Sevaline Limited

Seva Line Limited

Inspection report

19 Chorley Old Road
Bolton
Lancashire
BL1 3AD

Tel: 01204370023

Date of inspection visit:
08 August 2018
10 August 2018

Date of publication:
19 September 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 08 and 10 August 2018. At our last inspection on 08 and 09 June 2015 the service was given an overall rating of good but there was one breach of regulations in relation to staff receiving training in recognising and responding to abuse.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of safe to at least good. The service then relocated to a new address due to an unforeseen closure of the building in which they were situated and this is the first inspection undertaken since the service registered with CQC at their new location address.

At this inspection we found the provider had taken the necessary remedial action and was now meeting the requirements of the regulations; staff had now received training in safeguarding vulnerable adults.

Sevaline is a domiciliary care agency and is based on Chorley Old Road, close to the town centre of Bolton and is a 'preferred provider' for the local authority. 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. Support is offered between 7am and 10pm seven days a week. The service provides staff who can speak a variety of different languages to meet the needs of people living in the local community.

Not everyone using Sevaline 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 place. 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 time of inspection thirty-two people were using the service.

People who used the service, their relatives and professionals we contacted told us they felt the service was safe. There were appropriate risk assessments in place with guidance on how to minimise the risks such as the administration of medication and using manual equipment.

Recruitment of staff was robust and there were sufficient staff to attend to people's needs. Rotas were flexible and could be adjusted according to changing need. Staff were deployed who understood the culture and the language of the people they supported. Most care staff had been in employment with the service for several years and this ensured consistency of care staff.

Medication policies were appropriate and comprehensive and we observed medicines were administered

safely, and staff were knowledgeable about medicines administration processes.

People's care plans were person centred and contained information about people's preferences and wishes. Care plans included appropriate personal and health information and were up to date.

People told us that should there be a need to complain they felt confident in talking to the manager directly and that they had regular discussions with management.

People who used the service and their relatives told us the staff were caring and kind. We observed staff interacting with people who used the service in a kind and considerate manner, ensuring people's dignity and privacy were respected.

There was an appropriate complaints procedure in place and we saw that complaints were followed up in a timely manner.

Staff had received training in the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and were knowledgeable about this area.

People who used the service and their relatives spoke favourably about how the service was managed. Staff comments regarding the manager were also positive and they told us they felt supported and listened to.

The service had a business continuity plan in place which covered areas such as loss of access to the office, loss of staff, loss of utilities and key suppliers, and the action to be taken in each event.

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 we spoke with told us they felt safe using the service.

Care file information included risk assessments and suitable arrangements were in place to ensure the safe management of medicines.

There were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service.

Is the service effective?

Good

The service was effective.

People could choose the staff who supported them, ensuring communication needs and any cultural or religious needs were met.

Staff felt supported and received regular supervision and support from the registered manager.

The service worked in partnership with other agencies to develop and improve the quality of service provision.

Is the service caring?

Good

The service was caring.

People who used the service told us staff demonstrated a caring approach.

Staff were respectful of people's privacy and upheld people's dignity and rights.

People were involved in making decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

Care plans were in place identifying people's care and support needs.

Staff were knowledgeable about the people they supported to provide a personalised service.

There was a complaint policy in place and people who used the service and their relatives knew how to use it.

Is the service well-led?

Good

The service was well led.

Staff were supported by their manager. People who used the service and their relatives felt the manager was approachable and they could provide feedback about the service.

The manager checked the quality of services provided to people and ensured people were happy with the support they received.

The service had policies and procedures in place which covered all aspects of service delivery.

Seva Line Limited

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 08 and 10 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission. Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR), which the provider completed before the inspection; 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 also reviewed information we had received since the last inspection including notifications of incidents that the provider had sent us. We also liaised with external agencies including the contract monitoring team from the local authority.

During our inspection we went to the provider's head office and spoke to the registered manager, the office manager, the office administrator and five care staff members. We reviewed the care records of seven people who used the service and records relating to the management of the service. We looked at documentation such as care plans, staff personnel files, policies and procedures and quality assurance systems.

At the time of our inspection thirty-two people who were using the service. We visited and spoke with three people who used the service in their own home and spoke with two other people who used the service over the phone. We also spoke with the relatives of two people using the service and to a local authority commissioner. This was to seek feedback about the quality of the service being provided.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, "I feel safe in [staff name] company, I like her and she always talks to me and gets me involved." A second person said, "Oh yes, I feel very safe when they are with me and they wear a uniform and things like that." A relative commented, "I have never had any concerns with staff they do everything well with [person name]." As second relative told us, "I feel [person name] is totally safe and I've had no concerns. [Person name] is happy and so I'm happy."

During the inspection we checked to see how the service protected vulnerable people against abuse. At our last inspection we found half of the staff had not completed recent training in recognising and responding to abuse. At this inspection we found all staff had now received training in safeguarding adults. There was a safeguarding policy in place and this referred to Bolton Council's multi-agency Safeguarding Adults Partnership.

The management team had a clear understanding of the safeguarding adults process and staff we spoke with understood their responsibility in relation to keeping people safe. We saw staff had access to a whistleblowing policy; this is a policy to protect an employee who wants to report unsafe or poor practice. Staff told us they would report any issues of concern and felt confident that the management team would respond immediately and take appropriate action. One staff member said, "Safeguarding is very important because it's about protecting people and yourself. I would know if someone had a change in behaviour based on my existing knowledge of them, so I would ring the manager who would look into it. If no manager was available I would contact the local authority safeguarding team."

We looked at a sample of seven people's care files to understand how the service managed risk. Each care file included a standard risk assessment, which included areas such as the physical environment in the home and equipment used which determined the level of risk and the control measures required to manage the risk. Other risk assessments undertaken by the service included moving and handling, medicines, health and safety, behaviour, health and medical conditions. We found these risk assessments were reviewed regularly as required in response to people's changing needs.

We looked at how the service managed people's medicines and found that arrangements were in place to ensure people who used the service received their medicines safely. Care records contained specific guidance on the administration of medicines for each person who used the service. All staff administering medication had received training, which we verified by looking at training records. We observed staff administering medicines in people's own homes and saw they followed the correct procedure which they explained in detail to us.

We looked at a sample of three medication administration record (MAR) sheets whilst visiting people in their homes. We found these had been competed correctly with no omissions or signature gaps. We looked at staff personnel records and saw that the service undertook competency checks of staff who administered medication and people had provided written consent to receiving medicines. People who used the service and their relatives told us they had no concerns regarding medicines. One person said, "The carer helps me

with my medicines and I take them one at a time with a drink; the pharmacy delivers them each week and I had not had any concerns." A relative said, "I'm happy with the medicines situation and I couldn't ask for better carers."

There were sufficient numbers of staff to meet people's needs and keep them safe in their own home and people were receiving care from staff who were deployed consistently to ensure familiarity with them. One relative told us, "I have no concerns about their [staff] practice; they all seem very professional and we get the same people each time so they build up a good relationship." The registered manager told us they did not accept a new referral if there were not enough staff hours available to meet their assessed needs. Staff also told us they felt there were sufficient numbers of staff on duty to safely meet people's needs.

Staff were recruited safely and required checks were undertaken before anyone began working for the service; recruitment was on-going and continuous. We looked at five staff personnel files and each contained application forms, at least two references, proof of identify and address and disclosure and barring service (DBS) checks. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. This demonstrated staff had been recruited safely.

Some people who used the service lived alone and staff required the use of a key to access their house. We saw the keys were appropriately stored in a 'key safe' outside each. This required staff to enter a pin code before gaining access to the key so they could go in and deliver care safely. Pin codes were stored securely so they could not be associated with the individual property, however one person's pin code was available in the care file in their property which meant it could potentially have been seen by someone unsuitable. We determined this had not had any negative impact on the person and spoke with the registered manager about this who informed us it would be removed.

Staff were aware of how to minimise the potential spread of infections and wore personal protective clothing (PPE) when supporting people in their own homes. Staff told us there was plenty of PPE available, which we saw for ourselves in the office premises and people we spoke with confirmed staff wore PPE and disposed of this safely before they left their homes.

Good

Is the service effective?

Our findings

Staff were matched to the people they supported according to the needs of the person, ensuring communication needs and any cultural or religious needs were met. For example, people who were unable to speak English received support from staff who could speak and understand the person's language.

At our last inspection we found staff had not received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), although this was not a breach of regulations; at this inspection we found staff had been provided with this training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection; at the time of the inspection no person was subject to any authorisations. Staff told us that if they had any concerns about the capacity of a person using the service, they would contact the office. One staff member said, "The MCA is about understanding if a person has the capacity to make an informed decision; if there are doubts a mental capacity assessment would be needed."

We looked at the way the service managed consent to any care and support provided. We found that before any care and support was provided, the service obtained consent from the person who used the service or their representative. We verified this by speaking to people who used the service and to staff. One person told us, "There is never any embarrassment when staff are helping me; I tell them what I want and they do it." One staff member said, "It's important to talk with people as much as possible and ask them for their permission before doing anything."

Whilst visiting people in their own homes we saw staff asked for their consent before delivering support. We found that written consent to care was recorded within care files including consent for medicines administration.

There was a positive response when we asked people and their relatives if they considered staff to be knowledgeable and skilled in meeting their needs. People we spoke with and their relatives confirmed the care workers and other staff they met were competent. A person said, "They always explain what they are

doing and don't do anything without asking me first so I always know what's happening." A second person commented, "It's great in my opinion; I get the same staff and she comes in the morning and evening and she stays for the full length of time. She knows what she is doing as it's mostly the same each day." A relative told us, I think it's a good service; They always arrive on time and stay for the full length of time. I think staff know what to do as I've never had any issues."

We found there was a staff induction programme in place, which staff were expected to complete when they first began working for the service. Each member of staff we spoke with told us they undertook the induction when they first commenced their role. New staff members were also required to work alongside more experienced care staff during the induction period. All care staff were given a staff handbook that included policies and procedures, which were discussed with the staff member as part of the induction process.

We found training was mostly provided by the local authority and all training provided for staff new to social care was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We looked at staff training records, which included details of training previously undertaken and dates for when training was due for renewal. Staff told us they received regular training including refresher training, which we confirmed by looking at staff training records and future scheduled training which was organised by the office manager. This included obtaining National Vocation Qualifications (NVQ) in social care.

Staff received supervision and appraisal from their manager which we verified by looking at records. These processes gave staff an opportunity to discuss their performance and identify any further training they required. One staff member said, "I get supervision about four times each year and find it useful because the manager always listens to me." A second told us, [Staff name] is my manager and does my supervisions. There's also lots of informal support day-to-day and spot checks on the quality of care we provide."

Most people's health care appointments and health care needs were co-ordinated by the people themselves or their relatives, but if needed, staff were available to support people to access healthcare appointments. They would liaise with health and social care professionals involved in people's care if their health or support needs changed.

The service worked alongside other professionals and agencies to meet people's care requirements where required. Involvement with these servicers was recorded in care plans and included opticians, chiropodists and doctors. One person said, whenever I want them they are here and when I'm stuck they help me out so they are mindful of my needs." A second person told us, "They identified my allergies and found out I am allergic to the gloves they use, so I'm okay with them not using gloves when supporting me. I think staff always act in a professional way; no concerns about practice at all.

Good

Is the service caring?

Our findings

People and their relatives consistently told us the service was professional, and the staff were kind and caring. One relative said, "They are respectful to [person name] and they treat him with dignity and they don't rush at all and are happy to stay as long as necessary." A person who used the service told us, "I'm very pleased with them, my carer is lovely, very helpful careful and thoughtful and I'm very happy with them. They turn up on time and they always let me know if delayed with traffic."

During our visits to people's homes, we observed the interaction between staff and people who used the service. We noted that staff were caring and affectionate to the people they supported. We noted laughter and smiling and it was clear that staff knew the people they supported and their individual needs.

The staff we spoke with demonstrated a good understanding of the people they supported, their care needs and their wishes. They could tell us about people's preferences and how they endeavoured to ensure care and support provided was tailored to each person's individual needs.

Each person we spoke with confirmed staff always treated them with dignity and respect when care and support was provided. We spoke with staff about how they encouraged and allowed people's independence when providing care and support. One member of staff told us, "I encourage people to do as much for themselves as possible, so for example I might prompt them to wash the parts they can reach and I do the rest, or put the clothes on that they can manage to do and I support them with them where they need it which stops people from losing a skill they may have."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights though good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs and promoted their independence.

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved in reviews of care. One person said, "The office staff visit regularly and talk to me and see I'm aright and involve me in care planning. They are good with communication and this makes a big difference to me. My support is agreed with me and it's what I want to help me to be independent." A relative told us, "They involve me in discussions about [person name] and they visit me at home quite often to talk about [person name's] care needs."

We saw staff had access to policies and procedures for maintaining privacy, dignity and confidentiality. These values were also covered in staff induction and referred to in literature provided to staff. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records that were in the office were stored securely to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

People's care plans confirmed an assessment of their needs had been undertaken by the service before any care and support was provided. Most people also had a comprehensive assessment undertaken by the local authority which was provided to the service prior to them undertaking their own assessment. People confirmed they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure person-centred care was provided to people.

We found the provider was meeting the requirements of the Accessible Information Standard (AIS) by identifying, recording and sharing the information and communication needs of people who used the service with carers and staff, where those needs related to a disability, impairment or sensory loss. This meant staff were aware of how individual people communicated and written information was also available to people in different languages on request.

People's care plans provided information to staff on how to manage specific health conditions such as chest infections or breathing related problems. Individual care plans had been produced in response to risk assessments, for example where people had attended and received planned hospital treatment. Records of professional visits were kept in people's care files, including doctors, nurses and other healthcare professionals. One person told us, "They [the service] have recently helped with getting new hearing aids and they help me to put them in so this is helping me to stay more independent."

We found people who used the service had care plans in place with copies held at both the head office and in their own homes. The structure of the care plans was clear and it was easy to access information which provided staff with clear guidance on people's individual support needs.

We found care plans captured information such as people's history, contact details of relatives and health professionals, dietary requirements, mobility and continence issues. Each file contained a task sheet which clearly set out what tasks were required on each visit made to the person's home. We saw historical task sheets had been fully completed with a good range of detailed information, including the administration of medicines, personal hygiene, domestic tasks and involvement in any social activities. We found care plans were regularly reviewed by the service and involved people who used the service and their relatives.

The service had a complaints policy and procedure. We asked people if they knew how to complain and most people told us they had never had to complain and that if there were any issues they could be resolved by talking to the staff or manager. One person said, "I've never had any worries or concerns and would ring the office or talk to staff, but I've never had any reason to do this." A second told us, I have never had any concerns and I have information on how to make a complaint ." We found no formal complaints had been made since the last inspection and any compliments received were recorded on file.

We received positive feedback from a social care professional who said, "I have very little quality issues with this provider and they work well with [local authority name]."

People were asked about where and how they would like to be cared for when they reached the end of their life. Where they had been open to discussing this their wishes were recorded in their care files. The service did not deliver end of life care directly but supported relevant professionals such as district where applicable. At the time of the inspection, the service was not involved in supporting any person or relevant professional in providing care for people who were at the end stages of life.

Good

Is the service well-led?

Our findings

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.

The service undertook audits to monitor the quality of service delivery. We saw several audits in place such as medication audits and spot checks on care staff to verify their competence in providing safe and good quality care. The manager carried out spot checks on staff practice, and audited time and attendance records and care plans.

Discussions also took place with the people who used the service regarding the quality of care they had received. We saw that records of these spot checks were kept and information was cascaded to the relevant staff member concerned to identify good practice or areas for improvement. Any problems observed or incorrect procedures were noted and discussed with all staff individually or at staff meetings as appropriate.

We found the service had policies and procedures in place which had been updated since the last inspection. These covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control.

The registered manager was visible in the team and proactive throughout our inspection in demonstrating how the service operated. Feedback was obtained from people who used the service and their relatives at different times whilst people were receiving care and support, for example via annual surveys or questionnaires and as part of the process of monthly care file evaluations. This meant the manager had gained feedback from people who used the service at different stages and used this information to improve the quality of the service.

Feedback from a social care professional stated, "I have very little quality issues with this provider and they work well with the local authority."

Feedback from staff we spoke with about the registered manager was positive. One staff member said, "The manager is brilliant and she resolves any queries I have; there is also support out of hours through the on-call system as well." A second told us, "[Registered manager name] is a great manager and I'm really comfortable at the moment. I feel the manager definitely listens to me and there is always someone available over the phone on-call."

Our discussions throughout the inspection demonstrated that there was an open culture which empowered people to plan and be involved in the care provided at this service. This meant that people who used the service continuously had a say in how they wanted their care to be delivered. This positive and inclusive management approach resulted in people receiving a comprehensive service which focused on them receiving individualised care.

The service had a clear set of aims and objectives which were referenced in the service user guide and statement of purpose, which is a legally required document that includes a standard set of information about a provider's service. These were the guiding principles which determined how all staff approached their work and were based on person centred, individualised services that demonstrated care for each person, the promotion of independence to allow people to remain in their own homes for as long as possible.

There was an up to date certificate of registration with CQC and insurance certificates on display as required. We saw the last CQC report was also displayed in the premises as required.
The service had a business continuity plan that was up to date and included details of the actions to be taken in the event of an unexpected event such as the loss of staff or office power failure.

The service used an electronic call monitoring system as required by the local authority. The system identified the dates and times of scheduled visits to people and the actual time spent with the person. We looked at a sample of electronic call monitoring records and saw that the clear majority of visits had been made according to the scheduled time, with extra visits being made in addition to those planned when a person made a last-minute request for additional support.

The service was a member of United Kingdom Homecare Agency Limited (UKHCA). This is the professional association of home care providers, which helps organisations that provide social care in promoting high standards of care. The service was also registered as a 'preferred provider' with the local authority in which they operated.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.