

Sevacare (UK) Limited

Sevacare - Tamworth

Inspection report

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Date of inspection visit:
11 July 2016
12 July 2016

Date of publication:
09 September 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? | Requires Improvement ● |

Summary of findings

Overall summary

This inspection was unannounced and took place on 11 and 12 July 2016. This was an announced inspection and we telephoned the week prior to our inspection to arrange home visits and telephone interviews with people. At our previous inspection in January 2014, we found the provider was meeting the regulations we looked at. Sevacare Tamworth provides domiciliary support to people living in their own homes. There are two distinct services; one supports people living in the Tamworth and Lichfield areas, and the other provides support to people who live in a sheltered housing scheme in Burton upon Trent. At the time of our inspection, 268 people were using the service.

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.

People were happy with the support they received from the service. However, some people did not receive their calls at the agreed time. Staff rotas did not include travel time between calls and staff were not always able to stay for the agreed length of time.

People were safe and protected from harm. Staff were aware of how to protect people and recognise signs of abuse. Risks to individuals were assessed, managed and reviewed. There were enough staff to meet people's needs and keep them safe. The provider had safe recruitment processes in place and people's medicines were managed safely.

Staff had the knowledge and skills required to support people and meet their needs. People were able to make decisions about their care, and when needed, decisions were made in their best interests. People were supported to maintain a balanced diet, and when required staff ensured their food was prepared according to their specialist needs. People were supported to maintain their health and physical wellbeing.

Positive caring relationships had been developed between the staff and people who used the service. People were encouraged to maintain their independence and were involved in making decisions about the level of support they needed. People were supported in a courteous and respectful manner.

People received support that was individual to them and responsive to their needs. People were encouraged to contribute to the planning of their care, and their needs had been reviewed and re-assessed. Feedback about the service was encouraged and people knew how to raise any concerns, which the provider acted upon.

People spoke positively about the support they received and told us that the management team were approachable and supportive. There were systems in place to monitor the quality of the service and the provider used these to drive continuous improvement.

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.

People were safe and protected from harm. Staff were aware of how to protect people and recognise signs of abuse. Risks to individuals were assessed, managed and reviewed. There were enough staff to meet people's needs and keep them safe. The provider had safe recruitment processes in place and people's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills needed to provide effective care. People were supported to make their own decisions. When they were not able to make decisions, care and support was provided in their best interests. People were enabled to have a balanced diet and maintain their health.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and were encouraged to maintain their independence. People's privacy and dignity was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People received support that was individual to them and responsive to their needs. People were encouraged to contribute to the planning of their care and give feedback about the support they received. People knew how to raise any concerns and the provider listened and acted upon any feedback.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems were in place to monitor the quality of the care that

people received, however people did not always receive support at the time that was agreed. Staff were supported to carry out their roles and people spoke positively about the care and support they received.

Sevacare - Tamworth

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 visit took place on 11 and 12 July 2016 and was announced. We gave the provider five days notice because the location provides domiciliary care to people living in their own homes, and we needed to be sure that people who used the service and staff were available to speak with us. At the time of our inspection, 268 people were using the service.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience did not attend the office base, but spoke with people who used the service by telephone.

We used a different range of methods to help us understand people's experience of using the service. We visited nine people in their own homes and spoke with 18 people by telephone and four relatives of people who used the service. We spoke with two visiting healthcare professionals. We also spoke with six members of care staff, three team leaders, a care manager, and the registered manager.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also received feedback from the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We looked at the care plans of eight people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service including the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe having support from this service. One person said, "As soon as they walk through the door I feel at ease. They take great care of me." Another person said, "The carers are all very careful and very good." People told us that receiving the support had made them feel safer in their homes. One person said, "It gives me reassurance to know that someone is coming in." Another person told us, "They definitely make me feel safer at home." People told us the staff would ensure their properties were secure when they left. One person said, "They will put me to bed at night and lock up making me safe." Another person told us how staff would get the key from the key safe to access the property. They said, "It works well having the key safe, as I don't have to worry about trying to get to the door, and I know that only the people who should come in can."

Staff were able to describe how they would recognise possible signs of abuse or neglect and how they would respond to this. One staff member told us, "I would pick up any signs if people are not okay; some people may behave in certain ways if they are unhappy. If I had any concerns I would report this to my manager." Another staff member said, "We get to know people and how they are; we'd know if something was wrong." Staff told us about the different types of abuse that could happen and one member of staff told us, "We were sent a leaflet with our pay slip and there was a number we could call if we had any concerns. I'd also take any issue to the management; I'm confident they would respond." This demonstrated that staff were able to protect people from harm.

Risks to people's safety had been assessed and staff knew how to support people to reduce any risk of harm. One person told us, "The physios were heavily involved with the planning of my care to make sure everything would be done safely when I got home. There are always two of them to support me with the transfers, and they know exactly what they are doing." Another person said, "The staff always make sure the strap is on when I'm in my wheelchair so I won't slip out." One relative told us, "They make sure [person who used the service] uses their walker or sticks to get around, and make sure they are safe." We heard staff reassure people and tell them what was happening when supporting people with transfers. We observed staff ensure that people's feet were on the footplates of the wheelchairs when they moved from one area to another. We saw there were a variety of risk assessments in people's care plans that clearly described to staff how to minimise potential risks for individuals.

Some people who used the service had pendant alarms that they could use to alert others if they got into difficulties when on their own. One person told us, "I did press my alarm once; the carers arrived with the ambulance. I went to hospital; I probably didn't need to go, but they were cautious about things." People who lived within the sheltered living scheme told us how they could opt in to have different levels of support. One person said, "For a small service charge they will ring me each morning just to see if I'm okay. I could have the buzzer as well for a bit extra. I may well need that in the future, and I'd be confident that they would come." Another person said, "I've got a pendant alarm; I did have to use it once and they came to me quickly. Sometimes the carers have to go to help other people if there is an emergency, but that's fine; they come back to me as soon as they can." This meant that people could decide on how much support they felt they needed to keep them safe.

People we spoke with told us there was enough staff to carry out the tasks needed and keep them safe. One person said, "The carers have enough time to do the things they need." Another person told us, "I never feel that the carers are rushing. They stay for the allotted time, and it works well." One relative told us how the registered manager had made sure that their relation had received the night time support they needed to enable them to have a break from caring. Staff told us they tended to work in specific geographical areas so the visits were usually close together. People told us the calls were mostly on time, and that they were usually informed if the calls were going to be late.

We saw the provider checked staff's suitability to support people with personal care before they started their employment. One staff member said, "I had to wait for my police check to come through before I started work." We checked the provider's recruitment records and saw that new applicants had detailed their employment history. The provider had received references from previous employers and people's identity had been checked. We saw that police checks had also been received. This showed the provider had safe recruitment processes in place.

We checked to see if people were supported to have their medicines safely. Some people we spoke with managed their medicines themselves. One person told us, "I manage my own tablets, but the carers help put cream on my back; they always wear gloves; in fact they're all very fussy about their gloves!" Others needed support to have their medicines as prescribed. One person said, "The carers make sure I've taken my medicines; I'd forget otherwise and it is important to take them." Another person told us, "They will put my tablets out for me; I know that there are five in the morning and one at night. I've worked out what they are all for." We saw that when medicines had been administered, staff had recorded this and that these records were accurate and up to date. When people needed to take medicines as required, and not every day, we saw the provider had recently introduced a protocol for staff to follow to ensure this was done correctly.

Is the service effective?

Our findings

People told us the staff had the skills they needed provide effective care. One person said, "You don't have to tell them; they know exactly what to do and get on with it." Another person told us, "The carers know what they are doing." People we spoke with told us that staff were trained to carry out their roles. One person said, "The carers are trained to use the equipment I use. If there is a new carer, the senior will show them what to do."

Staff told us that when they started their employment, they received an induction to prepare them for their role. One staff member said, "I had three days training when I first started which covered all the mandatory areas, and then shadowed more experienced staff for two weeks." Another staff member told us, "'I learnt a lot from the shadowing when I was on my induction; without that I don't think I would have been able to do the job.'" The registered manager told us that when people were on their induction, even though there was a set amount of time people shadowed the more experienced staff, this was flexible, and if new staff needed more time to increase their confidence and competence, this would happen.

Staff told us they were supported to carry out their roles. One staff member said, "I get supervisions from the team leader or care co-ordinator. They are definitely supportive." Another staff member told us, "We do get paid to attend any training we do. I would like to learn more and have said I would like more training for working with people who have dementia." One visiting healthcare professional told us, "The training seems good, and the carers are well supported. I've always found them receptive to take on new ideas for the clients." We saw that the local authority had identified during their recent monitoring visit that staff had not received 'Olive Branch' training. This training is available to staff who visit people in their own homes and encourages them to identify potential fire hazards and other risks in people's homes. It also gives information for how staff can refer people to services when needed. We saw that this training had been arranged and staff were in the process of booking onto this. We also saw that further training had been arranged for staff to cover a variety of subjects including dementia training. This demonstrated that the provider had responded to the development needs staff had identified.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

We checked whether the provider was working within the principles of the MCA and if staff understood the implications of this. One person told us, "The carers always get my consent before helping me." Another person said, "They always ask if it's what I want." One member of staff told us, "I always give people choices and offer options to help people make their own decisions." People were aware of their care plans and we saw that they had signed these for themselves when they could. We also saw that people had signed their own service user agreements.

Where people were no longer able to make decisions about their care and support, we saw that any

decisions had been made in their best interests that took into account their views prior to them not having capacity. One relative said, "The most important thing for my relation was to continue living at home with support, and this is what has happened." The registered manager told us, "When people aren't able to make certain specific decisions, we ask families to bring in any court orders to demonstrate what authority they have." This meant they would be clear about the decisions other people could legally make for their relative.

We saw that some people had 'do not attempt cardio pulmonary resuscitation' decisions in place, and one person told us, "I discussed this with my family and the doctor; it is the right thing for me." The registered manager told us, "When these are in place, we ask people if it's okay for them to be put somewhere visible so the carers and paramedics can see instantly, as we don't want to get something as important as this wrong."

Some people needed support to prepare their meals, and some had specific dietary requirements. One person said, "The carers will make sure I have enough to eat and drink." Another person told us, "The carers know what I should and shouldn't have to eat. I do have to be careful." We saw that people were involved in making choices about their food and drinks. Some people were at risk of choking when eating, and the speech and language therapist had completed an assessment and made recommendations so the risks were minimised. We saw that staff followed the recommendations that were in people's care plans. One relative told us, "The staff all know what my relation should have and how they should have their food and drinks." We saw that when people's needs had changed, the care records had been updated so the staff were aware of these changes. When needed, people's food and drink intake was monitored. One relative told us, "I go through the care plans meticulously, and the staff make sure everything is recorded." We saw the records kept were completed and up to date.

People were supported to maintain their health when needed. One person told us, "I can make my appointments for myself, but the carers helped me to sort out a visiting optician." Another person said, "If I'm not well the carer will phone the doctor for me." One person told us that staff would help them with their eye drops that had been prescribed. Another person said, "They help me to stay healthy; we do some exercises in the hall and will be going out for a walk this week." We saw people's health care needs had been recorded in their care plans and any changes were documented so staff had up to date information available.

Is the service caring?

Our findings

People told us that positive caring relationships had been developed with the staff. One person said, "My day lights up when they come through the door." Another person told us, "We have a lot of laughs; the carers are all very different and I think the world of them." People said that staff would listen to them and take time to have conversations with them. People we spoke with told us they were happy with the staff who supported them. Some of the comments included, "They all look after me very well" and, "They are all very good; very nice."

We saw that people were involved in making decisions about their support. One person told us, "They will only do the things I can't do for myself." Another person said, "I knew what I needed help with, and so that's what they do." People told us their independence was promoted. One person said, "The carers have helped me gain my confidence to do more things for myself." Another person told us, "I can get ready for bed on my own, but I can't get into bed without them, so I sit on the edge and they just put my legs in." We were told how people's support had been reduced when they no longer needed that level of care. One staff member said, "People try to be as independent as possible; but it's good for them to know we are available if they need us." This demonstrated that people were enabled to be in control of their lives.

People told us that staff were courteous and respectful towards them. One person said, "This was the first time I've needed to have help, and they hold the towels in a way so I'm covered up; they are all very respectful and protect my dignity." Another person told us, "The carers treat me with respect and in a dignified way all of the time. They will always knock on the door before they come in." We were told how people were made to feel at ease when they first started to use the service. One person said, "I was reluctant to have support to begin with, but knew I needed some help. They have all been really good and I can't fault them."

Is the service responsive?

Our findings

People told us they received care that was individual to them and responsive to their needs. One person said, "We were asked what time we wanted the calls, and it works well as it doesn't interfere with the rest of our lives." People we spoke with told us that the provider matched the staff to them; they said that they liked having this choice. One person said, "I elected to have two particular people regularly. It works all the time; apart from holidays when you know in advance and understand." Another person told us, "I'm happier with women to support me, and I do have women carers to help me." One relative said, "They couldn't get any better care than this; it's exceptional."

We saw that people were encouraged to contribute to the planning of their care. One person said, "We talked about my needs before they started; and they provided this help." Another person told us, "As I needed more than the short term help when I came out of hospital, I was involved when the care changed over. It all went really well and there were no problems." One person told us that they had been visited in the nursing home they were staying in to discuss their support for when they returned home. One relative said, "We were all involved with the assessment and sorting out the care. They made sure the support was as it should be." The records we looked at were individual to each person and explained what support the person needed and how this should be done. We saw that people's care needs had been reviewed and any changes were reflected in their care plans.

People told us they were encouraged to give feedback about the care and support they received. One person said, "Someone comes out once a year and we have to fill in a form to say what we think about the service." Another person told us, "The people from the office have been to visit to see if everything was alright." We saw some of the questionnaires had been returned, and some of the feedback comments included, 'I have been very pleased with the Sevacare service and wish to say thank you to the carers that come to me daily,' and 'They go out of their way to make sure everything runs smoothly in my home.'

People knew how to raise any concerns or complaints with the provider. One person said, "I've not had to raise anything; but would go down to the office and see the team leader if I needed." Another person told us, "The manager is very good and responsive; if there is a problem; it's always dealt with straight away." One person had commented on their feedback form, 'On some occasions I have had to escalate a problem to the manager, and they have always been very professional in dealing with my concerns, and really caring in sorting out any issues.' We saw that meetings had been arranged with people when needed to discuss any issues and that people's care plans had been amended when their support had been altered as a result of the investigation. This demonstrated how the provider listened to people's experiences of the service and acted on any issues raised.

Is the service well-led?

Our findings

Some staff we spoke with told us that improvements were needed within the service with regards to the time management of the care calls. One staff member said, "We don't get travel time included on our rotas. This can have an impact if the calls are not close together. We have to shave time off some calls so we are not too late getting to the next person. It always feels like we're playing catch up." We reviewed the care calls of three people and saw that the staff rotas did not allow for any travel time. We saw that staff arrived 59 minutes late for one person's last visit of the day. We also saw that another person's call time had been reduced on both occasions that the staff visited. We looked at an action plan that showed the office had agreed to schedule rotas to ensure that travel time was included between care calls, however this had not happened.

One person who received a call at night time to support them to get into bed told us, "I make sure I'm in bed so the carers don't feel rushed; I try to adapt to what the carers are able to do." We saw feedback from people who used the service that had raised concerns about staff being in a hurry to get from one call to another. Information shared with staff in a letter said, 'It is important that our service users do not feel rushed; if you feel more time is required you should contact the office.' On some occasions, staff had visited people at times that were different to their rotas and care plans. This had been arranged with the person who used the service, but had not been changed at the office. This meant that some people did not always receive the care that had been agreed and arranged by the commissioners.

However, people spoke positively about the local management and leadership within the service. One person told us, "Since the new manager has been in place, the service has improved." Another person said, "It's better organised now." People knew who the registered manager was and told us that communication with the office was effective. People who used the service told us they were always able to speak with someone in the office if they needed to. We saw that the provider had sent a letter out to people to confirm the contact details for the office as this had been identified in feedback as an area for improvement.

People were positive about the support they received. One person told us, "The service I have is excellent." Another person said, "It's a good service; if things were amiss I would have told you." One relative told us, "You couldn't get any better care than this. We only have the best; its exceptional care." We were told there was an open culture within the service, one person told us, "The management team are helpful and approachable." One staff member said, "The manager and team leader are great; supportive and approachable." The registered manager told us they had recently started to have coffee mornings for people who used the service to increase the opportunities people had to give feedback about the service. They also told us how there were plans in place to increase people's involvement in developing the service. For example, having families involved with the recruitment of new staff.

Staff were aware of the whistle blowing policy that was in place. This is a policy that protects staff if they wanted to raise any concerns about the service, anonymously if they preferred. One staff member said, "We are all given information about this, and I would be happy to do this; I've not had to but do know someone who has."

The registered manager had effective systems in place to assess, monitor and improve the quality of care people received. For example, we saw that an audit had been completed on the medicines administration records. This identified that the coding used was not always implemented consistently. This had resulted in the issue being addressed in staff supervisions and further training for staff. The registered manager had also introduced a new protocol for people who only needed to take medicines 'as required.' There was a system in place to flag up when staff competency assessments, spot checks and training were due, and we saw that this enabled the register manager to ensure that these happened in a timely manner.

The registered manager had informed us about any significant events that needed to be reported. They maintained detailed, accurate records that were kept securely, and demonstrated a clear understanding about their responsibilities as a registered person.