Sevacare (UK) Limited

Sevacare Hounslow

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

Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This was an announced inspection. We told the provider two days before our visit that we would be inspecting their service.

The service met all of the regulations we inspected against at our last inspection on 21 January 2014.

Sevacare is a domiciliary care agency that provides care for people in their own homes. In addition to personal

Summary of findings

care the service also supported people with shopping, preparing meals and cleaning. At the time of the inspection there were 70 people receiving personal care from the service.

The service has a registered manager. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The care needs of people using the service were assessed when they were initially referred to the service. Care plans were drawn up to address their needs and these were regularly reviewed and kept up to date. People using the service and the relatives we spoke with confirmed they had been involved in the development and review of the care plans.

People confirmed the care they received met their individual needs and were happy with the care they had received.

People we spoke with told us they felt safe and staff treated them with dignity and respect. Staff we spoke with demonstrated that they understood how to respect and promote a person's privacy and dignity.

Staff received appropriate induction and on-going training including a range of courses identified as mandatory by the provider. In addition to these they also receive training to meet the specific needs of people using the service. Staff we spoke with felt they had received appropriate support from their manager and training to carry out their role.

We saw the service had systems in place to get people's views about the care they received which included an annual questionnaire and their comments were used to identify possible areas for improvement in the service provided.

The service had a process in place to deal with incidents and accidents, complaints and safeguarding alerts. Information from these forms were monitored to identify any trends and patterns so action could be taken to prevent reoccurrence.

Summary of findings

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 told us they felt safe and staff treated them well. Staff understood their role in relation to safeguarding adults at risk of abuse and the Mental Capacity Act 2005 (MCA).

Risk assessments were carried out appropriately when a person started to receive care from the service to minimise risks to people and others whilst care was being delivered to people. People using the service or their relatives were involved in this process.

The service had clear and safe recruitment and disciplinary processes in place and we saw from staff records these processes had been followed.

Is the service effective?

Good

The service was effective. Staff completed an induction when they started to work for the service. They received a range of training, regular one to one meetings with their line manager and an annual appraisal so they were appropriately supported in their role.

Staff recorded food and fluid intake when providing support to eat and received appropriate training in the safe handling of food.

Staff arranged for the person using the service to see their GP or other health professionals if required. Information relating to any appointments was recorded and care plans were updated as necessary.

Is the service caring?

Good

The service was caring. People using the service told us they received care that met their needs.

People using the service and their relatives were involved in the development and review of care plans. They told us they felt they were treated with dignity and respected their privacy when they received care.

Is the service responsive?

Good

The service was responsive. Each person had care plans and risk assessments that addressed their needs and were kept up to date so staff had the necessary information to care for them. They or their relatives were involved in the care planning process.

People and their relatives were aware of the complaint process and the provider had appropriate arrangements to deal with complaints and concerns when these were raised.

Is the service well-led?

Good

The service was well-led. The service had a manager registered with the CQC. Staff were appropriately supported in their role and their views of the service were listened to and acted on by the manager. Incidents and accidents were recorded, investigated and monitored to identify any trends so action could be taken to prevent reoccurrence.

The provider carried out audits to monitor the quality of the service and where areas for improvements were identified, appropriate action was taken to address these.

Sevacare Hounslow

Detailed findings

Background to this inspection

We visited the service on 31 July 2014. The inspection team consisted of an 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 service.

Before our inspection we reviewed information we held about the service and the 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.

During this inspection, we spoke with the registered manager and the area manager. We also spoke with five people who use the service and seven relatives to obtain their views on the service provision. We contacted 28 care staff via email to ask their feedback and nine of them sent us their comments regarding the service.

As part of the inspection we looked at the care records of ten people using the service and the personnel records of ten care staff.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People we spoke with told us they felt safe and staff treated them well. One person told us, "I'm very happy with the carers I've got now." The service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. During our visit, we saw policies and procedures on safeguarding adults, which focused on the roles of managers and care staff when reporting and investigating possible abuse. There were similar policies relating to child protection in case children were present in the home whilst the care was being provided. Some people we spoke with said, if they were concerned about unsafe care, they would contact the service themselves or ask a relative to do it. Some of the relatives we spoke with said they had been given information about abuse and what to do if they were concerned about the safety of their family member.

All the care staff we spoke with said they had completed training on safeguarding adults at risk of abuse. The care staff demonstrated they understood the principles of safeguarding and what action they would take. The care staff training records we saw confirmed this. The service had a whistle-blowing policy for care staff and guidance for managers on how to respond to any concerns raised by care staff through this process.

We saw the policies and procedures used by the service in relation to the MCA, autonomy, independence and behaviour management. From the nine care staff we spoke with seven said they had completed MCA training. One care staff member told us, "I received training on the Mental Capacity Act 2005 during my NVQ level 3 and also during my induction."

We saw risk assessments were completed up to two days before the first care visit and all the assessments we saw were detailed and up to date. The manager explained they would meet with the person receiving care and/or their relatives to discuss any risks associated with the care package the person would be receiving. If the senior staff member was unable to meet with the person in advance of their first care visit, for example if it had been arranged as an urgent visit, a team leader would attend the first appointment. They would carry out a visual assessment to ensure the appropriate equipment was available in the person's home and the environment was safe for both the person receiving care and the staff member. Risk assessments included moving and handling, medicines (including storage) and working environment. Risk assessments were reviewed annually or sooner if any changes in care needs were identified which affected any associated risks.

There were clear recruitment and disciplinary processes used by the service. Personnel records we looked at showed that appropriate recruitment checks were carried out. This included an initial screening of the person's previous experience, their understanding of the care role. The application process included a competency test where applicants answered questions both verbally and in writing based upon a case study about a person's care needs and how the applicant would react to specific situations. This ensured that only suitable applicants were chosen to work for the service. We saw the care staff disciplinary policy and procedures used by the service which had clearly defined processes for responding to concerns relating to staff behaviour.

People felt that staff were flexible and that care staff would fit in with their needs. The manager explained the number of staff required to visit a person was identified during the initial assessment. The person's specific needs would indicate the number of care staff required for a visit or the skills the staff member had for example such as use of a hoist requires two care staff or having a member of care staff trained on how to support a person who required special feeding through a tube in their stomach(peg tube). The number of care staff or any specific skills required was identified in the care plans and risk assessments.

Is the service effective?

Our findings

People told us "They're very careful about being caring" and "They don't rush me". One person said that they were 'Very happy with the way they do things.' Relatives we spoke with said "The staff member is doing a good job" and "Everything seems fine".

All of the care staff who gave us feedback told us they felt supported by their manager and had appropriate training to carry their role. A care staff member said, "Yes, I am well supported by my manager, she is available out office hours too." Another member of care staff said, "My manager is very supportive and understanding."

All care staff received adequate training before they could start providing care and support to people. Once an applicant was assessed as suitable to start work at the service, they received a three day induction course. This included all the training identified as mandatory by the provider and the Skills for Care common induction standards. Following the induction, the new staff member shadowed an experienced member of staff for at least three days and if they required additional support they worked with another member of care staff for up to four weeks. During their probationary period new care staff were closely monitored to ensure they were suitable to work with people who used the service. We saw induction records and competency assessments completed during the probationary periods of ten care staff.

Care staff completed a range of training courses identified as mandatory by the provider which included safeguarding adults, medicines administration and moving and handling. Staff were required to complete refresher sessions for these courses every two years. Other training courses included dementia care, infection control and person-centred care. Training records confirmed that almost all the staff had completed the training identified as mandatory by the provider. The training care staff received was monitored so they received updates and refresher training as required. The manager explained that if training was identified to meet the specific care needs of an individual a number of care staff would be selected to ensure there was always a pool of staff who were trained to meet this person's needs.

The manager told us they aimed to carry out supervision meetings with care staff every four months with a minimum of twice a year. We saw supervision records completed every two to three months in the staff records. Staff we spoke with confirmed they had supervision sessions with their manager every two to three months. Regular staff reviews were carried out which included competency assessments for moving and handling, maintaining a safe environment, record keeping and nutritional support. Competency was scored from excellent to unsatisfactory based upon observations carried out by senior staff so the care staff were clear about their performance and the areas they needed to improve. Action plans were drawn up as required to address areas for improvement.

People were cared for by care staff who were matched to their needs so these were met appropriately. The manager gave an example where a person using the service requested for a staff member who spoke a specific Asian language. They were able to meet the person's request. Where people had specific requirements we saw that these were identified in the care plans.

We asked the care staff what they would do if they identified a change in the support needs of a person using the service. All the care staff we spoke with explained how they would inform the manager about changes in people's support needs. One person said, "I would report my observation and obtain confirmation from my line manager and update service user's records accordingly."

Staff received a handbook which contained a range of information including the standards of behaviour expected of staff, how records relating to what care was provided should be written and the complaints and whistle blowing procedures.

Not all the people we spoke with required support from care staff with eating and drinking. Two people who received support with food and relatives told us they were aware staff recorded food and fluid intake as part of the care records. We saw from the training records that almost all of the staff had completed the Food Safety in Catering award which provided training in the safe production and handling of food.

We saw information relating to contact with relevant healthcare professionals and other services was recorded in the care records. This information was detailed and enabled staff to review the care plan and risk assessments in line with any identified changes to medicines, treatment or support needs. The manager explained that if a staff

Is the service effective?

member felt that a person using the service needed to be seen by their GP or community nurse they would contact the senior staff at the office. The service could contact the pharmacist if there were any queries relating to prescribed medicines. The service would also contact the relevant medical service if the person required any additional equipment.

Is the service caring?

Our findings

People we spoke with told us the care they received met their individual needs and they were happy with the care they had received. We saw people's care records included information about the person's background, the name they would prefer to be called and what language they spoke. The care plans also included information obtained following discussions with the person receiving care and their relatives identifying any positive outcomes related to the care provided. These included working towards improved mobility or increased independence.

People confirmed that they or their relative had been involved in the planning of their care. Following discussions with people and their relatives to identify their needs staff developed the care plan. If able the person then signed the care plan to confirm they had agreed with the support needs identified. Staff would record on the care plan if the person was unable to agree with the support planned or did not have relatives who were involved in the plans development. We saw that people had signed the care plans were looked at. Some of the care plans we saw identified that the person was unable to agree to the planned support. A staff member told us "I make sure a person is actively participating as much as possible while carry out risk assessments and care plan reviews so that the best possible care arrangements can be made according to the person's preferences and choice and by keeping all the information about the person strictly confidential."

People were made aware of how the service should respond when contacted and how that staff should behave when providing care. We saw people using the service received a customer care charter which described the assessment process, how the care plans were reviewed and how staff should behave. It also explained what they could expect and response time when they contacted the service by telephone, post, email or in person.

Staff we spoke with told us they read people's care plans and risk assessments at the start of each visit to confirm the care to be provided and there had been no changes to the person's support needs. One staff member told us, "I read care plan's regularly to ensure all the information is correct. I check the communication log is accurate, current and factual. If my service user/ client request is different from normal activities I immediately consult my branch manager to gain guidance and authorisation for the changes."

People using the service said that their privacy and dignity was respected. One person felt that there was ample time to get them showered and dressed. We saw the privacy and dignity for providing care policy and procedure used by the service and staff knew how they would respect and promote the person's privacy and dignity. The staff gave us a range of examples of how they would provide care appropriately. The responses included, "I respect service users as individuals and value their privacy and life experience. Different clients have different values so I respect them and understand cultural differences. I maintain privacy by giving clients their space I do not judge – respect everyone's culture" and "While working as a carer, I have always provided care after seeking the person's consent, by making sure that no unnecessary person is around and that all the windows and doors are closed so that no one can look at us while I'm providing personal care".

People using the service we spoke with told us they could chat and make a connection with all or some of the staff providing care. Some people told us they had been asked their opinion of the service they received through meeting at their home but other people said this had not happened.

Is the service responsive?

Our findings

Relatives we spoke with said the care staff responded to their family member's needs. One person said they had not been asked but had made the choice of gender for the staff member providing care clear when their needs and wishes were initially identified when they started using the service. Relatives told us that care was provided by a staff member of the same gender as the person using the service.

People felt that staff were flexible with timings to meet people's needs and gave examples of when visit times had been changed for example when the person was going out for a celebration. Another person said that they had been able to arrange for their relative's evening visit to be later as they did not like to go to bed too early. People also said that the service contacted them either by phone or email to confirm who the carers would be.

People using the service or their relatives were involved in the reviews of their care plans. The frequency varied from once monthly to annually depending on changes in people's needs. We saw that a spreadsheet was used to identify which care plans and risk assessments were due to be reviewed. When we looked at the care plans we saw that if a change in support needs had been identified the plan and risk assessments had been amended to ensure that people received the appropriate care.

The manager explained that people could be referred to the service by the local authority or they could contact the service directly. If the referral was from the local authority the service received an email detailing the care package required and the care staff carried out an assessment of the person to ensure they could meet their care needs. The local authority provided a support plan for the person when the service agreed to provide the care package. If the person was funding their own care the manager would complete a detailed assessment of the persons needs and discuss what services could be provided directly with the person and/or their relatives. During our inspection we saw detailed assessment information in the care folders identifying each person's care needs and how their independence could be supported.

Care staff completed daily communication records detailing the care provided during each visit and the interaction between the person receiving care and the staff member. This enabled staff to see what care had been provided during previous visits and to pass on messages to other staff who visit. The completed forms were taken to the office monthly to be monitored to ensure notes were appropriately recorded in line with staff guidance and were discussed during staff supervision sessions. Information was also used to feed into the annual reviews of the care plans and risk assessments. We saw notes of these discussions in the records of supervision sessions were reviewed.

People we spoke with were aware of how to raise concerns and complaints relating to the care they and their relatives received. We saw the complaints policy and procedure used by the service. The manager told us that any complaints received were recorded on a form which included the details of the issue, the date completed and the outcome of any investigation with any actions. Most people we spoke with said they had never had to express any concerns about the care they had received but one person had raised an issue with the timings of the visits. Another person using the service said that any concerns that they had expressed had been acted upon and they were satisfied with the outcome.

One relative told us they had received a questionnaire which was followed by a face to face meeting to discuss their views of the care provided. The manager told us an annual questionnaire was sent out to people using the service and their relatives to get their views on the quality of the care provided. The results were analysed by the provider's head office and an action plan with targets for completion were developed for any areas identified requiring improvement.

Is the service well-led?

Our findings

People using the service and the relatives we spoke with felt the service was well run and they had met either the manager or another senior staff member. One person told us they felt the service was "excellently run"; whilst another person told us "The service seemed to be well run apart from the odd hiccup with timings". We saw that the provider carried out random telephone calls with people using the service to check the staff members were attending on time and staying for the correct length of time. Seven of the nine care staff we spoke with told us that they felt the service was well-led and one person said "I do feel that the service is well led as all staff are criminal record checked, well trained in-house and a computer system in place which prohibits allocation of work where key skills, work status etc. are not correct".

During our visit we looked at six completed incident and accident reporting forms. We saw the completed forms had the details of the incident or accident, who was involved and the outcome of the investigation with any actions taken. The manager explained the completed forms were passed to the training manager to be reviewed and recorded onto the health and safety database. The training manager sent notifications to the CQC or the health and safety executive as required. We saw that incidents were monitored by the team leaders to identify trends and to decide if additional staff training was required or if a scheduled review of a person's care plan and risk assessment needed to be brought forward as their support needs had changed.

We saw that policies and procedures used by the service were available electronically and in hard copy in a folder in the office. These were reviewed annually and updated where required so staff had the latest information to inform their work and practice.

The manager told us and we saw an annual audit was carried out each September. This included a review of care plans, risk assessments, staff supervision and appraisal records. Two people using the service and two staff members would also be interviewed as part of the audit. We saw that if there were any issues in relation to the completion or quality of the records and the care provided an action plan would be developed.

We saw a spreadsheet was used to record when care staff returned daily communication sheets and completed medicine administration record (MAR) charts to the office. The manager explained a sample of communications sheets and MAR charts for different people using the service were audited each month. We saw an audit form was completed and any issues identified were recorded with any actions identified. As part of the audit the level of information and the clarity in which it was recorded was reviewed. If any issues were identified these would be discussed as part of the individual care worker's supervision or as a general comment at a team meeting.

Senior staff carried out a spot check visits to monitor the quality of the care being provided by care workers in people's homes between two and four times a year. We saw copies of completed spot check assessments in the personal records for care staff. The assessment included if the staff member arrived on time, if they followed the care plan accurately and any observations related to the support provided. The spot check records showed that senior staff had assessed the staff members were providing appropriate care in line with the care plan, expressing the values of the service and treating people with dignity and respect.