency protocols. Members of staff spoke about how they used the care plan as a guide in providing care to people and ensuring that they met their needs but completed extra tasks if people requested it or if they identified someone may need extra assistance and offered them help.

People told us that staff encouraged them to maintain their independence. One person said, "Carers supervise me and I can walk up to the end [of the room] and I can get myself out and into bed now. They give me words of encouragement like 'keep trying' and I must keep going. I'm determined." A relative said, "My [relative] can be unsteady but they keep him moving. They see that he gets up himself safely up from his chair and back again." Staff said that they encouraged people and, where possible, they enabled people to maintain their independence by supporting them to do as much as they could for themselves. One member of staff said "I try to encourage people. Small things they can do themselves can help to boost their confidence."

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission, making or receiving phone calls in relation to people in privacy, safe storage of their personal rotas, keeping key-safe numbers confidential and the safe transporting of records when returning to the office.

# Is the service responsive?

## Our findings

People we spoke with confirmed that they were involved in planning their care but not all were clear on reviews of their needs. One person said, "I'm not sure about my reviews, but we do have general discussions." A relative said, "Staff ask opinion of the care and we are involved in the planning for sure." Another relative said, "The Sevacare manager did come and visit prior to signing up. This was what to see what we needed." A third relative said, "We haven't seen anybody for a long time regarding reviews but I don't think we need to see anybody for now. We're happy enough with what we've already got."

People and their relatives told us how a member of staff from the agency came to complete an assessment prior to them receiving a service and asked them what support they needed and wanted. Information from the assessment had been used to develop the care plan which outlined how these needs were to be met. We noted that care plans were detailed and provided clear guidance and information on the care each person required during their calls, as well as their preferences. A copy of the care plan was held in the office and at the person's home.

People told us that staff provided a personal service and knew about them. One person told us, "I enjoy the care and

look forward to seeing them. Workers have been coming so regularly that we chat about our families." A relative said, "My [relative] enjoys the company. He's happy. They'll do a jigsaw puzzle or read the newspaper, things he likes." Staff were knowledgeable about the people they supported. They were aware of people's preferences, hobbies and interests and their family backgrounds. Staff told us that they were kept informed of changes in people's needs by telephone calls from the office, at team meetings or by being informed of changes to the care plan that they could read in people's homes. Staff confirmed they would visit the office to ask if they were unclear.

People using the service and their relatives were aware of the complaints procedure or who to contact in the office if they had concerns. A copy of the procedure was kept within the file in their home. One person told us, "They're excellent and we communicate brilliantly." A relative told us, "We've got not complaints, none at all but we know to ring if we do." We saw that where complaints had been made they were logged and an investigation completed. For all complaints there was a response to the complainant recorded and the action that had been taken to prevent the concern occurring again or the learning achieved from the investigation was included. This demonstrated how the registered manager used complaints as opportunities to make improvements to the service.

# Is the service well-led?

## Our findings

There was a registered manager at the agency who had been in post for over 12 months. Staff told us that the registered manager provided them with consistent support and guidance and was actively involved in the service.

Staff felt the registered manager and office staff were available if they had any concerns. Staff we spoke with said that they felt well supported by the registered manager, co-ordinators and senior carers. One member of staff said, "The manager and the office team are great, really understanding of the work we do out there and are always approachable." Another member of staff said, "They are totally supportive of us carers and make the time to listen to concerns. I feel valued as a team member and really enjoy working here." Staff we spoke with understood their roles and responsibilities.

The registered manager monitored the quality of the service by speaking with people to ensure they were happy with the service they received and by sending out satisfaction questionnaires for them to complete. People told us, "Staff ask for our opinion of the care" and "Our overall opinion of Sevacare is that they're efficient...They check we're happy." The results of the most recent satisfaction survey were sent to the registered manager during our inspection so they had not yet had the opportunity to analyse the results. However, we saw that following previous surveys the registered manager had completed an analysis and had developed an action plan from the feedback received. The registered manager explained they would be doing the same again in the

coming weeks. People would be sent the results of the survey and that staff would be informed of the feedback received. This showed how the manager used the views of people to improve the service in the future. We also saw action plans that had been completed by the registered manager following internal audits that had been completed at the agency by the provider organisation and external audits completed by the local authority.

The senior care staff undertook spot checks to review the quality of the service provided and these were consistently completed for all staff. The provider also carried out regular audits of care records to ensure that all relevant documentation had been completed and kept up to date. This also included the review of Medicine Administration Records [MAR] and daily visit records. Where gaps were found in records an explanation was given and the actions taken recorded.

The staff told us that regular staff meetings were held where they were able to discuss issues relating to their work and the running of the service. At a recent team meeting we saw that topics discussed had included feedback and compliments, call management systems, training and appraisals, recording and terminology used in records and client updates. A copy of the minutes of the meetings were available for all staff to read. Staff confirmed that they were given the opportunity to discuss any concerns at these meetings.

We saw that records were held securely in the office and that computers were password protected. This meant that people's information was protected from unauthorised access.