Sevacare (UK) Limited

Sevacare - Oldham

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an announced inspection of Sevacare (Oldham) on 7 and 8 January 2016. The inspection was announced to ensure that the registered manager or other responsible person was available to assist with our inspection.

This was the service's first inspection since Sevacare (UK) Limited had registered with the Care Quality Commission at this location. At the time of this inspection the service was providing support to people living in Oldham and Manchester.

Sevacare (Oldham) provides support with personal care, domestic tasks and shopping to people living in their own homes.

The service had a registered manager. 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.'

Staff had a good understanding of how to safeguard adults from abuse, having completed training during their induction period. They were able to describe various types of abuse, and knew how to report any concerns they had about patient safety.

There was a robust recruitment process to ensure that all staff employed were suitable to care for vulnerable people. Staff received a thorough induction and shadowing period and undertook additional qualifications such as 'The Care Certificate, which gave them the knowledge and skills to care for service users. Staff received supervision, and the quality of their care was monitored through 'spot checks' by senior staff.

People spoke positively about the caring nature of the staff, and described them as being kind and compassionate. Staff understood about the need to respect dignity and privacy and could describe ways they would do this. People who used the service said carers asked their consent before undertaking personal care, and staff offered choice to service users.

People we spoke to said that if possible they liked to receive care from the same group of carers and the care coordinators who compiled the work rotas tried to ensure that people received care from those who were familiar to their needs. Some people regularly received the same carers, but this was not always the case, particularly if there was a shortage of staff due to unexpected sickness. There was an on-going recruitment drive to increase the number of staff available, so that people could receive timely visits from familiar carers.

People had their needs assessed when they started using the service and the information gathered was used to develop a personalised support plan which enabled staff to care for them in a way appropriate to their

individual needs. Support plans were reviewed annually or more frequently if needed. We found that some plans were not detailed enough, which meant that elements of care could be missed. We have made a recommendation about the writing of support plans.

Staff were positive about the company and about the registered manager and senior staff. They felt they were supportive and approachable and that they could easily raise any concerns with them.

Risks to people's safety and health were assessed, managed and reviewed and accidents and incidents were reported and dealt with appropriately. We have made a recommendation about financial risk assessments.

People knew how to complain if they were unhappy about the service and we found that any complaints were dealt with appropriately and promptly. People were asked for their opinion of the service in an annual 'service user survey' and feedback from the survey was passed to staff as a way of maintaining standards.

The provider carried out regular quality checks and audits, which included areas such as office equipment safety and medication and documentation audits. These ensured that standards were being maintained.

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.

Staff had a good understanding of how to safeguard people from abuse.

There was a thorough recruitment and selection process in place to ensure that new staff were suitable to care for vulnerable adults.

The service managed risk through the use of risk assessments and action plans; however we found that a financial risk assessment was not in place for one person who used the service.

There were systems in place to ensure the administration of medication was carried out safely.

Is the service effective?

Good

The service was effective.

New staff received a thorough induction programme.

All staff received training to help them care and support people appropriately.

Staff sought consent to care and treatment and offered choice to people who used the service.

People's health and well-being was monitored and they were supported to access other healthcare services when required.

Is the service caring?

Good

The service was caring.

People who used the service spoke positively about the attitude of the staff and the care they received from them.

Staff encouraged people to make choices about their care and to remain independent.

Carers behaved in a kind and thoughtful way to people and respected their dignity and privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Service user support plans were not always detailed enough.

People were given information about how to make a complaint and any complaints were acted upon correctly and promptly

Is the service well-led?

Good

The service was well- led.

Staff spoke positively about the registered manager and told us they felt supported by the service.

People who used the service spoke positively about how it was managed and run.

The service encouraged people to express their views about their care through an annual survey. Staff responded to comments about the service in a positive way.

The provider had quality assurance systems in place to check the quality and safety of the service.

Sevacare - Oldham

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 7 and 8 of January 2016 in line with our current methodology for inspecting domiciliary care agencies. This inspection was announced three days prior to our visit to ensure that the registered manager or other responsible person would be available to assist with the inspection.

The inspection was carried out by two adult social care inspectors. Following our inspection visit to the location's office we spoke on the telephone with six service users and three relatives, in order to gather their opinions about the service Sevacare provided.

We had not requested the service to complete a Provider Information Form (PIR), which details key information about what the service does well and what improvements are planned for the future.

Before the inspection took place, we considered all the information we held about the service, such as notifications about safeguarding matters. We also contacted the local authorities who commission care from the service to obtain their opinion of it. One local authority responded to our enquiry and they told us that they had no concerns. During the inspection we looked at the care records for thirteen people who used the service. We also looked at a variety of records relating to the management of the service: these included staff recruitment files, training and supervision records, policies and audits.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person commented ''I feel safe with them'', and another said ''I have never seen anything about the carers that worries me''. The service had an up-to-date 'Safeguarding' policy and we saw evidence that staff received training in safeguarding vulnerable adults and children during their induction and subsequently every three years. Staff we spoke to were able to describe types of abuse, the signs that people might display that would indicate they were being abused, and what to do if they had a safeguarding concern. One staff member commented that a change in a person's behaviour might be an indication that they were being abused. Staff told us they were confident that any concerns they raised would be taken seriously by the registered manager and care coordinators.

We saw that Sevacare had a 'Whistleblowing' Policy. Whistleblowing is the term used when someone who works for an employer raises a concern about malpractice or wrongdoing, which might create a risk of harm to people who use the service. The aim of the policy is to encourage staff who have concerns to come forward and raise them and for staff to feel confident their concern will be taken seriously. Staff we spoke to were able to demonstrate a good understood of the meaning of whistleblowing and felt confident that any concerns they raised would be taken seriously by the organisation.

The service identified and managed risks appropriately. We looked at thirteen support plans which contained risk assessments identifying hazards that people and carers might face. Where risks had been identified, plans were in place to provide guidance as to how they should be managed and people kept safe. However, we found one example where a financial risk assessment was not in place for the withdrawal of money from the bank account of a person who used the service. In addition there was no regular audit to check withdrawal receipts against the account balance.

We recommend that the service seek guidance on managing financial risks to ensure that all financial transactions are carried out safely.

The service had an up-to-date policy for reporting accidents and incidents. We looked at the incidents reported during 2015 and saw that the forms had been completed correctly and investigations into the incidents completed fully.

We looked at the safety of equipment within the registered office and saw that monthly checks were carried out on the fire extinguishers, computer screens and kitchen equipment. An individual workstation assessment had been carried out on all staff working in the office, to ensure that computer screens were at the correct height for safe working. We saw that Sevacare (UK) Ltd had received a 'certificate of accreditation' from the 'contractor's health and safety assessment scheme', which demonstrated that they were compliant with current basic health and safety legislation.

The service had a 'Lone Working' policy which gave information and guidance to staff on ways in which they could ensure their personal safety while working in the community, such as being aware of their surroundings, and following their designated rota. In addition, staff were given information about what to do

in the event of an emergency in a service user's home, such as if there was a fire or gas leak. These helped to keep staff safe while they were at work.

We looked at thirteen staff files to check that staff recruitment and selection processes had been undertaken safely. The files were thorough, containing copies of the completed application form, completed interview questions, two references, identification documents and a Disclosure and Barring (DBS) check. A DBS check helps the service to make safe recruitment decisions and prevent unsuitable people from working with vulnerable adults and children. Although there is no mandatory renewal date for DBS checks, the registered manager told us that Sevacare (UK) Ltd applied for a new DBS check for its employees every five years to ensure that this information was up-to-date.

Weekly staff rotas were divided into five geographical areas and as far as possible staff worked regularly within one area and undertook the same visits so that there was continuity of care.

There had been some recent problems with staff sickness levels, which had meant some staff normally working in a particular area had been moved to help in another. This increased the possibility of service users receiving care from staff who were unfamiliar with their care and support needs and put an extra strain on current staff. The registered manager was in the process of dealing with long-term sickness problems, and was aware that there was a need to recruit more staff to ensure that the service continued to provide safe care. He informed us that there was an on-going recruitment drive.

The service had a policy for the administration of medication in the community, and carers were not allowed to administer medication until they had received the appropriate training and had completed a written competency test and on-site observation of practice. The service user files we looked at contained medication risk assessments and medication administration agreements, which were signed by the service users. All medication administered was recorded on a Medication Administration Record (MAR) and we saw that these were completed correctly. We asked a Care-Coordinator about the procedure for managing medication administration errors. She advised us that they were fully investigated, and the carer involved had to undertake further training and reassessment of their capability before they were allowed to resume administering medication.

We saw evidence that staff had undertaken training in infection prevention and control, and staff we spoke to understood the importance of using personal protective equipment, for example aprons, gloves and alcohol hand gel when carrying out personal care, as a means of protecting people who use the service and themselves from the risk of cross infection.

Staff also undertook training in food safety awareness, which provided them with the knowledge to prepare meals for service users safely.

Good

Is the service effective?

Our findings

People, who used the service, and the care team, expressed positive views about Sevacare. One person telephoned the office to say that she felt all the carers who attended were excellent and another person commented ''I'm very happy with the service''.

All new staff attended a three-day classroom based induction course, which covered twenty-two topics relevant to the caring profession, and included infection control, personal care, pressure sore care, medication, record keeping, first aid, dementia care and catheter care. After participating in the induction course carers completed a workbook to test their knowledge and understanding. We saw that these workbooks had been completed. During the induction period carers received a personal portfolio. This was a comprehensive document containing information including company policies, code of conduct, and written notes on the topics studied during the classroom based course. In addition, they received a copy of the Skills for Care 'Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England', which sets the standard of conduct expected of all adult social care workers and healthcare support workers in England. Both of these documents provided new employees with clear guidance on the standards of care that were expected of them. We spoke to one new employee who described the induction training as being ''very thorough''.

After completion of the induction training, staff undertook a period of 'shadowing': that is working alongside experienced staff to gain familiarity and confidence in all aspects of their role. The registered manager showed us a form that he had recently introduced to ensure that he had written evidence that staff felt confident following the shadowing process.

We saw evidence that staff were up-to-date with their training. The registered manager informed us that staff attended refresher courses every three years and that the computer system that they used for allocating the weekly work rotas would not allow them to allocate work to any staff whose mandatory training was out of date. Staff also received training on specific tasks they were required to undertake, for example, a person who used the service required the carers to administer water via his Percutaneous Endoscopic Gastrostomy (PEG) tube (a feeding tube passed through the abdominal wall into the stomach). Carers had received training from a nutrition specialist nurse and had also attended the hospital inpatient unit before the person was discharged into their care, so that they could be shown how to undertake the procedure.

The majority of care staff had undertaken a National Vocational Qualification (NVQ) level two or above in Health and Social Care. The remaining staff were either in the process of completing the qualification, or waiting to enrol once they had been with the company for six months. Since April 2015, all health and social care support workers have been expected to undertake the 'Care Certificate.' The Care Certificate is a set of standards that social care and health workers follow, that should be covered during the induction of all new care workers, to ensure workers have the knowledge and skills they need to provide safe and compassionate care. 84% of Sevacare's new staff had completed this training within the recommended

twelve week period. The remaining staff were in the process of completing it.

The purpose of staff supervision is to support staff, promote good practice and raise the quality of a service. We looked at the Sevacare (UK) Ltd Care Worker Supervision Policy, which stated 'all care staff will have a minimum of three sessions per year of formal supervision'. We looked at thirteen staff files and saw that some staff only received formal supervision annually while others had received supervision every six months. The registered manager advised us that they were now using a computer system that identified when staff were due their supervision. However, this system was programmed for six monthly supervision, not four monthly as stated in the policy. We advised the registered manager that the policy and computer programme should be consistent. Subsequent to our inspection the registered manager contacted Sevacare (UK) Ltd Training and Quality Assurance Manager and the discrepancy was rectified. We saw evidence from the staff files that annual appraisals were being carried out.

Staff we spoke to who had received supervision said they found it useful. One carer commented that it enabled her to ''get things off my chest''. Outside of any formal supervision, staff felt confident about discussing problems with the registered manager and care coordinators, as they found them approachable and helpful. One carer commented ''they are brilliant, always at the end of the phone''.

As part of the supervision process Team Leaders undertook 'spot check' quality assurance monitoring of carers' work. This involved checking on a variety of issues, including whether records had been completed correctly, if carers had arrived on time, if the uniform policy was being adhered to, and whether the care plan was being followed. Spot checks helped to ensure that the carers were maintaining high standards. We saw evidence that this monitoring was being carried out annually.

Staff received training on the Mental Capacity Act (MCA) 2005 and principles of consent during their induction. The MCA sets out what must be done to make sure the human rights of people who lack mental capacity to make decisions are protected. The induction workbook included questions such as 'how would you ensure you gained consent from a service user with dementia before beginning their care?' which tested the carers understanding.

Staff we spoke to understand the importance of gaining consent from people who used the service before undertaking any care, and what they should do if a person refused their support. One carer talked about the importance of gaining a person's trust and how she had helped to build up trust with a person who used the service who initially refused any assistance, over a period of seven weeks, by talking to them gently, and having a drink with them, building trust until person allowed the carers to help.

People who used the service said they were able to make decisions about the care and support they received and were offered choice by the carers, for example in what they had to eat, or whether or not they would like a shower. On person commented ''they always do everything I ask them''.

Some people who used the service received help with meal preparation and with shopping. A carer described how she had helped a client choose healthy food options while out shopping together, which had enabled the client to lose weight. Another carer described how she would notify her Team Leader if she noticed that someone was repeatedly leaving or refusing food, so that further advice could be sought from a health professional.

Good

Is the service caring?

Our findings

People and family members we talked to told us that they thought the service was caring. We were unable to observe care being carried out directly, but the service users we spoke to commented in a positive way about the care they received. One person said ''they are always pleasant, and we have a laugh and a joke'' and another said ''they are nice, polite people''. One relative we spoke to said ''we are absolutely delighted with the care''. We saw a 'thank you' card which read ''we cannot thank you and your team enough for the compassion, care and kindness shown'' and another which said ''thanks also for the understanding, compassion and respectful response to me during recent telephone conversations''.

People we spoke to said it was important to them that they received care from someone who was familiar to them and who understood their needs. One relative commented ''the carers know [relative] quite well, and she knows them''. One carer we spoke to said she did the same visits every day which meant '' I know their likes and dislikes''. Another carer commented that she had been visiting the same person for several years and that they were ''like family'.

The Care Coordinator who compiled the weekly work rotas confirmed that continuity of care was important and helped to ''build up trust'' with people who use the service. She said that as far as possible she tried to ensure people received the same carers on a regular basis. Where people received 'double-up' visits, that is two carers per visit; she tried to roster the same two carers for the morning and lunchtime visit, and then the teatime and bedtime visit. Other staff we spoke to confirmed that the work rota was done in such a way as to promote continuity of care for clients.

One relative said his [relative] received care from four or five regular carers and that if one carer was on holiday they always ensured that the visit was covered by a familiar person. However, one person we spoke to said that her care package used to include a visit from carers at a weekend, but she had cancelled these visits, as she found she was seeing lots of different staff. And another person said that they had seen three different carers on consecutive days in one week.

Staff received a copy of the Sevacare (UK) Ltd 'Privacy and Dignity Policy for Providing Care', and during their induction period they undertook training in personal care, which included information on maintaining dignity and treating clients with respect. We asked staff about their approach to dignity and privacy when working with clients. One carer commented she would 'treat someone like you would like to be treated' and all the staff we spoke to could give examples of how they would ensure that the privacy and dignity of clients were maintained while giving personal care, such as by closing curtains, and by ensuring no one else was in the room.

Staff we spoke to understood the importance of offering choice to clients and encouraging people to be actively involved in making decisions about their care. One carer commented that she would always try and promote independence and said ''I encourage people, I don't just go in and do''. One carer described how during a lunchtime visit a client would often like to help to make her own sandwich, and they would do this

together.

Staff we spoke to understood the importance of maintaining client confidentiality and could give examples of how they would do this. One carer said ''I would not talk to anyone out of the company about anyone's name''.

Requires Improvement

Is the service responsive?

Our findings

People received care from staff who understood their needs. One person said '' they know me quite well, and I know them''. Every service user had a file in their home which contained documents relevant to the care provided to them by the service. We examined thirteen care files and found that they included a variety of documentation, such as a list of key contacts, service user guide, equipment and medication records and complaints procedure. In addition there was a detailed assessment of health and care needs with information about communication, mobility, diet and nutrition, continence, skin integrity, mental health, social activities, aspirations and how the person liked to be addressed. This range of documentation provided carers with detailed information which enabled them to care for people who used the service in an individual and personal way.

The support plans we looked at were 'person-centred'; that is they described the needs of the person using the service in a very detailed and individual way. For example, one support plan stated ''I would like carers to prepare my breakfast (sometimes this can be porridge, pancakes or shake that is ready prepared by the family). However, I will tell you what I would like on the day''. We saw evidence that support plans were reviewed annually and that service users and relatives were involved in the review process.

Evidence from the February 2015 Sevacare Service User Satisfaction Survey showed that carers did not always provide all the care stipulated in the support plan. One person commented in the survey '' my leg bag should be changed weekly, but this is not done unless my daughter leaves it on top of the meds with a note''. One relative we spoke to said ''they don't all read the care plan'' and also commented '' some (carers) are really good, and some don't really know what they are doing''. Feedback presented to staff following the survey requested that they ensure the support plan is reviewed at each visit and that any tasks not completed be reported to their line manager.

Although the support plans we inspected were person-centred, we found that the information was not always complete. One relative we spoke to described how carers prompted a service user to monitor her blood glucose level and administer insulin. Information about blood glucose monitoring had been omitted from the support plan, which meant that carers unfamiliar with supporting this person might fail to prompt them to carry out this vital task. One local authority support plan had identified that carers should check that a service user's piped oxygen supply was at a particular level, but this information had not been transferred into this person's support plan.

We recommend that the service seek advice about writing support plans to ensure that they reflect the assessed needs of the people who use the service.

We saw examples of how staff responded to the changing needs of a client. One carer told us how she had identified that the time allocated for a particular visit was not sufficient, as the client's needs had increased and the person had become more dependent on the carers support. The carer explained how she had contacted the care coordinator who in turn had arranged a review of the client's care package with their family and social worker. Another carer had noticed that a client's mobility was deteriorating, and they had

referred her for a physiotherapy assessment.

The service responded to complaints appropriately and in line with the organisation's complaints policy. We saw that there had been three complaints made to the service during 2015 and these had all been investigated promptly, resolved, and feedback given to the complainant. People who used the service knew how to complain if they needed to and a copy of the company complaints policy was included in each service user's file and kept in their home. One person said they had complained a few years ago about carers missing some of his visits and that the complaint had been looked into properly. They said that since then they had not experienced any further problems.

Good

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post but she was unavailable. The person who was available to assist us in our inspection was the registered manager of the Manchester branch of Sevacare (UK) Ltd. The Oldham and Manchester branches of Sevacare had merged to form one team based at the location six weeks prior to our inspection, and the registered manager from the Manchester branch was overseeing the running of the new combined team. At the time of our inspection the CQC had not received documentation notifying them of the change of registered manager. Subsequent to our inspection we received evidence showing that this notification had taken place.

Staff we spoke to were all very positive about the attitude of the registered manager of the Manchester branch and the care coordinators. One staff member commented ''he's the best manager I've had'' and another said ''he's easy to talk to and puts me at ease' 'One staff member commented that she felt supported by the organisation and that there was always someone in the office to talk to if they had a problem. Staff had a positive attitude to their work, and to the company. One carer commented ''they are great to work for'' and went on to say that if she needed to change her shift pattern for personal reasons, then as far as possible this was accommodated.

The registered manager of the Manchester branch had not received any face-to-face supervision following the merger of the Oldham and Manchester teams six weeks prior to our inspection. However, he had received telephone supervision every few weeks and he commented that advice ''is only a phone call or email away if I need it''. He attended Sevacare (UK) Ltd regional meetings every three months and used the website of the United Kingdom Homecare Association (UKHCA), which is a professional association for home care providers. This ensured he had the appropriate up-to-date knowledge to manage the service.

Service users were asked to complete an annual satisfaction survey in which they could comment on the care they received. In February 2015 survey questionnaires were sent out to a randomly selected group of service users and there was a response rate of 43.3%. The survey asked seventeen questions focussing on the quality of service provided, and these included ''Do you have regular carers?'' and ''How caring do you think the carers are?''. Interpretation of the data was carried out by Sevacare (UK) Ltd head office, and then passed to the registered manager who subsequently produced a report for all staff. This detailed the findings and showed areas for improvement and how these might be achieved. One question in the survey had highlighted that not all staff were showing their identification badge when visiting clients, and the registered manager had responded by reminding staff that wearing an identification badge was part of the company uniform policy. The overall satisfaction level of service users was very good, with 96% of those who responded to the questionnaire indicating that they were 'satisfied' or 'very satisfied' with the service provided.

We saw that the quality of the service was monitored and reviewed by quality assurance processes, such as audits of daily records, medication audits and 'spot checks'. However, these had failed to identify that some information had been omitted from support plans. During 'spot checks' of individual staff members, care coordinators checked that they were carrying out their role in the correct way, for example by observing

whether or not the support plan was followed, if the documentation was completed correctly and if the carer had arrived on time. We saw evidence that staff team meetings, which covered topics including staff sickness, uniform policy, rotas, and confidentiality, were held at least twice a year, and these enabled the registered manager to discuss important issues with care staff.

All service users received a copy of the ''Statement of Purpose and Service User Guide'', which gave detailed information about the company, such as its aims and objectives, the scope of its services, quality assurance procedures and care management. This document provided appropriate information to help people understand what they could expect from the service.

Sevacare (UK) Ltd had received a 'certificate of accreditation' which certified that they had achieved the 'Investors in People Standard'. This is an assessment framework for helping companies achieve best practise in leading, supporting and improving their workforce.