

Sova Healthcare Ltd

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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

Sova Healthcare Limited is registered as a domiciliary care agency. The agency is based in Bradford and provides a range of services including personal care to people living in their own houses and flats in the community. At the time of inspection the agency was providing care and support to 37 people.

We inspected Sova Healthcare Limited between 28 December 2018 and 18 January 2019. During this period we visited the office premises and spoke with people who used the service and care workers. We announced the inspection 48 hours prior to the start of the inspection to make sure the registered manager would be available.

Our last inspection took place on 9 May 2016 and at that time the service was rated 'Good' overall. Following this inspection, the service remains 'Good' overall with no breaches of regulation.

At the time of inspection 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.

We found care workers received training to protect people from harm and they were knowledgeable about reporting any suspected harm. Care workers told us the training provided by the agency was very good and they received the training and support required to carry out their roles effectively.

Where risks to people's health, safety and welfare had been identified appropriate risk assessments were in place which showed what action had been taken to mitigate the risk.

The feedback we received from people who used the service or their relatives about the standard of care provided was consistently good and people told us care workers were reliable and conscientious.

The support plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information. The care workers we spoke with told us they used the support plans as working documents and they provided sufficient information to enable them to carry out their role effectively and in people's best interest.

If people required care workers to assist or support them to prepare food and drink information was present within their support plan and care workers told us they encouraged people to eat a healthy diet.

There were a sufficient number of care workers employed for operational purposes and the recruitment process ensured only people suitable to work in the caring profession were employed. Care workers were able to describe how individual people preferred their care and support delivered and the importance of treating people with respect in their own homes.

The registered manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and care workers demonstrated good knowledge of the people they supported and their capacity to make decisions.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People told us they felt able to raise any concerns with the registered manager and felt these would be listened to and responded to effectively and in a timely manner.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision. People who used the service and care workers spoke positively about the management team and we found there was an open and transparent culture within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well-led.

Good ●

Sova Healthcare Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place between the 28 December 2018 and the 18 January 2019. The inspection was carried out by one adult social care inspector.

During this period, we visited the office premises and spoke with twelve people who used the service and/or their relatives and eleven care workers, including three senior care workers. We announced the inspection 48 hours prior to the first day of inspection to make sure the registered manager would be available.

During the visit to the office premises we looked at three people's care records, medicines administration records (MAR) and other records which related to the management of the service including training records, four staff recruitment records and policies and procedures.

As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service, to plan the areas we wanted to focus on during our inspection.

We also ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our review of this information prior to our inspection enabled us to ensure that we were aware of any areas of good practice or potential areas of concern.

Is the service safe?

Our findings

At our last inspection this key question was rated good. At this inspection we found the provider had maintained this rating.

People we spoke with told us they felt safe having their care and support provided by Sova Healthcare care workers. One person said, "They make me feel comfortable and because I have the same carer nearly every day I feel very safe." A relative said, "We trust them (care workers) because it is the same team of regular carers. They have formed a good relationship with (Name of person) and know exactly what to do to make sure they are safe."

We found the service had safeguarding policies and procedures in place to inform staff of what constituted abuse and when and how to report any incidents. There was also a whistle blowing policy in place. The registered manager and care workers we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to. Care workers were confident that if they raised any concerns with the registered manager they would be dealt with appropriately.

The registered manager confirmed the agency employed sufficient care workers for operational purposes and recruitment was on going. We looked at staff recruitment files and saw checks had been completed. References were obtained and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. However, we found references were not always obtained from the person named on the application form. This was discussed with the registered manager who explained they did at times have difficulty obtaining references and had to ask the applicant to provide alternative referees. They confirmed that in future they would ensure if this did occur there was a clear audit trail.

The care workers told us the recruitment process was thorough and said they had not been allowed to start work before all the relevant checks had been completed and satisfactory references received.

We saw detailed risk assessments were in place that guided staff on what action they might need to take to identify, manage and minimise risks to people's safety and independence. The risk assessments we looked at included the risk of falling, pressure sores, manual handling, mobility, finance, medication and the environment. They showed how the person might be harmed and how the risk was managed. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

Following a recent incident, a new system had been put in place to ensure calls were not missed. The provider had introduced an electronic care management system. Care workers now logged into the system once at the person's home and their arrival and departure times were recorded on the system. Should a care worker not arrive when scheduled, an alert was received by the office and a senior care worker would contact them to ensure they were safe and on route to the call.

Medicines were managed safely. All the care workers we spoke with told us they had completed medicines

training. Their competency to administer medicines was also checked during observations of their practice.

We saw there was a system in place for monitoring accidents and incidents. The registered manager told us if an accident/incident occurred an investigation was always carried out. This was to establish if any themes or trends could be identified which might result in preventative measures being put in place.

The provider had an infection control policy in place and protective equipment, such as gloves and aprons, were provided to care workers to minimise the spread of infection. People who used the service and relatives told us that care workers always wore gloves and aprons when completing care tasks and washed their hands. One care worker told us, "We always have access to gloves and aprons which we always wear when providing personal care." Another said, "If we need more (disposable gloves) we just get them from the office they are freely available."

Is the service effective?

Our findings

At our last inspection this key question was rated good. At this inspection we found the provider had maintained this rating.

People's needs were assessed to achieve effective outcomes and appropriate care and support was provided to meet people's needs. People we spoke with told us an assessment of their needs took place when the service commenced and regular updates were carried out.

Care workers had the right skills and knowledge to provide effective care. They told us the training provided was good and had equipped them with the required skills to provide safe and effective care and support. The registered manager told us all care workers completed induction training and 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 saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. Care workers told us they felt well by the senior staff team and could approach a senior care worker or the registered manager at any time for advice or support.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. We found the service was working within the principles of the MCA and the registered manager understood how these principals applied to their role and the care the agency provided.

We saw evidence of consent in people's care records. For example, in the care records we reviewed we saw, wherever possible, people had signed their support plan and consented to the care and treatment provided by staff.

The care workers we spoke with told us they always asked people's consent before assisting them with any personal care tasks and that care and support was provided in line with their agreed care plan. One care worker said, "It is extremely important we listen to people and do not provide any care and support against their wishes." Another care worker said, "It is essential you always get the persons consent before assisting them with care and support. You should never just assume they agree to you helping them."

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their support plans to help care workers be aware of

people's healthcare needs. The registered manager confirmed if staff noted a change in people's needs or were concerned about someone's health they would refer them to other healthcare professionals if appropriate. They told us they had built up good working relationships with other health care professionals and care workers always followed their advice and guidance.

We saw if people who used the service required staff to assist or support them to prepare food and drink information was present within their support plan. For example, one person's support plan showed they had a poor appetite and care workers should offer them a choice of food and drink at each call and document their daily intake on their daily log.

Is the service caring?

Our findings

At our last inspection this key question was rated good. At this inspection we found the provider had maintained this rating.

People who used the service and their relatives told us they had received information about the care they were to receive and how the agency operated prior to any service starting. One person said, "[Name of registered manager] explained everything, went through the paperwork with us and completed the forms." A relative told us, "We had a few meetings before the carers started and the manager went through everything."

People told us they were pleased with the care they received. They thought care workers seemed knowledgeable about their care needs and family circumstances and knew how to look after them. They told us they were supported by staff who were warm, kind, caring and considerate. One person said, "The carers are very good, I could not ask for a better service." Another person said, "The carers are fantastic, and very friendly."

People also told us care workers were willing to complete additional tasks when necessary to help meet their needs and alleviate any concerns they might have. One person said, "It's just the little things they do which mean so much, you only have to ask and they will do anything for you."

The relatives we spoke with also told us they were pleased with the care and support people received. One relative said, "We have no concerns at all about the care worker who visits (Name of person) they have become like part of the extended family and we have complete trust in them." Another relative said, "As a family we are really pleased with the care (Name of person) receives from Sova. The girls that visit are kind, caring and always cheerful."

The support plans we looked at showed they had been developed in close consultation with people who used the service and/or their relatives. This helped to ensure their individual needs were met. All the care workers we spoke with spoke respectfully and with warmth about people who used the service. They were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They knew people's likes and dislikes and things that were important to them.

People who used the service and/or their relatives told us they had been involved in developing their support plans and agreeing the level of care and support they required. One relative told us "We have been involved in planning [Name of person's] care package from day one to make sure it meets their changing needs." Another relative said, "We have discussed [Name of person] care plan with [Name of senior care worker] and always read the daily notes when we visit to make sure everything is done correctly. So far we have had no problems and [Name of person] is very happy with the care they receive."

The care workers we spoke with told us they helped people who used the service to remain as independent

as possible and to remain in control of their daily lives. One care worker told us, "It's easy to take people's independence away by doing everything for them but we try to help people to be as independence as possible for as long as possible and that is not always easy." Care workers told us they enjoyed their work and took pleasure from supporting people to have a good quality of life. One care worker told us, "It can be hard work but it's so rewarding knowing you are helping people to have a better life."

The care workers also told us they provided person centred care and although they used the support plans as working documents they always asked people how they would like their support to be delivered at each visit. We saw communication plans were in place which detailed people's specific communications needs. This meant staff could effectively seek people's views and preferences about how they wanted their care and support to be delivered.

We saw the agency had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw care workers had received information about handling confidential information and on keeping people's personal information safe. All care records in the office were stored securely to maintain people's confidentiality.

Is the service responsive?

Our findings

At our last inspection this key question was rated good. At this inspection we found the provider had maintained this rating.

People's needs were assessed before their support started and the registered manager told us they only took on new people when they were sure they had capacity to provide the package of care they required.

People who use the service or their relatives told us they had been provided with information about the agency during the initial assessment visit and this had helped them decide if care workers had the right skills and experience to meet their needs.

We saw support plans were person centred and contained guidance about people's personal preferences and how they liked to be supported. For example, one support plan explained how the person liked to be assisted to shower. Another support plan explained how to support a person who had memory loss and needed to be prompted with personal care. Individual preferences were recorded and included what was important to people such as maintaining their independence and making their own choices and decisions as much as possible.

Support plans provided care workers with a clear overview of the level of support and tasks required at each visit. We saw daily records were completed by care workers detailing the care and support they had provided during each care visit and these were returned to the office monthly for audit purposes.

The registered manager told us support plans were routinely reviewed on a six-monthly basis or sooner if there were any significant changes in people's needs. Care workers told us support plans were easy to follow and enabled them to provide safe, effective and responsive care. We were told support plans were kept both in the home of the person who used the service and the agency's main office. This was confirmed by the people we spoke with and care workers.

The relatives we spoke with told us care workers were punctual, always carried out their duties in line with their agreed support plan and had never let them down. One person said, "I would recommend the Sova to anyone requiring a reliable good quality service." Another person said, "A reliable service provided by caring staff. I have no complaints." People who used the service and their relatives told us they had a telephone number for the agency which they could use both during and out of normal office hours if they required assistance or needed to cancel or rearrange a visit.

We saw people's communication needs were assessed and support plans put in place to help staff meet their needs. This showed the provider was taking account of the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

The provider had a complaints procedure in place. People who used the service and their relatives told us they were aware of the complaints procedure and had a telephone number for the agency which they could use both during and out of normal office hours if they had any concerns. One person said, "I have never had to make a formal complaint but I would not hesitate to contact the manager if I felt the need to do so." Another person said, "I have never had to make a formal complaint but I have contacted the office once or twice when things were just not right and they sorted things out very quickly." We saw the provider had received four complaints since the last inspection all of which had been dealt with appropriately.

Is the service well-led?

Our findings

At our last inspection this key question was rated good. At this inspection we found the provider had maintained this rating.

There was a registered manager in post who provided leadership and direction. People who used the service and their relatives told us the registered manager and senior care workers were approachable and they were always able to contact them if they had a problem. One person said, "I have the office number and just give them a call if I have a problem, the phone is usually answered straight away but if they are busy they get back to me very quickly." Another person said, "The service is excellent, they (Management) keep in touch just to make sure everything is okay, which is nice."

We saw there was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision. We saw the registered manager audited people's support plans and risk assessments, the daily reports completed by care workers and the accident and incident log on a regular basis so that action could be taken quickly to address any areas of concern. We saw the registered manager also audited the staff files and checked the care workers training records on a routine basis to make sure they provided accurate and up to date information.

The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The registered manager told us senior care workers also carried out random spot checks on care workers as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. Care workers confirmed regular spot checks were carried out and included checks on general care, moving and handling and the safe handling of medicines. One care worker said, commented, "Senior staff will come to a person's house to check we are providing appropriate care. This might involve observing us give out medication or moving people using the correct technique." We looked at some records of spot checks and found if issues had been identified action had been taken to ensure continuous improvements in the service provision.

Care workers were positive about the management of the agency and told us there was an 'open' and transparent culture within the service and they were encouraged to make suggestions or raise concerns. They also told us there were clear lines of communication within the agency and they were supported through a planned programme of supervision and training.

We saw staff meetings were held on a regular basis so that staff were kept informed of any changes to work practices or anything which might affect the day to day management of the service. In addition, we saw care workers had been sent a survey questionnaire to complete in October 2018. The registered manager confirmed the responses had not yet been analysed but once they had done so an action plan put in place to address any concerns identified.

We also saw surveys questionnaires had been sent out to people who used the service the service and their relatives in 2018. We saw the feedback from the questionnaires was overwhelming positive about the care and support people received

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service on their website, we found the service had also met this requirement.