Sova Healthcare Leicester Ltd

Sova Healthcare - Leicester

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Sova Healthcare provides domiciliary care to people living in their own homes. It provides personal care to a range of people including older people, people living with dementia, people with mental health needs, people with learning disabilities and younger adults. At the time of our inspection 11 people were receiving a personal care service.

At the last inspection in January 2016, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Staff received safeguarding training so they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse.

Staffing arrangements were suitable to keep people safe. The staff recruitment practices ensured staff were suitable to work with people.

Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Risk management plans were not always fully in place to protect and promote people's safety.

Where the provider took on the responsibility for the management of medicines, staff followed practice guidelines, though not all staff had been trained before they assisted with people having their medicines.

On-going refresher training was provided to ensure staff were able to provide care and support for people, though not all staff had received induction training when they first started work at the service.

The regularity of staff supervision systems did not fully ensure that staff received regular one to one supervision and appraisal of their performance.

Staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet.

People had been supported to have health appointments though not all people had regular optical and dental appointments to make sure they received continuing healthcare to meet their needs.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing

personal care.

People had their privacy, dignity and confidentiality maintained.

The provider followed their complaints procedure when dealing with complaints.

Staff consistently provided people with respectful and compassionate care. People had their diverse needs assessed and met. They had positive relationships with staff and received care to meet their personal preferences.

People, their relatives and other professionals told us that they had confidence in the management of the service to provide managerial oversight and leadership.

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 consistently safe.

Risk assessments to protect people's health and welfare did not always contain sufficient information to protect people from risks to their health and welfare. Action had not always been considered following an incident affecting a person using the service. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

Relatives thought that staff provided safe care and that people felt safe with staff from the service. People had been assisted to take their medicines.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well led

Sova Healthcare - Leicester

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 comprehensive inspection took place on 19 March 2018 and it was announced. The provider was given 48 hours' notice, because the service provides a community care service and we needed to ensure someone was available to facilitate 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.

Prior to the inspection, we asked the provider to complete a Provider Information return (PIR). The PIR 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 planned for the inspection using information from the PIR and other information we held about the service. This included statutory notifications. A statutory notification is information about important events the provider is required to send us by law. We also took into consideration information we had received from commissioners who monitor the care and support of people using the service.

During the inspection, we spoke with four people that received personal care from the service. We also spoke with four relatives of people using the service, three care staff, the registered manager and the home services manager.

We reviewed the care records of four people using the service and two staff recruitment files. We also reviewed records relating to the management and quality monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

Care plans did not always contain risk assessments to reduce or eliminate the risk of any issues affecting people's safety. For example, there was no risk assessment in place for a person recorded as having behaviour that challenged the service. The registered manager said this would be carried out.

Another care plan identified that a person needed to have cream applied to prevent pressure sores developing. Care notes did not show that creams had always been supplied. This meant the person was a risk of the possibility of pressure sores developing. The registered manager thought that proper care had been provided but said staff would be reminded to always record that cream had been supplied.

The care plan of a person stated that they had mental health needs. The risk assessment did not include specific action for staff to take if the person displayed any symptoms of this condition. Records showed that the person had an episode of this condition but there was no evidence that the staff member had reported this to the office as required by the risk assessment so that management could obtain specialist support.

Absence of detailed information in risk assessments and a lack of reporting of an incident meant there was a risk of people not receiving safe care.

Two staff told us that when they commenced working for the service, they had not received training on safety issues such as how to safely move people and supply medicines to people. The registered manager said this would be followed up.

People and relatives told us that personal care had been safely supplied. One person said, "I have never felt anything other than 100% safe. If I didn't, I would be straight on the phone to the office to talk to someone about it." Another person told us, "We have never had one second of worry about [relative's] safety with any of the carers that have been sent."

Staff members told us they were aware of how to check to ensure people's safety. For example, they checked rooms for trip hazards and made sure equipment was in good condition. There was a system to risk assess identified issues in people's homes, though there was no template to indicate that relevant issues such as fire risks, heating and lighting systems, equipment and trip hazards had been checked. The registered manager followed this up after the inspection and sent us a template to assess these issues.

Staff had been reminded about safe practices such as following proper infection control and health and safety procedures in staff meetings. Spot checks on staff covered issues such as ensuring that equipment was used safely.

We saw that some of people's care and support had been planned and delivered in a way that ensured their safety and welfare. For example, there were risk assessments in place with regards to a person who needed help to transfer from one place to another, and another risk assessment detailed how to safely ensure that a person did not choke when staff helped of person to eat and drink. This kept people safe by ensuring the

equipment was safe to use and preventing health conditions deteriorating.

Sufficient numbers of suitable staff were available to keep people safe and meet their needs. A person told us, "I could probably only count on one hand the number of times that my carers have been late arriving... When this happens, someone from the office always rings me up and lets me know what is happening… I have never had any totally missed calls whatsoever and my carers always stay for the time that they are supposed to." People and their relatives told us there were no missed calls and that staff stayed for the agreed call time. This indicated enough staff in place to meet people's needs.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. This demonstrated the provider had taken appropriate action to ensure staff employed to work at the service were suitable.

Staff had completed training in health and safety matters to ensure they were up to date with the most recent guidance to keep people safe. Staff were trained in infection control practices, for example, in providing personal care. One person said, "My carers are particularly careful about changing their gloves and washing their hands before they apply some cream to my legs and again afterwards and they make sure that their gloves and aprons go straight into a rubbish bag once they have finished the job."

Staff confirmed they had received training in protecting people from abuse and understood their responsibilities to report concerns to management and other relevant outside agencies if necessary, if action had not been taken by the management of the service.

The provider's safeguarding policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns that people had suffered abuse. The safeguarding policy had details of the type of abuse people could suffer and had contact details for different agencies, but no contact details for the safeguarding authority. The registered manager swiftly sent us an amended procedure after the inspection visit.

The whistleblowing policy did not include details of staff members reporting issues concerns to other agencies such as local authority in place. The full whistleblowing policy was not included in the staff handbook. The registered manager sent us the full procedure after the inspection visit, inserted into the staff handbook. This meant staff now had ready access to information to whistle blow and keep people safe if these situations arose.

People and relatives we spoke with told us that medicines were administered safely and on time. One relative said, "Carers prompt [family member] to take their tablet."

There was a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people. Detailed information on when to supply as needed medicines was missing. After the inspection visit, the registered manager sent us a detailed procedure. This will assist staff to supply these medicines safely.

Detailed information was contained in care plans about people's individual medicines, what it was for, what it looked like and symptoms for staff to look out for if people were feeling unwell as a result of the side effects of their medicines. Proper recording of medicine supplied was largely in place, though there were a small number of gaps in records which did not show the medicine was supplied. The registered manager stated this would be followed up.

The service understood how to record and report incidents. There had only been one incident in the past 12 months. The service had a relevant form to analyse incidents that this had not been used in this instance to make improvements when necessary. The registered manager said this would be completed in future and discussed with staff to learn from anything that had gone wrong. Actions would then be taken to make any necessary improvements.

Good

Is the service effective?

Our findings

People's needs were assessed to achieve effective outcomes, and care and treatment was provided to meet people's needs. People and relatives told us assessments took place when the service commenced and regular updates were carried out.

People received care from staff that had received training to meet people's assessed needs, though not all relevant issues had been covered. This included people's health conditions such as cerebral palsy and epilepsy. Staff also told us that training in assisting people living with dementia was not detailed enough. The registered manager said these issues would be followed up.

People thought that staff were sufficiently trained to meet their needs. One person said, "They [staff] are definitely adequately trained to provide me with all the help I need." Another person told us, "I have a banana board to help me transfer. My carers stand close by to support me if I am struggling with it at all."

Staff received an induction training package, though not all staff said this had been provided before they started work with people. The registered manager said this would be checked and followed up.

There was evidence that some staff had been, and new staff were to be, trained to the Care Certificate. The Care Certificate covers the basic standards required for care. Further training was available for staff which was personalised to the needs of the people they were working with.

Staff supported people to eat and drink sufficient amounts. One person said, "My carer [staff member] always tells me what I've got ready to eat in the fridge and then she lets me make my mind up…She always leaves me with a hot drink." Staff had a good knowledge of the preferences and requirements people had with food and drink. One relative told us, "If I'm running late, [the] carer will cook …Asian food from scratch, because [family member] can't really stomach English food."

The service worked and communicated with other agencies and staff to enable effective care and support. For example, staff said the home care manager visited a person who was having problems with swallowing food, and made a referral to the GP to have this investigated.

People had their own health action plans outlining their health needs. However, some appointments, such as dental and optical checks, were not carried out. The registered manager said this would be followed up. Records showed that people's health requirements were recorded and updated as needed. Allergies were recorded to ensure staff were aware of providing appropriate care.

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 make 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 to receive care and treatment when this is in their best

interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA. Staff confirmed they sought people's consent before providing personal care.

Good

Is the service caring?

Our findings

People were treated with respect, and staff were kind and caring in their approach. A person told us, "I really look forward to seeing my carers… I love having a chat with them." One relative told us, "Carers [staff] are very patient and do things how [the person] likes them to be done." They also said that when their family member was feeling low, staff took time to speak to their family member, which had a beneficial effect.

People were involved in their own care as much as they were able to be. One person told us that they valued their independence; "My carers [staff] know that I can wash my top half when I'm in the shower so they leave me to do this on my own." A relative also said staff promoted their family member's independence; "What we like about them is that they…only step in when they know [family member] needs help."

We saw that people were consulted about their care and given the chance to make changes. Involvement of people in producing their care plans was audited by management.

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People confirmed that the staff respected their privacy and dignity when providing care. One staff member said, "It's very important for people to maintain their dignity. We do this in the way we speak respectfully and make sure doors and curtains are closed." The responses from people in surveys sent to them about the personal care they were provided with, were all very positive.

Relative also said staff were respectful when carrying out personal care, and understood the way in which their family member's liked to be treated.

Staff were aware of people's individual needs and choices. They understood the importance of keeping personal information confidential and that personal information was not shared with people inappropriately. Information was available for the staff in care plans about people's food and drink preferences and what made people happy, such as having a chat about subjects of interest to the person.

Good

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. Care plans contained detail of preferences, likes and dislikes such as for food and hobbies. Staff had suggested equipment for a person to enable them to get out into the community. There was a skills learning plan to enable people to maintain their independence. Management responded to people's needs such as replacing staff if people wanted this.

The provider tried to match staff to people's preferences, to further enable personalised care. Staff responded to people's preferences. One person said staff had responded to their preferences; "I like a warm shower, so my carer [staff member] will warm it up while I undress." A relative told us the service responded to their requests and arranged to have a staff member who spoke their family member's first language; "It's so refreshing for [person] to be able to have just a normal conversation with somebody other than a family member."

Call times were mostly on time. Neither people all relatives complained that calls were consistently untimely. However, records showed that a small number of call times were 30 minutes or more late, and some call times had not been recorded to enable times to be checked. The registered manager said this issue would be followed up. This will ensure more consistent responsiveness to people's needs.

Most people and relatives told us there were reviews of care plans. A person said, ,"Yes, [home care manager] comes out from the office every few months and we go through the care plan to see if there are any changes that need to happen." One person complained in the service user survey that the agency did not review their care arrangements. The registered manager said this would be followed up.

Changes were made to people's care plans when their needs changed. One person told us, "Because of being in the wheelchair I was struggling more to change my bedding every week. My carer mentioned [this to management] and it has now been added to my care plan. It makes my life a little bit easier, which I'm grateful for."

Relatives told us their family members were introduced to new staff. A relative told us, "They always call me...we are always introduced to new staff before they start working on their own."

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 tonsure people with a disability or sensory loss can access and understand information they are given. A list of communication methods was in place. A relative told us, "We were happy to have the literature in English … the agency did ask us if they could do anything to make my husband's understanding any easier …and we were grateful that they asked."

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted on. A person told us, "There's a complaint leaflet in my folder which has all the contact

details on who to take any problems." Another person said, "We certainly know how to make a complaint, because it was gone through with us when we first met with the agency. However we've never had any problems outside of a few very minor, just niggling issues, which have been cleared up by me just talking to the office about them." The people we spoke with said they had not needed to make any formal complaints, but would do so if needed.

No end of life care was being delivered, but systems were in place to deliver this type of care if required.

Good

Is the service well-led?

Our findings

A registered manager was 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 and relatives all confirmed they had confidence in the management of the service. In a survey, one person said, "All staff at Sova Healthcare are brilliant." The registered manager was aware of their responsibilities. They said the registered manager and the home care manager were very approachable.

Staff told us that the management of the service was good, and they got the support they needed to perform their roles. One staff member said, "They give me good advice when needed. I would definitely recommend the agency." One staff member said that one mix up of care calls that had not been handled well by management. The registered manager said this would be followed up.

The people that used the service and the staff were able to have their voices heard. People were able to make comments and suggestions through service user surveys, reviews and monitoring visits to people's homes. Staff were able raise ideas or concerns within team meetings. People and staff reported that management were receptive to their comments and ideas, and they felt listened to.

Quality assurance systems were in place to assess, monitor and evaluate the quality of people's care. Action was taken to address issues such as ensuring staff were on time for calls and staff not using their personal mobile phones during care calls. Some action was not evident in response to a small number of comments in service users' surveys such as a person stating that calls to the office were not answered. The registered manager said that action plans would include all issues in future with detail on how the issue was progressed.

Records on people's care, staffing, and policies and procedures held within the agency office were organised and up to date.

The provider was aware of their legal duty to submit notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They were aware of needing to share information as appropriate with health and social care professionals.

The latest CQC inspection report rating was on display on the provider website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included liaising with the local authority. There was detailed evidence of a referral of a potential safeguarding issue with the safeguarding authority.