

Seva Care (Home Care) Limited

# Seva Care Home Services

## Inspection report

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Date of inspection visit:  
10 November 2016

Date of publication:  
19 December 2016

### 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 undertook this announced inspection on 10 November 2016. Seva Care Home Services is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and administration of medicines. The service was re-registered with us in October 2016 as they had moved to a new address. This is the first inspection of this service in their new location.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service and their representatives informed us that they were satisfied with the care and services provided for people. They informed us that people had been treated with respect and dignity. They stated that people were safe when cared for by the service. There was a safeguarding adults policy and suitable arrangements for safeguarding people from abuse.

The service had suitable arrangements for the administration of medicines. Medicine Administration charts were regularly checked by the registered manager to ensure that people received their medicines as prescribed. The service had an infection control policy and people and their representatives informed us that care workers observed hygienic practices.

The service had an infection control policy together with the Department of Health's code of practice on the prevention and control of infection. Care workers were aware of good hygiene practices.

Care workers had been carefully recruited. The necessary checks had been undertaken prior to them starting work. New care workers had been provided with a comprehensive induction and training programme to enable them to care effectively for people. They had the necessary support and supervision from senior staff and the registered manager. Teamwork and communication within the service was good. There were sufficient care workers to meet people's needs.

Care workers were pleasant in their approach and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them had been carefully assessed and guidance provided to care workers on how to care for people. The registered manager and senior care workers prepared appropriate and up to date care plans which involved people and their representatives. The choices and preferences of people had been responded to.

The service regularly sought people's feedback on how well the service operated. There were arrangements for encouraging people and their representatives to express their views and make suggestions. Regular and systematic reviews of care had been carried out to obtain feedback from them and ensure that people

received appropriate care.

One complaint which had been recorded was promptly responded to. Social care professionals provided positive feedback regarding the management of the service. They indicated that the service was well run and the agency worked well with them.

Audits and checks of the service had been carried out by the registered manager and a director of the company. These included spot checks on care workers, care records, complaints and staff records. The service produced a monthly newsletter so that both staff and people who used the service were informed of changes and development which may affect them. People and their representatives had also been invited to the service's outings and social gatherings.

People and their representatives expressed confidence in the management of the service. They stated that care workers communicated well with them and they found the service to be well managed. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity and providing a high quality care.

## 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. Care workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse. Appropriate risk assessments had been carried out.

The service had a policy for the management of medicines and checks had been made to ensure people had been given their medicines as prescribed.

Care workers were carefully recruited. There were sufficient care workers to meet people's needs. Infection control measures were in place and staff observed hygienic practices.

### Is the service effective?

Good ●

The service was effective. People who used the service were supported by care workers who were knowledgeable and understood their care needs. Supervision and staff meetings were in place.

Care workers worked well with social care professionals in supporting people and their relatives. People's nutritional needs were attended to and monitored when needed. Care workers had been provided with essential training and supported to do their work.

### Is the service caring?

Good ●

The service was caring. The feedback received from professionals, relatives and people who used the service indicated that care workers were highly regarded. People were treated with respect and dignity.

The preferences of people had been responded to. Care workers were able to form positive relationships with people. People and their representatives were involved in decisions regarding the care.

### Is the service responsive?

Good ●

The service was responsive. Care plans were comprehensive and

addressed people's individual needs and choices. Regular reviews of care took place with people and their relatives.

People and their relatives knew how to complain. One complaint made had been promptly responded to. The service listened to people and their views and responded appropriately.

**Is the service well-led?**

Some checks of the service had been carried out by the registered manager and care co-ordinator. Spot checks on staff and comprehensive weekly audits and checks were in place to ensure that people received a high quality service.

People and their relatives expressed confidence in the management of the service. Care workers worked well as a team and they informed us that they were well managed.

**Good** ●

# 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 as part of our regulatory functions. This inspection checked 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 took place on 10 November 2016 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection.

Before our inspection, we reviewed information we held about the service. This included notifications and reports provided by the service. We also examined reports provided by local authority social care professionals.

The service provided personal care services to about 50 people. We spoke with five people who used the service and four relatives. We also spoke with the registered manager, a director of the company, a senior care worker, six care workers, an administration staff, a visiting officer and the care co-ordinator. We also obtained feedback from one social care professional.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people using the service, six staff recruitment records, staff training and induction records. We checked the policies and procedures, audits and electronic monitoring logs.

# Is the service safe?

## Our findings

People who used the service and their relatives informed us that people were safe in the care of the service. One person said, "Yes, I feel safe with my carers. They are honest." Another person said, "I feel safe with my carers – absolutely!" A third person said, "I am happy with my carers. They do my shopping and give me back the change. I feel very safe with them." A relative of a person who used the service said, "The carers are hygienic. They wear gloves and aprons if necessary."

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and the contact details of the local safeguarding team were available in the office. We noted that the policy did not include reference to the role of the Disclosure and Barring Service (DBS) and the need to notify CQC of all allegations of abuse. The registered manager informed us that the policy would be amended. We noted an example of good practice. Prior to this inspection the registered manager had identified when a person who used the service had been put at risk when healthcare professionals did not provide the required care. She took action to safeguard people and notified the local safeguarding team so that appropriate action could be taken.

Care workers we spoke with were aware of specific actions to take to keep people safe. Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with the environment people lived in, with moving and handling and certain medical conditions.

We examined a sample of six records of care workers. We noted that they had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to care workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people. The service had sufficient care workers to meet the needs of people and this was confirmed by people and their relatives who stated that care workers were reliable, mostly punctual and able to meet the needs of people. Care workers we spoke with stated that they were able to attend to people and they had sufficient travel time between visits.

The service had a medicines policy. This included arrangements to ensure that people received their medicines as prescribed and arrangements for the reporting of any error made. No gaps were noted in the MAR charts examined. This indicated that people had been given their medicines as prescribed. This was confirmed by people and relatives we spoke with. We noted an example of good practice. The registered manager reviewed the MAR charts weekly. We were provided with documented evidence that she had previously identified deficiencies and gaps and taken prompt action. This included meetings with care workers and retraining. Where this persisted disciplinary action including formal warnings and dismissal were taken.

The service had an infection control policy which they followed. They also had the Department of Health's code of practice on the prevention and control of infection. Care workers we spoke with were aware of good hygiene practices such as washing their hands prior to food preparation and wearing gloves and aprons when needed. The office had a stock of protective clothing and equipment such as shoe covers and gloves. Care workers said they had access to these protective clothing. People informed us that care workers followed hygienic practices when attending to them.

The accident record folder was examined. No accidents involving people had been recorded. The registered manager explained that there had been no accidents involving people who used the service. There were two accidents involving care workers. One of these was preventable and guidance had been documented to prevent a re-occurrence. People and relatives informed us that they had confidence that care workers kept their people safe.



## Is the service effective?

### Our findings

People and their relatives informed us that care workers were competent and they were satisfied with the care provided. People made positive comments regarding their care workers. One person said, "My carer does a good job." A relative said, "We are happy with the carer - absolutely perfect and amazing-100 percent ! Our carer knows what to do and will get our consent if necessary." Another relative said, "Overall I am satisfied. The carers are reliable and punctual. They are aware of the care needed. The agency has consulted with us and we have signed the contract. They seek our consent if it's needed."

We discussed the healthcare needs of people with specific conditions such as diabetes and dementia with care workers. Care workers were aware of the care needs of people. In the case of those with diabetes, they were aware that people needed to have sugar free diets and they were aware of potential problems which may be experienced by people. They were also aware that people with dementia may need extra attention and reassurance. For example, carers indicated that they would explain what needed to be done and they would give people time and encouragement when providing personal care.

There were arrangements to ensure that the nutritional needs of people were met when this was part of their care agreement. Where needed, people's nutritional needs had been assessed and there was guidance for them and for care workers on the meeting the dietary needs of people. This included purchasing food for people and heating their pre-packed meals. People who received such a service informed us that care workers did what was required and they were satisfied with the assistance provided.

Care workers were knowledgeable regarding their roles and responsibilities. We saw copies of their training certificates which set out areas of training. Topics covered included First Aid, care of people with dementia, moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role. The trainer for the service was conducting training on the day of inspection. He confirmed that training was provided by his organisation on various essential topics.

New care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct and health and safety. Care workers told us the training was comprehensive and they were well equipped for their roles. New care workers shadowed experienced workers. This ensured that new care workers were provided with guidance when they start working. The records indicated that one new care worker had started the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

Care workers said they worked well as a team and received the support they needed. One care worker told us that senior staff in the office worked very hard and communicated well with them. The registered manager carried out supervision of care workers. This enabled them to review their progress and development. Care workers we spoke with confirmed that this took place and we saw evidence of this in the

staff records. Appraisals had not yet been conducted as the service was newly registered.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. The registered manager had received MCA training. She informed us that where people lacked capacity, close relatives such as people's spouses or their next of kin would be consulted as part of the best interest decision making process.

We saw that care plans had been signed by people or their representatives. Where people were assessed as lacking capacity, care workers were aware that best interest decisions may need to be made for people and when necessary people's relatives or representatives would need to be consulted. Care workers were knowledgeable regarding the importance of obtaining people's consent regarding their care and support. Care workers were aware that if people did not have the capacity to make decisions then they should refer matters to their registered manager so that professionals involved and people's next of kin can be consulted. They also stated that they explained what needed to be done prior to providing personal care or assisting people. Assessments of capacity were routinely recorded in people's care records. Care workers had received training in the MCA and documented evidence of this was seen by us. One newly recruited care worker was not fully aware of some aspects of the MCA and stated that they needed refresher training. The registered manager informed us soon after the inspection that refresher training would be provided.

## Is the service caring?

### Our findings

People and their relatives informed us that their care workers were caring and they had been able to form positive relationships with their care workers. They made positive comments about their care workers. One person said, "I am quite happy with my carers. They understand my culture and show respect. They do a nice job." Another person said, "It's alright. They are good workers. They show respect for me." A third person said, "My carer is a very nice and kind lady with very good manners. That's what I like and it is very important." One relative said, "We are very happy with the carers. They understand our culture and communication is good. The carers they sent mostly speak our language and we get on well." Another relative said, "Our carer is very gentle when providing personal care. They know what to do.."

A social care professional spoke highly of care workers and described them as kind, helpful and respectful towards clients.

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care. People and relatives told us that care workers were pleasant and respectful when attending to people.

We saw information in people's care records about the care needed, personal details and their choices and preferences. This information was useful in enabling the service to understand people and provide suitable care workers who could provide the care needed. This was confirmed by people and relatives of people we spoke with. The registered manager stated that when needed, the service would allocate care workers most suited to the preferences of people. This enabled care workers to get on well with people who used the service. The registered manager informed us that they matched care worker with the same cultural and religious background as a person and this had worked well. She however, stated that in some instances people have not expressed such preferences.

Care plans included information that showed people or their relatives had been consulted about their individual needs including their spiritual and cultural needs. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. They informed us that they had been informed during their induction and training to treat all people with respect and dignity. The service had a policy on non-discrimination and promoting equal opportunities for all.

We saw documented evidence in the care records that people's care had been reviewed with them or their relatives. The views of people and their relatives were reported. People and their relatives informed us that senior staff had either visited them recently to ask for their feedback by phone.

## Is the service responsive?

### Our findings

People and their relatives informed us that they were satisfied with the care provided and their care workers provided the care as stated in the care plans. They told us that care workers were responsive and helpful. One person said, "I am happy with the care. They have visited me and reviewed my care about three months ago. I am also aware of the complaints procedure." Another person said, "The supervisor had reviewed my care. My carers are punctual and reliable. I have no complaints. I got the telephone number of the office if need to complain." A third person said, "My carers are always on time except for a few occasions. The supervisor had been to check on their staff. They are very helpful. If there is a problem, they put it right."

The service provided care which was individualised and person-centred. People and their relatives were involved in planning the care and support provided. People's needs had been assessed before services were provided and this had involved discussing the care plan with people and their representatives prior to provision of care. The assessments included important information about people including people's health, nutrition, and mobility, medical, religious and cultural needs. People's preferences, choice of visit times and the type of care worker they wanted were also documented. Care plans and agreements were then prepared and agreed with people or their representatives. People and relatives stated that they had been consulted and signed contracts and agreements.

Care workers confirmed that they had been informed by office staff in advance of care being provided to any new person. Care workers told us that communication with their office based staff and registered manager was good. They demonstrated a good understanding of the needs of people allocated to their care and when asked they could describe the needs of people and their duties. People and their relatives stated that care workers were competent and knew how to meet their care needs.

We discussed the care of people who had special needs such as those with diabetes and dementia care needs. Care workers were able to tell us what the particular issues, risks and needs of people were. For example, in the case of those with diabetes care workers knew what type of foods people should avoid and the need for them to have their meals on time. In the case of those with dementia, people could tell us how they encouraged people to co-operate with them when assisting with personal care.

Reviews of care had been arranged with people and their relatives to discuss people's progress. This was noted in the care records of people. People and their relatives confirmed that this took place and they had been involved.

The service had a complaints procedure. One complaint was recorded. This had been promptly responded to. People and relatives informed us that they knew how to complain but they had not needed to as they were satisfied with the services provided. Care workers knew they needed to report all complaints to the registered manager or senior staff of the service so that they can be documented and followed up. We noted that complaints made had been promptly responded to.

One relative made a complaint to us regarding a care worker who did not arrive on time. This was relayed to

the registered manager who agreed to investigate.

## Is the service well-led?

### Our findings

People and their relatives provided positive feedback regarding the service. They expressed confidence in the management of the service. One person said, "The agency has telephone monitoring. Yes, the carers are punctual. If they are going to be late, they telephone me." A relative said, "The supervisor checks via telephone calls to us. We have been involved in surveys on the phone. We have got confidence in them." A second relative said, "The service is managed well. Communication is good. The schedules are sent out weekly with information on which carers are coming."

A social care professional who had commissioned care with the agency stated that overall the service provided was satisfactory.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as safeguarding, medicines and health and safety. Information required for this inspection was well organised and easily accessible.

The registered manager stated that the service had quality monitoring systems in place. She provided evidence that senior staff had visited people in their homes to review their care with them and their relatives. In addition, she stated that staff carried out telephone conversations with people and their relatives to obtain their views of the services provided. The registered manager stated that the service would be carrying out a satisfaction survey soon.

Audits and checks of the service had been carried out by a director of the company and the registered manager. The director's audit was done weekly. These included checks on care documentation, safeguarding issues, complaints, staff training and incidents. Regular checks were also carried out to ensure that people received their medicines as prescribed. We saw evidence that the registered manager had identified deficiencies and took prompt action to rectify them. This had included ensuring that care workers concerned improved their performance. Comprehensive quality assurance checks and audits together with prompt action had ensured that people received care that was safe and of a high quality. There was a business continuity plan to provide guidance for staff and ensure that the service can continue to provide care in the event of untoward incidents or emergencies.

The service had a system for ensuring effective communication among care workers. Care workers informed us that there were meetings where they regularly discussed the care of people and the management of the service. The minutes of these meetings were available.

The service had a clear management structure with a registered manager supported by a director of the company and a team of administration and senior staff. Care workers were aware of the aims and objectives of the service and stated that they treated people with respect and dignity and aimed to provide a high quality service which met the needs of people. They told us that they were well treated by management and found the registered manager and senior staff of the company to be supportive and approachable. They indicated to us that morale was good and they had received guidance regarding their roles and

responsibilities. One carer said, "I am happy working for the company." A second care worker said, "They are a good company to work for. Management is helpful and supportive."