

Sevacare (UK) Limited

Sevacare - Sutton Coldfield

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 07 and 08 September 2017 and was announced. Sevacare – Sutton Coldfield provides personal care to people in their own homes. At the time of the inspection the service was providing the regulatory activity of personal care to 120 people living in their own homes.

At the last inspection in August 2016 we found the provider had not kept us informed of changes to the management of the service. This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found the provider was no longer in breach of the regulations.

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

People told us they felt safe. Staff knew how to identify any signs of possible abuse and knew how to report any concerns. People were supported by staff to manage risks to protect them from avoidable harm. People received support from a reliable, consistent staff team. People were protected from the risk of being supported by unsuitable staff by safe recruitment practices. People received their medicines as prescribed and there were systems in place to monitor the safe administration of medicines.

People told us staff had the skills and knowledge required to meet their care and support needs. Staff received training relevant to their role and were supported by experienced staff to develop their knowledge. People were asked for their consent before staff provided care and were given time to make their own decisions. Staff were aware of people's dietary and nutritional needs which meant people were offered food that they enjoyed and which benefited their health. People were supported to access healthcare services when required and staff were aware of people's health needs.

People told us staff were friendly and kind. People made their own decisions about daily life with support from staff when required. People received care which respected their privacy and staff supported people to maintain their independence. Where people required support at the end of their lives, their choices and preferences about how and where to receive support were respected.

People and relatives were involved in the assessment, planning and review of their care. Staff were aware of people's individual needs and preferences and responded to changes in people's needs. People knew who to contact if they were unhappy about the care and support they received and there was a system in place to monitor and respond to complaints.

People and their relatives told us they were happy with the service provided. People, relatives and staff were all given opportunities to give feedback about the service. Staff expressed positive views about the

registered manager and senior staff and told us someone was always available to respond to any queries or concerns. Staff told us they felt supported by the registered manager which helped them provide a good standard of care. There were systems in place to monitor the quality of care people received and these were used to identify any shortfalls in the care people received and drive improvement where necessary.

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 protected from the risk of avoidable harm by staff who were aware of their responsibilities in keeping people safe.

Risks were assessed and managed well.

People received support from a reliable, consistent staff team who had been safely recruited.

People received their medicines as prescribed with support from trained staff.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the skills and knowledge required to care for them.

People were asked for their consent before care was provided and staff supported people to make their own decisions where possible.

People received appropriate support with the food and drink and staff knew how to respond to people's health care needs.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were friendly and kind.

People were supported to make their own decisions and these were respected by staff.

People were supported by staff who upheld their dignity and privacy and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the assessment and planning of their care and support.

Staff were aware of people's individual needs and preferences.

People and their relatives knew who to contact if they were unhappy with the care provided and there was a system in place to manage complaints.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff spoke positively about the service and felt it was well managed.

Staff felt supported by the registered manger and the provider and their feedback was listened to.

People and relatives had been asked to give feedback about the service they received.

There were systems in place to monitor the quality of the service and these were effective in identifying areas for development and driving improvement.

Sevacare - Sutton Coldfield

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 07 and 08 September 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to ensure that the provider would be available to assist with the inspection.

The inspection team consisted of one inspector 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. Their areas of expertise were physical disability and community support. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

Prior to the inspection we sent questionnaires to people who used the service, their relatives and health and social care professionals to seek their views on the service provided. Of the 50 surveys we sent to people who use the service, 17 people responded. Four of the 50 relatives we sent questionnaires to also responded.

During the inspection we spoke by telephone with three people who received support and nine relatives. We spoke with five staff members, the registered manager, the area manager and the care services director. We looked at records relating to the how the care was delivered for people who received support from the service. This included four people's care records, three staff files and records relating to the management of the service including systems used for monitoring the quality of care provided.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe when receiving support from staff. 100% of people who completed surveys for us told us they felt safe from harm with their care or support worker. Relatives also expressed their confidence in the staff team and the safety of their family members. One relative told us, "I can't be there all the time and I know that [person's name] couldn't be in better hands." Another relative said, "I know [person's name] is very safe with the staff."

Staff we spoke with told us they had received training in how to protect people from harm and knew how to report any concerns. One staff member said, "I would always ring the office if I was concerned about someone. I am confident the manager would respond but if they did not I would contact CQC." We spoke with the registered manager who was aware of their responsibilities in keeping people safe from harm. Where concerns had been identified they had contacted the relevant authorities so that people were protected from harm.

People received support from staff to manage risks to their safety and well-being. Risks were identified and assessed when people started using the service and risk management plans were recorded to minimise the potential risks to people's safety and well-being. Staff told us they used information in people's care records to reduce the risk of avoidable harm. One staff member told us, "The information we get about people is really helpful. I support one person who has dementia so it's important I know how they may place themselves at risk." Staff knew how to care for people safely and were able to explain how they supported people to manage risks, for example, with their mobility. One staff member explained how they anticipated a person's movements while promoting their independence and encouraging them to mobilise with minimal assistance where possible. They were aware of the risks and balanced these with the person's desire to maintain their independence.

People and relatives told us staff were reliable and that they were mostly supported by a consistent group of carers. People also told us staff were usually on time for their support calls and stayed with them for the required amount of time. One person told us, "We have plenty of time to do what we need to do and no-one ever rushes me at all." None of the people we spoke with had ever had a missed call. However, a number of people we spoke with told us they felt their call times were not always reliable during weekends. We discussed these concerns with the area manager who told us a new call monitoring system had recently been introduced in response to these concerns. This new system enabled the provider to monitor the time staff arrived and left each support call, which helped them to easily identify any issues or concerns. The area manager told us they hoped this would resolve the issues relating to the timing of calls during weekends.

Staff told us and records confirmed that the provider carried out recruitment checks prior to staff starting work at the agency. We reviewed three staff files and saw they had conducted appropriate recruitment checks prior to staff starting work at the service. Reference checks, identity verification and Disclosure and Barring Service (DBS) checks had also been completed. DBS checks help providers reduce the risk of employing unsuitable staff.

People received their medicines as prescribed and told us they were happy with the support they received to take their medicines. One person said, "I get my medicines when I am supposed to each day." Another person told us, "[Staff member's name] always reminds me to take my tablets." Staff told us they had received training which enabled them to administer people's medicines safely. One staff member told us, "I've done safe handling of medication level three, which definitely gave me the knowledge I needed to support people with medicines." Staff shared examples with us of where they would contact the registered manager if they had concerns about people's medicines. For example, where people refused to take their medicines. We spoke with the area manager who told us, and records confirmed, checks were completed to ensure people were receiving their medicines as prescribed. This included monthly auditing of medicines administration records (MAR). Staff were aware of how to report any concerns in relation to people's medicines and we saw where issues had occurred the registered manager had taken appropriate action to reduce the risk of repeat events.

Is the service effective?

Our findings

People and relatives told us they were confident staff had the skills, knowledge and experience to meet their care and support needs. One relative told us, "I've never had a problem with staff not being properly trained to look after [person's name]. They really know what they are doing." Staff told us they felt the training they received equipped them for their roles. One staff member said, "We get the training we need, for example, we do moving and handling training every year. This makes sure we are up to date and safe to support people." Staff told us new staff received an induction before they started in their role. This induction included the opportunity to work alongside more experienced staff members, where guidance could be offered about how best to support people. The registered manager told us new staff were assessed as part of their induction to ensure they were confident to support people. Where this was not the case, staff were offered additional training or shadowing opportunities. Staff we spoke with told us they felt supported in their role and could contact the registered manager at any time for advice or support.

People told us staff asked for their consent before they provided care and support. One person said, "I never feel rushed." A relative told us, "I can hear the carers asking [person's name] if it's ok to do things for them." Information about consent was detailed in people's care records and we saw people and their relatives had been involved in making decisions about their care and support. Staff shared examples with us of how they ensured people were happy to be supported with certain aspects of their care. This included checking people were happy to be assisted with their mobility, and talking through their plan of care to make sure people understood what would happen next.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We checked whether the service was working within the principles of the MCA. People's care records contained detailed information about people's capacity to make decisions about their support. Where possible, people had signed their care plans to give consent for their care. Staff we spoke with had a good understanding of people's capacity and understood the importance of involving people in decisions about their care and support. We discussed the MCA with the registered manager who demonstrated a good understanding of their responsibilities to assess people's capacity and ensure any decisions made were in people's best interests.

People told us they were happy with the support they received with food and drink. One person said, "[Staff member's name] never leaves me without leaving a drink and a snack for me." A relative told us, "I leave [person's name's] meals in the fridge and staff prepare them." Staff we spoke with were aware of people's individual tastes and preferences and told us how they encouraged people to eat and drink sufficient amounts to maintain their health. One staff member told us, "People each have their preferences, and we support them to eat what they choose. One person I support has curry and rice every day. It's their choice." Peoples' care records contained details of their dietary requirements, which included low sugar or soft food diets. Staff we spoke with were aware of risks to people when eating and drinking and were able to explain

how they prepared food to ensure it was safe for people.

People were supported by staff to maintain their health and access healthcare services when required. Relatives we spoke with told us staff were quick to identify any change in people's health and contacted GP's or other services without delay. Staff were able to tell us how they would identify a change in people's health needs and told us they would contact the office to report any concerns. One staff member said, "People can't always tell you they are not well, you learn to recognise signs. One person I support requires emergency medical attention sometimes so I'm aware of this and will quickly call 999 if I need to." We saw from people's care records that staff had regular contact with relevant healthcare professionals including GP's and district nursing teams which helped people maintain their health.

Is the service caring?

Our findings

People told us they felt staff were kind and caring in the way they supported them. One person shared with us their experience of being supported by an individual staff member and described the carer as "outstanding". A relative said, "[Staff member's name] is amazing, nothing is too much trouble, they do everything [person's name] needs." Another relative described hearing staff chatting to their family member, which helped the person feel at ease.

Staff we spoke with talked about people with compassion and shared examples of how they cared for people beyond completing the required tasks. One staff member told us, "We feed people's pets and pick up items of shopping they need if they ask us to. It's not just a job." Staff we spoke with were enthusiastic about the role they played in supporting people and told us they enjoyed "making a difference".

People were involved in day to day decisions about their care and support. Staff shared examples with us of how they involved people in decision making. One staff member told us, "People are involved in their support; we ask people how they would like things to be done. Everyone has their individual preferences, one person we support follows a certain routine at bed time, they choose how we support them." Care records included guidance for staff on how to involve the person in their support and staff told us they had read these before meeting people. One staff member told us, "The information is in the care plan and we can now access this electronically, even when we are with the person in case we need to check anything."

People were supported by staff to maintain their independence. Staff shared examples with us of how they encouraged people to do as much as they could for themselves. One staff member told us, "It's important that people do things for themselves where they can. Even small things, like making a drink." Where people had specific cultural requirements we saw these had been included in the assessment and planning of people's care. For example, specific dietary requirements, or support around bathing and hygiene.

People and relatives told us staff supported them in a dignified way that protected their privacy. One person told us, "My dignity is always maintained when staff are attending to my personal care." A relative said, "We are both treated with the utmost respect at all times by both care staff and those staff in the office." Staff were able to share with us examples of how they maintained people's privacy when providing them with care. One staff member told us, "It's important to make sure people have their privacy; I close curtains and cover people with a towel when helping them to wash".

We received some feedback from a healthcare professional regarding how the service supported people who needed end of life care. They told us, "In one complex case the service went beyond expectations, providing care in a difficult environment/atmosphere when many agencies would have withdrawn their care they continued, which enabled a lady to die at home which was her preferred place of care and death." This demonstrated the service respected people's preferences and choices relating to their end of life care.

Is the service responsive?

Our findings

People and their relatives told us they were involved in the assessment, planning and review of their care. Everyone we spoke with was aware of their care plan and had contributed to the information contained within it. People and relatives told us they were contacted by the provider to ensure the support provided was still appropriate and met the person's needs. One person said, "I get a call from the office to make sure I am ok." Peoples' care records showed reviews had taken place and people had been invited to share feedback and discuss any concerns with the support they received.

Records we looked at contained detailed information and clear guidance for staff about all aspects of a person's health, social and personal care needs. Some people's records lacked information about the person's life history, which may be beneficial to staff supporting the person. We discussed this with the area manager who told us they were in the process of improving the content of people's care records to ensure people's life experiences were included. Staff we spoke with felt they had access to care records which contained information and guidance about how to respond appropriately to people's needs. They understood how to deliver the support and care people needed and were able to tell us about people's individual likes, dislikes and preferences as well as their health and support needs. People's care needs were regularly reviewed and any changes were recorded. Staff told us, and we saw, they reported any changes in people's needs to the provider; care records were then updated and other staff informed. A staff member told us, "If I notice any changes I would contact the office, so they can update the person's care plan. I also make a record in the person's notes, to make sure other staff know what I observed." This ensured people received care that was responsive to their needs.

People and relatives we spoke with knew who to contact if they were unhappy about the care they received. One person told us, "I've never made a complaint, but I would if I had to." A relative told us, "I have spoken to the manager about issues, but not complaints and they have been sorted straight away." Although there were no current outstanding complaints, we reviewed the provider's response to previous complaints and saw they had responded appropriately. Complainants had received an acknowledgement of their complaints and information about the outcome of their complaint as well as any action taken. Staff we spoke with were aware of how to respond to any complaints and knew to escalate anything they were unable to resolve. One staff member told us, "If I knew someone wasn't happy with their care I'd encourage them to contact the office, or they could tell me and I'd share the information with the manager." People's concerns were taken seriously and the provider learned from people's experiences and complaints.

Is the service well-led?

Our findings

At the last inspection we rated the provider 'requires improvement' in the key question 'Is the service well-led?' we found the provider was in breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009, as they had not informed us about changes to the management of the service. At this, most recent inspection we found the provider was no longer in breach of the regulations.

People and relatives spoke positively about the service they received from Sevacare – Sutton Coldfield. One person told us, "I have used other care companies and this one is much better." A relative said, "[Person's name] looks forward to the carers visiting. The carers make my life liveable at the moment." Staff told us they felt the service delivered a high standard of care and they would recommend the service to both people looking for support and prospective staff members. We saw compliments the staff had received from relatives, one commented, "The care provided was wonderful, kind, thoughtful and invaluable."

Staff we spoke with had a good understanding of their role and told us they felt supported by the registered manager and other senior staff. One staff member said, "I think the management here is good. [Name of registered manager] has made improvements; it feels like they have pulled everything together." Staff told us they felt the registered manager and the management team were approachable and that someone was always available on call if they needed advice and support. One staff member said, "You can always contact [name of registered manager] they will take time out to speak with you". Staff felt able to share ideas for improvements and felt these would be welcomed by the management team. One staff member said, "You can always go to [name of provider], they are very approachable, you can give your opinion."

The provider had systems in place to monitor the quality of care people received. The registered manager and area manager reviewed records relating to complaints and incidents to identify any trends, and ensure any required actions were carried out to reduce future risks and respond to any areas of concern. Care records were regularly reviewed to ensure people received up to date care. A new system had recently been introduced to improve the monitoring of call times which would enable the provider to better identify any issues with the timings of support calls. Senior staff also carried out observations of staff when they were supporting people in their homes to ensure they were working to the standards expected by the company and were competent in their role. Staff confirmed these checks took place. The provider had sought people's views and those of their relatives where appropriate. We saw evidence of feedback provided and actions taken to address any concerns. For example where people had expressed concerns about call timings, action had been taken to ensure these were closely monitored by the office based staff.

The registered manager told us they felt supported by the provider telling us, "There is a chain of support, I support other managers and I can definitely contact senior staff who will help me." The registered manager was experienced and had a good understanding of their role as a registered person. They were aware of their responsibilities to notify CQC when certain events occurred, such as allegations of abuse.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the

care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found the provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.