

Sevacare (UK) Limited

# Sevacare - Southampton

## Inspection report

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31 March 2016

06 April 2016

07 April 2016

14 April 2016

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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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 31 March, & 06, 07 and 14 April 2016 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

Sevacare Southampton provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a service to 56 people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age. The agency is managed from a centrally located office base in Southampton.

The agency had a registered manager. 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 service was currently in the process of registering the manager for the regulated activity of personal care.

We received positive feedback from people about the service. Those people who used the service expressed great satisfaction and spoke very highly of the staff.

Staff were responsive to people's needs, which were detailed in people's care plans. However we found some care plans were not always representative of people's current needs and did not contain current information. The registered manager was aware of our concerns and actions had already been put in place, including staff being trained in care planning.

People told us they felt safe and secure when receiving care. Staff received training in safeguarding adults and child protection for when they came into contact with children. Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of care workers to maintain the schedule of care visits. Staff told us they felt supported and received regular supervisions and support. Staff meetings were held monthly.

People's risk assessments and those relating to their homes' environment were detailed and helped reduce risks to people while maintaining their independence. People were supported to receive their medicines safely from suitably trained staff.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. People were supported to eat and drink when needed and staff contacted healthcare professionals when required. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices.

People felt listened to and a complaints procedure was in place. Regular audits of the service were carried out to assess and monitor the quality of the service. Staff felt supported by the registered manager and felt they could visit the office any time and be listened to.

## 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.

Staff were trained and assessed as competent to support people with medicines. However there were gaps on medicine administration records, the registered manager had identified our concerns and already put process in place to keep people safe.

Recruitment procedures were followed to ensure staff were safe to work with people. Staffing levels were sufficient to take account of people's needs.

Staff had received training in safeguarding adults and children and knew how to report concerns.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

### Is the service caring?

Good ●

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible. Their dignity and privacy was respected at all times.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Most care plans were up to date, and met people's needs. However more detailed information was needed on some care plans. People's choices and preferences were respected.

People's views were listened to. An effective complaints procedure was in place.

### Is the service well-led?

Good ●

The service was well led.

People and staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

The service had appropriate policies in place.

# Sevacare - Southampton

## **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 31 March & 06, 07 and 14 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in.

The inspection was carried out by two inspectors and an expert by experience who had experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we 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. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke to 11 people who used the service, or their relatives by telephone and visited two people in their own home. We received completed surveys from five people and two relatives. We spoke with the registered manager, area manager, care coordinator, and six staff members. We looked at care records for eight people. We also reviewed records about how the service was managed, including four staff training and recruitment records.

# Is the service safe?

## Our findings

People told us they felt safe and felt the company provided staff who kept people safe whilst providing them with personal care. One person told us, "I'm happy with the carer's and I feel safe." Another person responding to the question of whether they felt safe told us, "Yes definitely." A family member told us, "Yes definitely. Mum really likes her carer's and it's usually the same person". Relatives and friends responded positively to the survey question 'I feel safe from abuse and or harm from my care and support workers', showing that they felt safe with their care.

There were safe medication administration systems in place and people received their medicines when required. People were happy with the support they received with their medicines and told us their independence was respected and that they managed their own medicines where possible. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. One staff member told us, "When giving medicines I always make sure the person takes them as I know I cannot leave them out for them. I also make sure other staff know medicines were given with a note in the daily record as well as completing the MARS [medicine administration records]." Another staff member said, "I could not give medication until I had completed my training. I have to complete MARS and always check care plans and body maps when applying creams." However, on some medicine administration records (MAR) there were missing signatures. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines are required to initial the MAR chart to confirm the person had received their medicine. We spoke to the registered manager about our concerns, who explained the actions they had taken as they had already identified the issue, as a result of recent audits and informed us that the staff involved had been spoken with and retrained. Improvements had been made and it was being closely monitored, as a top priority and new concerns were being addressed individually with the staff members involved.

People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. One staff member told us, "I have enough time to carry out the care plan. Each person has regular staff who all know them well." Another staff member said, "There is a procedure for missed calls and we contact the office as soon as we know we could be late to a call." A third staff member told us, "Office arrange my round so that I can easily walk from one to another as I don't drive."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. One staff member told us, "My interview was very good and I had an English and maths test." Another staff member said, "My recruitment process included a comprehensive application form and interview. I could not start working with people until all references and checks had been completed." Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff records also included copies of staff's business car insurance; this meant that staff were insured to use their vehicle to drive around to people's homes.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person was increased when required. One staff member said, "There are sufficient staff as all calls are covered. As a team leader I would cover if a carer is unable to carry out a visit."

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training for adults as well as children as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "I have done safeguarding training for adults and children. I would report any concerns to my supervisor or management. I would make a record of what the concern was." Another staff member said, "Safeguarding training was part of induction. I would report abuse straight away to the office or team leader. If they were not available I know I can report it to social services or CQC."

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. One person told us, they had assistance with a hoist and indicated that everything worked well and they felt safe. Another person indicated that they used a bath lift and there were no issues around its usage. One staff member told us, "Risk assessments are detailed and they cover all areas and how to keep people safe." Another staff member said, "If an emergency arises I can stay with the person and the rest of my calls will get covered."

Risk assessments included environmental risks and any risks due to the health and support needs of the person. Risk assessments were also available for moving and handling, infection control, skin integrity, medicines, falls and equipment. For example a risk assessment for the environment, provided staff with information of where to locate the stop cock and fuse box in the person's home. We also saw records for a fire safety assessment. Sevacare had contacted fire services for advice on how to keep person safe and have taught them to respond to fire alarm if on own. Risks to people had been identified and measures put in place to ensure people's safety.



# Is the service effective?

## Our findings

People and their families we spoke with felt staff were well trained and carried out their duties to a high standard. One person told us, "Yes they are. I think they do a lot of training". Another person said, "Staff seem well trained as far as I can say, on the care provided so far." A third person told us, "Yes they do get trained. If they are unsure I will tell them what to do".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The training programme started with a three day formal induction, where new staff completed a range of computer, written workbooks and practical training in the agencies training room. We received mixed views about the length of training. One staff member told us, "Induction brilliant very thorough, one of the best." Another staff member said, "I really enjoyed the induction training but found there was too much information to take in over three days. I was lucky I have worked in care before but for staff who have not they may not have understood everything." We spoke to the trainer who told us, "If I had concerns about a staff member, and I feel they are not ready, I wouldn't pass them and would speak to the office and we will need to retrain." Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example, the care coordinator told us, "If staff were unsure of any training, or wanted to know more on a particular subject I will work with staff and show them in the home so they can put the training in practice."

People told us, if a new staff member started; they were accompanied by a regular carer and were shown how people like things done. One staff member told us, "When I started I was shadowing another member of staff so that people could get to know me." Another staff member said, "I shadowed a team leader on my first visits to people." The care coordinator told us, "Staff can have as much shadowing training as they need, and we will support them fully". During their induction staff completed a competency based workbook and commenced the Care Certificate. The Care Certificate is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "I have had supervision in the office." Another staff member told us, "I had one supervision which was an observed practice on a care call by a team leader." The care coordinator told us, "Supervisions are every 12 weeks, usually direct. We offer further training in supervisions." Staff had not received an annual appraisal, as the service and staff had not been operating for more than a year. However the registered manager assured us that plans were in place for yearly appraisals for staff.

People told us they were always asked for their consent before care was provided. One person said, "They ask me before they do anything". Staff said they gained people's consent before providing care. Care plans and contracts had been signed by people showing they consented to the care planned and processes used by the agency to support the delivery of care.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to

assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent care from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and their families told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide.

One staff member told us, "MCA is in induction training. I assume everyone has capacity to make decisions." Another staff member said, "One person I support does not have capacity to manage their own financial affairs. A relative has power of attorney and I always make sure I speak to them about problems. For example on one visit I noticed the person did not have hot water and reported it to the relative and to the office. When I went back this was fixed."

People were supported at mealtimes to access food and drink of their choice. One person told us, "I get help with breakfast and everything works fine". Another person said, "They always make sure I have access to fluids". The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people who received a service from the agency. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake.

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited staff told us they would call the office to let them know, so the next staff member was aware of the person's current health needs and any action needed.

# Is the service caring?

## Our findings

People and relatives said staff were caring and treated them with respect. One person said, "Yes I would say staff are caring. Most definitely". Another person said, "Most definitely. They talk to me as a person". A third person told us, "Yes I do. For example, they start off with, are you alright? Did you sleep well, etc." A family member told us, "Mum really gets on with them."

Everyone we spoke with told us staff were kind and caring and confirmed the staff always treated them with respect and dignity. We visited one person in their home who told us, "Sevacare are very caring. I was in hospital and very fed up waiting for discharge and a package of care, so I self-discharged. The social worker asked Sevacare, if they could start next week. When they found out I was already home, they came straight away, I was so grateful." They also told us, "Their carer was such a lovely lady, and doesn't rush me at all, and always stay for the allocated time. If they finish earlier they will stay and chat with me, I'm very happy."

Staff told us they enjoyed working for the agency. One staff member told us, "Love the job, love talking to people I look after." Another staff member said, "I have a positive relationship with people I care for and their relatives."

Staff told us that people were encouraged to be as independent as possible. One person told us, "I feel in control of my care". Another person said, "Yes definitely. I do as much as I can". Records showed for one person they had recently moved to a new area. Part of their care plan was to assist the person to familiarise themselves to the new location. One staff member told us, "We treat each person differently. They all have their own individual routines which we must fit in with."

People's privacy and dignity was respected by staff. One person told us, "They do it very well. They shut the doors, and include my husband when they talk to me". Another person said, "The staff do things like cover me up with a towel". A person we visited in their own home told us, "My carer is very good at promoting dignity, they wait outside the bathroom and cover me with a towel."

Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. They would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One member of staff told us, "When doing personal care I make sure they are always half covered. I check doors and curtains are closed and cover people with a towel." Another staff member said, "I promote privacy and dignity by making sure blinds and curtains are closed. I also place a towel over personal areas. I always talk to people while I am supporting them and give assurance around what I am doing."

Information regarding confidentiality, dignity and respect formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the care agency's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the

relevant care files.

In the service users guide it had information about advocates and how to access them, with different companies and telephone numbers, should people need to access an advocate. An advocate can help you express your needs and wishes, and weigh up and take decisions about the options available to you.

## Is the service responsive?

### Our findings

People received individualised care which met their needs. One person told us, "The care they provide makes my life much easier". Another person said, "Yes it meets my needs via the care package".

Most care plans reflected people's current needs and were reviewed regularly. Care plans gave detailed instructions about how people liked to receive care and had an assessment of needs. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation, shopping, dressing and attending appointments. The registered manager told us, "We go out and complete the care plan with the person and their family if required." However some care plans could be more people centred and contain more detail. For example, for one person their care plan identifies they do not speak English and had a particular religion. Their care plan did not identify what language they speak and to be supported by people who speak that language. There was also no specific instructions about their cultural needs. For another person staff accompany them on a walk. The care plan states, 'staff to be aware of guidelines concerning falls, trips and identifying hazards'. However it did not give guidance on how to physically support them when, out such as white stick, physical touch or linked arm, or providing verbal instructions. We spoke to the registered manager who told us, "We are in the process of getting all the care plans up to date with much more detailed information. I arranged some training recently on care planning for all staff as I know it is an area we need to improve on, but we are making good process and have completed a lot of care plans already."

People were supported to maintain their independence and access the community. One person told us, "My care package is enabling me to be independent." Another person said, "It enables me to stay at home." One person's care outcome stated; Outcome, 'to stay as independent as able in my own home and to do what I am able to do myself.' A staff member told us, "I am involved in writing care plans, checking people's care records and obtaining people's consent to care and sharing information."

People confirmed they had been involved in planning their care and in reviews of their care plan. One person told us, "I assisted them to put the package together". Another person said, "They ask me what I think and want." A third person told us, "The agency ask me what I want and we have a regular chat." A staff member told us, "Reviews are carried out by team leaders every twelve weeks, in their home, families are involved if needed." Another staff member said, "If people or staff identify changes that are required in care plans, I would write these on the computer. People are encouraged to tell staff about changes and they can also talk to managers about this. A relative talked to us about their family member's change in needs following a stroke and an increase needed. We went to the commissioner and managed to get more time allocated for the calls."

We observed a person's care plan review taking place in their own home. This was conducted very professionally and the staff member was putting the person at ease. The person was given choice all the way through checking if their care plan still met their needs and if they had any changes. The person was very happy with the service they were receiving from the agency. They told us, "I feel the care is excellent and the carers are great." They also told us, "The carer always turns up on time, and has never let us down. If they

finish early will have a chat and coffee with me, which I like."

People's experience of care was monitored through regular telephone calls from the office and team leaders visiting people in their own homes. One person told us, "I have been asked if I am happy with the service." Records showed that people were happy with the service they were receiving. The registered manager informed us, when people have been with us for over a year we plan to send out an annual survey to people using the service, in order to gather feedback.

People's concerns and complaints were encouraged, investigated and responded to in good time. One person told us, "I contacted the company a while ago to ask for a carer to be removed and it was dealt with, which was handled very well". Another person said, "I had an issue with a new carer 'rushing' and this had been raised with the company and responded to appropriately." The provider had an appropriate complaints procedure in place. All people receiving a service were issued a 'service users handbook' when they started using the service, this provided people on guidance about making a complaint or giving a compliment. A recent compliment stated, 'I would just like to congratulate you and you're staff for a wonderful care service you provide. The team in the office are always polite and deal with requests as promptly as they can.' Any required actions from complaints such as changes of a staff member, had been completed.

## Is the service well-led?

### Our findings

People and staff believed the service was well-led. One person told us, "I get on very well with the manager". Another person told us, "There were teething problems at the start but it is a lot better now and they are honest." A third person also told us things had improved, they said, "It seems to be and it has definitely improved". A staff member told us, "Best company I have worked for as their communication is excellent."

People told us they would recommend the service. One person told us, "We would definitely recommend the service based on our experiences". Another person said, "It's been the same carer and so far I would say it's very good and I would definitely recommend it". A third person told us, "In preference to the other companies I've had I would".

The service promoted a positive culture and had an 'open door' policy. One person told us, "I have a good dialogue with the office." Another person said, "I have got a direct email that I can use or phone up." Staff said managers were approachable and were always made welcome at the office. One staff member told us, "Manager fine, like her and the deputy, both approachable, open door policy." Another staff member said, "The manager is approachable. We can come into the office anytime and the manager will find time to talk with us." A third staff member told us, "I love the job and feel supported by the manager, she is brilliant and I would have no problems telling them anything."

Staff meetings were held monthly. Staff meetings were used to discuss issues raised about people, and staff were invited to make suggestions about how to improve the service. The registered manager told us, "We've introduced a carer of the month, as many of the staff were going above and beyond and the company give a token gift, which we present in staff meetings." One staff member said, "Team meetings once a month, they do carer of the month for where carers go beyond."

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, staff files, training and health and safety. Where issues were identified and any remedial action was taken. The Area manager told us, "The registered manager is good at audits so no concerns for me." They also said, "Group quality manager audits all the branches as well and then a report will be sent to directors any actions will be placed on an action plan." The registered manager told us, "I have to send a weekly and monthly report to my area manager on staff hours and any safeguarding, incidents, supervisions and audits carried out etc."

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

People's experience of care was monitored through regular telephone calls from the office and team leaders visiting people in their own homes. One person told us, "I have been asked if I am happy with the service." Records showed that people were happy with the service they were receiving. The registered manager

informed us, when people have been with us for over a year we plan to send out an annual survey to people using the service, in order to gather feedback.

The register manager informed us they kept up to date by reading the commission's website and through other professional websites. The registered manager told us, "I attend local professionals meetings and lead by example as you get respected for it." They also informed us that the care coordinator and they were in the process of completing their Level 5 Diploma in Leadership for Health and Social Care. The provider and registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. One staff member told us, "The manager is very good at their job. They understand people's needs well." Another staff member said, "Care-coordinator brilliant, seems to keep the ship steady."

Staff understood the values and vision of the service; one staff member told us, "The ethos of the service is that; I am there to give people their independence." Another staff member said, "The values of the service are to give the best care you can." Another staff member told us, "I see the same people every day, so great continuity, the company try to keep us with the same people."

Policies and procedures were handed to staff in training for all new staff as well as a copy of the staff handbook. The registered manager told us, "When policies are updated we will get them sent out to staff, which they then have to sign for and a copy goes on their personal file."

People benefited from staff who understood and were confident about using the whistleblowing procedure. One staff member told us, "I am aware of the whistle blowing policy and would have no hesitation to whistle blow." There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.