

Sevacare (UK) Limited

# Sevacare - Northampton

## Inspection report

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18 December 2017

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

This announced inspection took place over four days on 13, 14, 15 and 18 December 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger adults, who have a variety of support needs. At the time of our inspection there were 133 people using the service.

Not everyone using Sevacare - Northampton receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

At the first announced comprehensive inspection on 5 and 6 March 2015, we found the service to be rated Requires Improvement as there was no registered manager in post and communication between staff and people regarding delays or other changes to the service had not always been timely.

At the second announced comprehensive inspection on 26 May, 1, 2, 3 and 13 June 2016 the service continued to be rated Requires Improvement and the provider was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements in relation to the governance of the service and the completion of medicines records. The provider submitted an action plan detailing the improvements that they would make to comply with the regulations.

At the third announced comprehensive inspection on 18, 19, 20 and 26 July 2017 the service continued to be rated 'Requires Improvement'. We found continuing concerns in relation to the governance of the service and completion of medicines records. We also found concerns regarding the timing of people's care visits and the actions taken in response to people's feedback and concerns. The service continued to be in breach of one regulation and we took enforcement action. The provider was required to be compliant by the 30 September 2017.

This was the fourth announced comprehensive inspection of the service and the service continues to be rated overall 'Requires Improvement'. The provider had not taken sufficient action to meet the breach of regulation or to comply with the requirements of the enforcement action.

There were insufficient systems in place to assess, monitor and improve the service. Where the provider had identified issues with the quality of the service they had failed to implement the changes required.

People were not always adequately assessed for their risks or have plans of care to mitigate their known risks. There was no system in place to assess people using current standards or evidence based guidance. People at risk of malnutrition did not have their nutritional needs assessed to ensure that they were supported to maintain an appropriate diet. People were provided with the support they required to prepare their meals.

People did not always receive their care at the times agreed. Staff did not always arrive at the time specified on the rota or stay the whole allocated time.

The principles of the Mental Capacity Act 2005 (MCA) had not been followed when developing people's plans of care. People had not been involved in the assessments of their capacity, the least restrictive options had not been explored when developing people's plans of care and there was no evidence of consideration to whether the strategies that were being used to support people were in their best interest.

People's medicines were administered as prescribed; however, the medicines administration records were not always completed accurately to provide a clear account of the medicines administered to people.

There was no system in place to ensure that people's feedback and concerns were reported to the appropriate person. This meant there was a risk that people's verbal complaints would not be analysed or resolved. Where people made written complaints there were systems in place to act on them.

The provider did not have sufficient end of life care plans in place to ensure that, people that chose to stay at home as they approached the end of their life, could be supported to have a comfortable, dignified and pain free death.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

People's care was provided by staff that had received appropriate training to carry out their roles. Staff had been provided with safeguarding training to enable them to recognise signs of abuse and they knew the procedures for reporting abuse.

Staff treated people with kindness and compassion. They spent time getting to know people and their specific needs and wishes. People were involved in their own care planning and were able to contribute to the way in which they were supported.

People were protected from the risk of infection by staff that complied with the infection prevention policy.

There were systems in place to ensure people with a disability or sensory loss could access and understand the information they were given. These complied with the Accessible Information Standard.

At this inspection, we found the service to be in breach of four regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Full details regarding the actions we have taken are added to reports after any representations or appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Staff were not always effectively deployed to meet people's needs.

People did not have appropriate risk management plans in place for their known risks.

Systems in place to manage medicines required strengthening; associated record keeping was in need of improvement.

The provider followed safe recruitment practices.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse.

Staff followed procedures to protect people from the spread of infections.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The principles of the Mental Capacity Act (MCA) 2005 had not been applied appropriately.

Staff had access to regular supervision but this process had not enabled them to raise concerns they had regarding some aspects of the service.

People's nutritional needs were not sufficiently assessed.

Staff received appropriate training to enable them to effectively carry out their roles.

People were supported to access relevant health and social care professionals to ensure they received the care and treatment that they needed.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People did not always receive care that took into account their views and preferences.

People were treated with kindness and compassion by staff.

People were supported to be involved in planning their care.

People's privacy and dignity were maintained and respected.

### Is the service responsive?

The service was not always responsive.

People did not always receive care that met their needs.

Robust systems were not in place to respond to verbal complaints raised by people using the service and relatives.

People were not provided with sufficient support to plan and make choices about their care at the end of their life.

People's care plans were reviewed with them on a periodic basis.

The provider had appropriate systems in place to support people's communication needs.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

Appropriate systems to monitor the quality of care that people received had not been implemented.

Areas identified at previous inspections in relation to the deployment of staff, medicines administration records and response to complaints had not been resolved by the provider.

The provider had not deployed appropriate strategies to address previous breaches of regulation to drive continuous improvement.

**Inadequate** ●

# Sevacare - Northampton

## 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.

This comprehensive inspection took place on the 13, 14, 15 and 18 December 2017 and was announced. We gave the service 24 hours' notice of the inspection to ensure that staff were available to support the inspection. We visited the office location on 13, 15 and 18 December 2017 to see the registered manager and staff; and to review care records and policies and procedures. We made telephone calls to people and their relatives on 13 December and visited people in their homes on the 14 December 2017.

The inspection was undertaken by two inspectors and two experts 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. The experts by experience for this inspection had experience of dementia care and they carried out telephone interviews with people who used the service and their relatives.

Prior to the inspection, the registered manager had 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. The provider returned the PIR within the required timescale and we took the information into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us; a statutory notification is information about important events that the provider is required to send us by law. We also reviewed information sent to us by other agencies, including the local authority and clinical commissioning group, who commission services from the provider.

During this inspection, we visited three people who used the service and spoke with them and their relative if they required support with communication. We carried out telephone interviews with twenty-one people and four relatives. We spoke with thirteen members of staff, including care staff, team leaders, care co-ordinators, the registered manager, area manager and a director. We looked at records relating to the

personal care and support of eleven people using the service. We also looked at four staff recruitment records and other information related to the management oversight and governance of the service. This included quality assurance audits, staff training and supervision information, staff deployment schedules and the arrangements for managing complaints.

# Is the service safe?

## Our findings

At the previous inspections in June 2016 and July 2017, we rated 'Safe' as 'Requires Improvement'. At this inspection, 'Safe' continues to be rated 'Requires Improvement'.

During our inspection in July 2017, we found that people had not consistently received their care visits at the allocated time and they had not always been informed when staff were going to be late.

At this inspection we found that the required improvements had not been made. People continued to receive care visits outside of the time that had been agreed, people's care calls were often shorter than the amount of time that had been commissioned and people were not always informed if staff were going to arrive late. During the inspection, we spoke with 24 people and 4 peoples' relatives; 11 people and 2 peoples' relatives told us that they were unhappy with the timing of their care visits.

People told us that they could not rely on care staff to arrive on time to support them with their personal care and meals. Comments made by people included; "They are always running late and I mean quite a bit late, I mentioned it in the summer and it hasn't changed at all. " They are mostly late at the weekend, which means breakfast is too close to lunch." "They are doing a good job, but they could improve on their timings. I don't know when they're coming; I can wait for two hours sometimes." This meant that due to the lack of consistency regarding call times; people were exposed to risks that staff would not provide care in a way that met their needs; posing a risk to their health and wellbeing.

We spoke with staff to check whether they felt they were able to attend people's visits at the correct time. Staff knew the time and duration of care visits as planned on the rota. They said that they had sufficient time to follow the rotas and provide people's care at the correct time and for the correct duration. However, there had been a breakdown in communication between staff planning the rotas and staff delivering the care; resulting in visits not occurring at the time they were scheduled or for the full amount of time. One member of staff said, "I have regular clients and sometimes the time the visits are put on the rota is not the time the visit should be, for example a tea call at 7.30pm, so I change it. I do let the office know, but there is a breakdown in communication." Another member of staff said, "Some calls don't need the amount of time allocated, they allocate too much time. We have regular clients and get to know them, so it is quicker. Once we've done everything they are happy for us to leave." The majority of people we spoke with confirmed that they were happy with the amount of time staff spent at their care visits, for example one person said, "They [staff] do what I need them to do, they explain what they are doing and always ask if there is anything else."

The systems to monitor care visits to ensure people received their commissioned visits as agreed were not used effectively. We reviewed the call monitoring records for the seven days prior to the inspection and saw that on multiple occasions people's care visits did not occur at the time planned, or for the commissioned duration. We reviewed the staff rotas and saw that whilst care had been planned effectively, staff did not follow the rotas and did not attend people's care visits at the time they were planned. Sufficient, timely action had not been taken to investigate why people were not receiving their care calls as scheduled.



The registered manager told us that during office hours on weekdays, office staff monitored the time attendance system to check that staff were attending people's visits at the correct time. At evenings and weekends, no live monitoring took place and the service relied upon people ringing an on call number to alert on call staff if care staff did not attend their visit. The monitoring that was in place was ineffective, as people were receiving early and late calls throughout the week and weekends. We discussed our concerns with the registered manager, who told us that the service had implemented a new call monitoring system in November 2017, which enabled more effective monitoring of staff attendance at care calls. However, this had not resulted in the improvements required to ensure that staff attended people's care calls at the correct time and for the commissioned duration. The provider failed to ensure that staff were sufficiently deployed to attend people's care visits at the allocated time.

This is a breach of Regulation 18(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

People could not be assured that their needs would be assessed, so that risks were identified and action taken to mitigate the risk of harm. During the inspection, we viewed people's personal care assessments and records. We saw that where it had been identified that people were at risk of skin tissue break down, malnutrition and falls, sufficient action had not been taken to ensure that appropriate risk management plans were in place.

People's risk assessments did not consistently provide instruction to staff on how to mitigate risks to their safety and welfare. For example, one person had two pressure ulcers; their assessment of needs stated that a skin assessment was required; however, no further assessment of their skin integrity had been undertaken. The skin integrity management plan in place was generic and did not provide staff with information specific to the person. It was also recorded that this person had a history of falls and was at high risk of further falls. However, no falls risk assessment had been carried out to identify the specific risks to the person or the actions staff needed to take to mitigate the risks.

Another person regularly refused food and drink and was at risk of malnutrition. However, no nutritional assessment, care plan or any other information was available regarding this person's food and drink preferences to guide staff in supporting them to eat and drink sufficient amounts.

The provider had been working with staff to improve the level of detail in people's risk assessments and staff were in the process of updating all risk assessment documentation. However, sufficient action had not been taken to provide staff with the guidance required to support people safely and this placed some people using the service at risk of receiving unsafe care and support.

This is a breach of Regulation 12(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

During our inspection in June 2016 and July 2017, we found that medicine administration record charts (MAR) were not consistently being completed. The provider had not taken sufficient action to improve the quality of the medicines administration records (MAR). We continued to find that staff had not always signed the (MAR) charts to evidence when they had administered medicines to people. For example, staff had not always signed the MAR for one person prescribed medicines to treat high cholesterol, high blood pressure and constipation. They had not always signed the MAR for another person to confirm the administration of their prescribed eye drops. We also found staff had not always signed the MAR to state when they had applied medicated creams prescribed to relieve pain. This meant that some people using the service were at risk of not having their health conditions met effectively.

People told us that they received their prescribed medicines at the time they needed them. One person said, "Yes, I'm getting my medicines when I need them, at mealtimes." Another person said, "They help me, they take the tablets out to help me but I know what I'm taking, there haven't been any mistakes, I get them at the right times." Staff had been trained in medicines administration and told us that they felt confident when administering people's medicines. One member of staff said, "I did medicines training as part of my induction and was watched doing medicines before I was allowed to do them on my own. Any concerns regarding medicines I report to the office."

People told us that they felt safe when staff were in their homes. One person said, "I feel very comfortable and safe with them, they know me so well you see." Another person said, "Oh yes, safe, I have the same two carers every day, all week bar Sundays, no worries, the carers are brilliant."

All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report abuse. One member of staff said, "I have had training in safeguarding and would report any concerns to the manager." We saw that all staff had received training in this area and information regarding safeguarding was displayed at the location. The registered manager was aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required and had worked with the local authority in completing investigations as required.

The provider followed safe recruitment practices. The recruitment procedures took into account staff's previous experience and employment histories. Records showed that staff had the appropriate checks and references in place and a satisfactory Disclosure and Barring Service (DBS) check. The DBS includes checks for criminal records and barring checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

All staff understood their responsibility to record and investigate any accidents, incidents and near misses that may occur. Staff followed the systems in place to report health and safety incidents and accidents and ensured that they completed documentation accurately following an incident occurring. The staff we spoke with felt that any learning that came from incidents or accidents was discussed with the staff team through team meetings and supervisions if required. We saw records of incidents that had been completed accurately and records of investigations that the registered manager had undertaken.

Procedures for the prevention and control of infection were in place to mitigate the risks to people's health and well-being. People told us that they saw staff working in a safe, hygienic way. One person said, "They [staff] wear gloves and wash their hands." Records showed that staff members had all received training in infection control and food hygiene procedures.

## Is the service effective?

### Our findings

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings, this is under the Court of Protection.

The provider had not followed the principles of the MCA when developing people's plans of care. We found that some people supported by the service were not able to consent to their care, for example support with personal care, nutrition and medicines. Staff had recorded in some people's care plans that they may refuse or resist care. We viewed several people's care plans and saw that there was no record of mental capacity assessments being undertaken or best interest decisions being made on behalf of people. The provider had not explored the least restrictive options when developing people's plans of care and there was no evidence that the provider had considered whether the strategies that they were using to support people were in people's best interest. Where mental capacity assessments had been completed for people, they had not been completed in sufficient detail. For example, one person's mental capacity assessment did not evidence that the person had been involved in the assessment or that the assessment had followed the principles of the MCA. This meant that appropriate systems were not in place to assess people's capacity to consent to their care and support.

This is a breach of Regulation 11(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

People told us that staff always asked for their consent before carrying out any care. One person said, "They always ask me before they do anything, I never feel that they are taking advantage."

People could not be assured that their care and support was delivered by staff who worked together to ensure consistency between the planning and delivery of their care calls. Care staff told us that they were aware that people were not receiving their visits as scheduled and had informed senior staff. Staff did not have confidence that changes had been made in response to their feedback and told us that they were carrying out care calls at unscheduled times. One member of staff said, "[Person's name] likes their bed time call at 7pm, but it's often down for 8-8.30pm, we stick to 7pm. We've told the office but it doesn't change." The registered manager had recognised that there were discrepancies between the actual and planned timing of visits and had begun a review of the timing of people's calls. However, sufficient, timely action had not been taken to ensure that all staff were working together to provide people with a consistent service.

Staff had access to regular support and supervision; however, this process had not been effective in implementing the changes required to drive improvement. The provider was aware of staff performance

issues that had the potential to place people at risk. For example, staff not adhering to the agreed call times and not consistently signing for medicines administered to people. However these practices continued. One member of staff said they had received one to one supervision, but the meeting had been held in an area where they felt they could be overheard, so they were not able to speak freely.

Supervision meetings were used to assess staff performance and identify on-going support and training needs; however, these had not been effective in addressing staff concerns or supporting them to carry out their roles and responsibilities.

The provider had not ensured that people at risk of malnutrition had suitable nutritional assessments and care plans in place. We found that some people supported by the service were at high risk of malnutrition, for example, people receiving end of life care and people that staff had recorded regularly refused food and drink. However, there was no record of nutritional assessments being undertaken and no plans of care in place to provide staff with clear guidelines on how to support people at high risk of malnutrition to meet their nutritional needs.

Staff knew people well and provided them with the food they enjoyed. One person said, "They help me prepare food, I chose my meal and they put it in the microwave, plate up, serve it up the way I like it, sauces, salt and things. I get tons of drinks, two trays with water and juice, I have to drink plenty." Staff described how they always spoke to people about their food choices and gave different options. We saw that people's care plans recorded if people required support with their meals and staff supported people to eat the food and drink they enjoyed.

Staff carried out pre assessments of people's care needs to ensure that the service was able to meet their needs prior to them receiving care. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. Staff visited people and assessed their needs with family members present to support the person where appropriate. However, the initial assessment had not resulted in care plans and risk assessments that covered all the areas necessary to guide staff in providing people with appropriate care.

The provider was aware of the protected characteristics under the Equality Act; their policies and guidelines reflected this. The culture of the organisation was open to providing care that met people's needs without the fear of discrimination about their age, sex, culture or religion and this was reflected in the pre assessment process.

People received care from staff that had received the training that they required to work effectively in their role. One person said, "I do feel they understand me, the carers that come to me are very good, I would say both training and knowledge of my needs." Another person said, "I'm happy with their knowledge, they are trained, they've got some fantastic carers."

New staff underwent an induction programme that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. Staff told us they were well supported when they first started working at the service and had completed an induction. One staff member said, "As a whole the induction was good, after the induction I felt confident to go out and work with people on my own." New staff were supported to complete the Care Certificate. The Care Certificate consists of a period of training and assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support.

Staff received mandatory training such as health and safety, dealing with emergencies and safer people

handling. Additional training relevant to the needs of the people they were supporting was also provided; this included training in dementia, catheter care and pressure area care. Staff told us they had received regular on-going training that was appropriate to their roles and the people they were supporting. One member of staff told us that the provider had encouraged and supported them to undertake a diploma in social care.

The service worked and communicated with other agencies and staff to facilitate a co-ordinated approach to people's care needs. We saw that people had input from a variety of professionals to monitor and contribute to their on-going support. For example, we saw one person had been referred to an occupational therapist to be assessed for appropriate equipment to support them to move.

People's healthcare needs were monitored and prompt referrals were made when people's health needs changed. One person said, "They have managed to help me when I've not been well, usually with infections. They usually try to get me to stay in bed if I'm unwell; they've rung the doctor for me quite a few times." Another person said, "They're on the ball, they noticed before when I wasn't well and suggested I call the district nurse out." Staff told us if there was deterioration to a person's health they would seek their permission to report it to senior staff, a relative and if needed, they would contact the GP or health care professional for support or advice.

## Is the service caring?

### Our findings

The provider had not taken account of people's views, needs and preferences when scheduling visits. In addition, there was no consistency to the time of people's visits. One person said, "They [staff] can come one to two hours earlier on weekend evenings, which means I can sit in my pyjamas for three hours before I go to bed, I'd rather they came later." Another person said, "On [day of the week] there is one carer who is normally an hour and a quarter late, I'm just used to it, one carer arrives and is getting breakfast ready until the other one comes, but in the meantime I'm in bed."

The provider had not always ensured people were kept informed of which staff would be attending their care visits and at what time, as they were not consistently provided with a staff rota. People repeatedly told us that they would like to have a rota provided, so that they knew which staff would be delivering their care. One person said, "I'm supposed to get a rota, I've asked for one, but haven't had one for ages. Another person told us, "I'm supposed to have a rota, but I didn't have one again this week, I don't know why they're not coming." A third person said, "If my regulars are off, I have to ring the office to find out who is coming." The provider had not ensured that people were provided with care that was respectful of their wishes and needs.

People were provided with regular staff and had positive relationships with the individual staff that provided their care. People spoke highly of the staff that visited them and told us that they were treated with kindness and compassion. One person told us that they had two main staff who visited them, they said, "They are both very good, I get on well with them. [Name of staff] goes above and beyond what they have to do. I feel I can ask them for anything, and they always ask before they go if I need anything else. [Name of staff] is the kindest, nicest person I've met, I look forward to seeing them, we have a laugh, and it sets me up for the day." Another person said, "All of my carers are very good and they always consider my feelings, the care day to day is all done well." Another person's relative commented, "[Name of person] is very happy with the way the girls look after them, they always seem pleased to see the staff and I feel the staff know them well."

Staff told us they tended to provide care to the same people on a regular basis and this helped them to understand people's needs. They told us they were able to spend time getting to know people's likes, dislikes and personal histories. One staff member commented, "Because we have regular rounds, we get to know people, we know how they like things done."

All the people we spoke with told us they felt in control of what happened when staff were in their home, and that their views were respected. One person said, "The thing is they listen to us, they're absolutely brilliant." Another person commented, "They always ask if it's ok, they do things as I like them, for example, take out my clothes and I choose what I want to wear."

There was information in people's care plans about their preferences and choices regarding how they wanted their care delivered by staff. For example, people were asked whether they had any preferences regarding the gender of the staff that provided intimate personal care. One person told us, "They have asked me about gender, I'll have a man and a women, I won't have two men together, it works well in practice."

Where people were able, they had been involved in discussions regarding their care and had signed their plans of care to demonstrate their involvement and consent.

People told us that their privacy and dignity was respected by staff. One person said, "They're very considerate, they keep me covered up for personal care." Staff told us that they always closed people's doors and shut their curtains when they were assisting people with their personal care.

People felt assured that information about them was treated confidentially and respected by staff. Staff knew the importance of not sharing information with others who did not need to know. One member of staff said, "Confidentiality is about keeping information private and not speaking to others about things we do at work." Information about people was shared on a need to know basis and with their agreement. Records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

# Is the service responsive?

## Our findings

At the previous inspections in June 2016 and July 2017, we rated 'Responsive' as 'Requires Improvement'. At this inspection, 'Responsive' continues to be rated 'Requires Improvement'.

During our inspection in July 2017, we found that people were not always satisfied with the provider's response to their concerns and complaints. At this inspection we found that people were aware that they could call the office to make a complaint and people told us that they were happy to do this. However, the concerns that they had raised were not always escalated and they did not receive feedback on how their concerns had been dealt with. One person said, "I rang them some time ago and asked for the manager to sort out my times which are too late for me, I never heard back from them." Another person said, "The office staff need to listen and pass on information. They'll say they will but it's not always reliable."

People also had the opportunity to raise any concerns or make a complaint verbally when senior staff visited their homes to gain feedback about the care. However, people told us that this had not always resulted in the improvements they wanted. One person said, "[Name of staff] is my team leader, they come every three months or a little over. I feel they write it all down and I say about the office keeping me informed, because sometimes they don't. But does anyone actually take any notice of what is written down? The interview is thorough but things don't seem to get done." People were at risk of not having their verbal complaints responded to, as there was a lack of systems in place to ensure that verbal feedback was dealt with appropriately.

People told us that when they had raised their concerns formally with the provider, these were dealt with. One person said, "I did complain about a member of staff once, it was dealt with properly, they listened to me, the person has never been back to me since. People had received the 'service user guide', which provided them with information on how to make a complaint. Records showed that formal complaints had been appropriately responded to in line with the providers' complaints policy.

People's care plans were not always detailed enough to provide clear instructions to staff on how to provide care to meet people's individual needs. Some people's care plans did not contain sufficient information regarding how risks to their health and wellbeing should be managed. For example, one person was living with dementia and the daily care logs frequently recorded that they became distressed and resisted assistance with personal care from staff. However, their care plan did not provide staff with clear guidance on how best to support and respond to the person's emotional needs. The provider told us they had been working with staff to improve the level of detail in people's care plans and that staff were in the process of updating all people's risk assessments and care plans.

People were involved in their care planning and reviews of their care needs. The reviews provided updated information about people's needs and preferences. One person said, "They came to my house, to talk about my care and it gave me the opportunity to talk about what they do for me. I found it very helpful."

However, people did not always receive care that met their preferences; particularly regarding the times of



their care visits. Some people preferred to receive their care at a specified time of day. For example, one person told us that their visit had been moved back by over an hour and that no one had discussed this with them. They said, "Nobody informed me that this had happened. The carers who know me change it around and come at the time I like, but others will come at 11am which is too late." The provider had not ensured that people's care was provided at the time they preferred.

Should people choose to stay at home, as they approached the end of their life, they could not be assured that their pain and other symptoms would be assessed and managed effectively. We reviewed the care plan for a person who was receiving end of life care from the service. The care plan identified that the person was at the end of their life and detailed the practical support they required. However, the care plan did not contain specific detail regarding the person's diagnosis, pain management, or their end of life wishes. There was no information available for staff regarding the involvement of the community end of life care team. Staff had not been provided with the information required to ensure that people were fully supported at the end of their life to have a comfortable, dignified and pain free death.

During the inspection, we did not identify any person that required any adaptations to aid communication. However, the care planning process took account of people's communication needs. People were asked as part of their assessment whether they required any supportive systems to aid their communication.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider offered people the opportunity to receive information in alternative formats such as an alternative language, large print or pictorial format.

# Is the service well-led?

## Our findings

At the last three announced comprehensive inspections carried out during March 2015, June 2016 and July 2017, we rated 'Well – led' as 'Requires Improvement'.

At the inspection in June 2016, the provider was in breach of Regulation 17 (2) (a) (b) (c). We found the providers' governance; quality monitoring systems and review processes needed strengthening. Medicines audits had not been effective in identifying and taking the necessary action to address omissions in the medicines administration records (MAR).

At the inspection in July 2017, the provider continued to be in breach of Regulation 17 (2) (a) (b) (c) and in breach of Regulation 17 (1). We found continuing concerns in relation to the governance of the service and the quality of recording medicines administration. We also found concerns regarding the timing of people's care visits and the lack of action taken in response to people's feedback and concerns. We therefore took enforcement action through the serving of a warning notice. The warning notice told the provider they were required to be compliant with the breach in regulation by the 30 September 2017.

At this inspection, we found that the provider had not taken sufficient action to meet the breach in regulation and comply with requirements as set out in the warning notice. The provider had not deployed appropriate systems or processes to assess, monitor and improve the quality and safety of the care people received.

At this inspection, the provider continues to be in breach of Regulation 17 (1) (2) (a) (b) (c). This is because they have continually failed to take sufficient action to effectively monitor and improve the quality of care and support people receive. This consistent failure in the leadership and governance of the service has contributed towards the rating of 'Inadequate' in the 'Well-led' domain.

The registered manager had carried out audits of call monitoring records. They had identified that people continued to receive their visits outside of the times allocated on the rota. All staff spoken to said that a review of scheduling was underway and they had been asked to provide feedback to the office staff regarding the time of visit that people preferred and what duration of visit was required. However, sufficient, timely action had not been taken to improve the scheduling and deployment of staff to meet people's needs. People continued to receive visits outside of the agreed times and for less time than the commissioned duration. People told us that this impacted negatively on their experiences of the quality and safety of the care they received. The provider had failed to ensure that people's visits had a regular pattern to ensure safe care, or complied with people's preferences.

There was a lack of oversight of the quality of the risk assessments and care plan documentation. People's risk assessments and care plans did not always provide staff with the information they needed to mitigate people's known risks. For example, where people were at risk of malnutrition and pressure sores, there was insufficient information in people's care plans regarding the support they required from staff. People were at risk of not receiving safe care, as there was no effective system in place to monitor the risk assessments and

care plans to ensure they were accurate and met people's needs.

The provider failed to implement systems to ensure that they were fully meeting the requirements of the Mental Capacity Act (MCA) 2005 and to ensure that the care and support that people received did not infringe upon their right to make decisions. People did not have appropriate mental capacity assessments and there was a risk that care would not be provided in their best interest.

The provider and registered manager had completed recent audits of the medicine administration record (MAR). These audits demonstrated that MAR charts continued to contain omissions where staff had not signed for medicines they had administered. This poor practice had been identified at inspection in June 2016 and July 2017; the provider had continually failed to ensure that staff followed safe practices in medicines administration.

Where people had expressed dissatisfaction with the service the provider had not satisfactorily addressed these concerns or responded to people's feedback and complaints. The provider had failed to address the concerns that people had regarding the punctuality and consistency of the service they received. They had also not ensured that people were always informed if staff were going to be late, or responded consistently to people's feedback and complaints.

The provider did not have sufficient systems in place to drive improvement and engage staff in monitoring the service to implement change. Where audits had identified people were not always receiving their visits at the scheduled time, or for their full-allocated time, supervisors had met with staff involved to discuss these issues. The provider had also held team meetings and individual supervision meetings about this and other issues, for example, the shortfalls in recording the administration of medicines. However, these measures had been ineffective at driving the improvements required in a timely manner, as staff had continually disregarded the directives given to them by the provider.

This is a breach of Regulation 17(1) (2) (a) (b) (c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Although the formal processes in place to monitor the quality of the service were not effective, people told us that they were generally satisfied with the care they received. One person said, "I would recommend them because of the carers, but not the way its run, communication and administration could be better." Another person said, "I'd recommend the care staff, but not the company itself." This was due to the positive impact of the personalities of the staff providing people's personal care.

People and their relatives had been asked for feedback about the service. The provider carried out regular surveys of people who used the service. We saw that questionnaires completed by people had been analysed and action taken in response to comments made.

The current registered manager had been in post since July 2017 and people spoke positively of the impact that they had had on the service. One person said, "They have a new manager and this is taking time but they are improving, that's my general impression." Another person said, "There's a breakdown in communication between management and the carers, but the communication is better with the office than it used to be." A third person commented, "I know the manager by name, this manager seems to be doing a good job." However, the changes that were necessary to drive improvement had not taken place within the timescales required.

The provider promoted an open and honest culture and staff reflected that they enjoyed working for the

provider. One member of staff said, "Sevacare are a good company and I love my job. I got into this as a profession I love, not just a for a wage packet." Staff also told us that the registered manager was approachable and supportive, one member of staff said, "I have a lot of confidence in [registered manager's name] they are always available to staff if we have any concerns or problems."

The service was managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The principles of the MCA had not been applied appropriately.  Regulation 11(1)(2)(3)

### The enforcement action we took:

Imposed positive conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People did not have appropriate risk management plans in place for their known risks.  Regulation 12(1)(2)(a)(b)

### The enforcement action we took:

Imposed positive conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Appropriate systems to monitor the quality of care that people received had not been implemented.  Shortfalls that were identified at previous inspections in relation to the deployment of staff, medicines records and response to complaints had not been resolved by the provider.  Appropriate strategies to address previous breaches of regulation had not been deployed by the provider.  Regulation 17(1)(2)(a)(b)(c)

### The enforcement action we took:

Imposed positive conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not sufficiently deployed to meet people's assessed needs.  Regulation 18(1)

**The enforcement action we took:**

Imposed positive conditions on the provider's registration.