

Sevacare (UK) Limited

Sevacare - Kingstanding

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?	Requires Improvement ●

Summary of findings

Overall summary

Seva Care is a domiciliary care agency registered to provide personal care to people living in their own home. At the time of this inspection visit they provided 218 people with personal care.

At the last comprehensive inspection on the 10 August 2016 we rated the service as good in the five key questions. Is the service Safe, Effective, Responsive, Effective, Caring and Well led. At this inspection we found improvement was required in Well led, with the overall rating remaining as 'Good'

Following a visit from the local authority commissioners to the service in October 2018, the local authority stopped referring people to the service because improvements were required. The provider is currently working with the commissioners to make those improvements.

This inspection took place on the 14 January 2019 and was announced. We told the provider we were coming so they could arrange to be there and arrange for staff to be available to talk with us about the service.

The provider's quality monitoring system included asking people for their views about the quality of the service. The systems in place for monitoring the service provided, had not identified the shortfalls found during this inspection and improvement was required.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. 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 who used the service felt safe with staff that supported them. Procedures were in place to keep people safe and manage identified risks to people's care. Staff completed training in safeguarding adults and understood their responsibilities to protect people from abuse and harm. The provider conducted pre-employment checks prior to staff starting work, to ensure they were suitable to support people who used the service.

People who required support to take medicines were supported by staff that had been trained to administer them safely. Staff used protective clothing, such as disposable gloves and aprons when providing personal care, to reduce the risk of infection being passed from one person to another.

People had an assessment completed at the start of their service to make sure staff could meet their care and support needs. There were enough trained staff to allocate all the visits people required and to meet people's needs safely. When needed, arrangements were in place to support people to have enough to eat and drink and remain in good health.

People's right to make their own decisions about their care were supported by managers and staff who understood the principles of the Mental Capacity Act. Staff respected decisions people made about their care and gained permission before they assisted people.

People told us staff were kind and treated them with respect. Staff we spoke with knew the people they visited well, and spoke about people in a caring and considerate manner.

People said staff stayed long enough to provide the care agreed in their care plan and did not rush them. Care plans were personalised and provided information for staff about people's care needs and the details of what they needed to do on each call. The registered manager and office staff were in regular contact with people, or their relatives, to check the care provided was what people needed and expected. People knew how to complain, and information about making a complaint was available for people. People knew who the managers were and felt they listened to them and dealt with any concerns they had.

Staff felt supported to do their work effectively and said the managers were approachable and available. There was an 'out of hours' on call system which ensured support and advice was always available for staff. Staff had regular supervision and observations of their practice to make sure they carried out their role safely. The management team and office staff, worked well together and were clear about their roles and responsibilities.

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 continued to be safe	Good ●
Is the service effective? The service continued to be effective	Good ●
Is the service caring? The service continued to be caring	Good ●
Is the service responsive? The service continued to be responsive	Good ●
Is the service well-led? The service was not always well led. The provider had some systems and processes in place to monitor the quality and safety of the service. However, some of these were not always implemented effectively to ensure records were robust or that information gathered was used to drive improvements within the service.	Requires Improvement ●

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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.

The service is a domiciliary care agency. It is registered to provide personal care to people living in their own homes. This comprehensive inspection was carried out by two inspectors and was announced. We gave the provider 48 hours' notice to ensure that someone would be available to assist us during the inspection.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us. Commissioners are people who contract care and support services paid for by the local authority. Following a visit by the local authority commissioners on 25 October 2018 the commissioners stopped referring people who received local authority funding, to the service. This was because of concerns about the quality monitoring of the service provided. This included inconsistency in record management, analysis of trends around call durations, and failure to follow own Quality assurance processes. At the time of the inspection the provider has provided the local authority a action plan in response to the concerns raised. We spoke with the local authority who advised that a monitoring visit will take place to assess compliance with the action plan. Following our visit we were informed by the local authority that the provider had completed the action required.

The office visit took place on 14 January 2019 and was announced. We told the provider we were coming so they could arrange to be there and arrange for care staff to be available to talk with us about the service. Before the office visit we asked the provider for a list of people who used the service. This was so we could contact people by phone to ask them their views of the service. We contacted 16 people by telephone, 10 agreed to speak with us. We used this information to help make a judgement about the service.

During our visit we spoke with the operations manager, the registered manager, and held a group discussion with six staff. We also spoke with four staff on the telephone following our visit. We reviewed four people's

care records to see how their care and support was planned and delivered. We looked at three staff recruitment files, staff training records, records of complaints, and records associated with the provider's quality monitoring systems.

Is the service safe?

Our findings

At our last inspection on 10 August 2016 we rated safe as good. At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. The rating continues to be good.

All the people we spoke with told us they felt safe with the staff that supported them. One person told us, "Safe as houses, staff are so kind, I feel safer with staff than I do when I go out". A relative told us, "God yes [named person] has said they feel that the staff treat them well and have no concerns about being alone with staff". Another person told us, "Of course I am, very safe they [staff] make sure I am ok, lock my door, make sure my frame is with me, I cannot fault them, [staff]". All the people we spoke with including relatives told us they had the contact details for the office if they wanted to express concerns about their care. All staff confirmed training had been provided in safeguarding people, and all staff spoken with knew the procedure for reporting concerns. One staff member told us, "If in doubt report, it's better to be wrong than someone being at risk of harm". Staff were confident appropriate action would be taken if concerns were raised with the registered manager. All incidents were reported to the local safeguarding authorities and us as required. People spoken with confirmed that risks associated with their care were discussed with them. One person told us, "I had a review of the support I needed and all risks were discussed with me. I have support with a shower, it was the getting in and out bit to make sure I did not fall". The registered manager told us that care was not provided unless all risks had been discussed with the person and staff to make sure risks identified were managed to reduce the risk as much as possible when supporting people. Another person told us, "They [staff] always make sure I have my frame before they leave so I can walk about safely". Risk assessments seen detailed how people should be moved, the number of staff required to assist the person, and how to use the equipment in their home. This meant staff had the information to manage risks associated with people's care.

People continued to be supported by staff who were safe and suitable to work with them. The recruitment processes were followed. They included safety checks such as Disclosure and Barring Service (DBS) checks to confirm staff suitability. Application forms were fully completed. The service remained appropriately staffed to meet people's needs safely. Staff spoken with confirmed that they had an induction period where they worked with an experienced member of staff until they had been assessed to work on their own. The registered manager told us there was an out of hours on-call system for people and staff to contact if they needed advice. One person told us, "I had a hospital appointment which I forgot to mention so I called the on call and they arranged for care staff to come after my appointment."

Most people we spoke with administered with own medicines or were supported by family members. Where people were supported by staff they told us they received their medicines as required and staff knew what they were doing. This was also confirmed with competency assessment during spot checks. Staff understood their responsibilities in relation to infection control and hygiene and had completed training in the prevention and control of infection. They were aware of how to minimise the possibility of cross infection by wearing disposable protective clothing and washing their hands thoroughly between tasks. People and relatives, we spoke with indicated they were happy with the hygiene standards and with staff taking appropriate measures and precautions by wearing protective gloves and aprons to reduce cross infection.

Is the service effective?

Our findings

At our last inspection on 10 August 2016 we rated effective as good. At this inspection we found staff continued to have the experience and skills to provide effective care to people. The rating continues to be good.

All the people spoken with confirmed they were involved in the assessment process and felt their care support reflected their needs. One person told us, "Staff let me be me, I don't know what I would do if I had to change the agency, I have been with this one for many years, they are reliable, kind and help me so much". Another person told us, "My one [staff] has been with me for a few years now, she has done lots of training I know, she is excellent at her job". People and their relatives thought staff were experienced and skilled. One relative told us, they [staff] have always been professional, and I feel that they have the skills to look after [named person] I have no concerns at all". Another person told us, "I know they have training because they tell me, to let me know they won't be coming because they have training".

Staff told us they had very good training opportunities and were supported with their professional development. We saw that new staff were trained in accordance with the Care Certificate which offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support. We saw that the provider monitored training as part of staff supervision so updates could be arranged when required. We saw that records were maintained highlighting when refresher training was due. Staff confirmed they completed regular training to keep their skills updated. Staff training records contained certificates of completed courses including, safe handling and administration of medicines, moving and handling people, safeguarding adults and infection control. We saw that staff received supervision where they could discuss any concerns they had, discuss training and areas of personal development. All staff told us the management supported progression within the organisation to a senior level.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities under the MCA. Staff completed training in the MCA and staff we spoke with knew this was about decision making and gaining people's consent before providing care. All staff told us, we always ask peoples consent before we start. One staff member told us, "All people can make choices, irrespective of their illness, it's about giving them that choice and control if I had concern I would report to management". Another staff member told us, "I always ask if it's alright before I start. Everyone I visit can make decisions about their daily routines." People spoken with confirmed staff made sure they were in agreement before commencing care.

People who required assistance with meals and drinks were supported to have sufficient to eat and drink. Most people we spoke with could prepare their own food or had relatives who helped them do this. Where people required staff to assist them with meal preparation, this was recorded in their care plan. People who had assistance from staff to prepare their meals indicated they were satisfied with the service they received.

All the people we spoke with arranged their own health appointments or had family who supported them to do this. Staff told us, if a person was unwell during their call, they would ask if they would like to see a doctor and call the GP. People confirmed staff did this, one person said, "If I'm not well and need the doctor they'll contact them for me." Staff said if they contacted the doctor they would also inform the person's family and contact the office staff to let them know, so they could follow this up if needed.

Is the service caring?

Our findings

At our previous inspection on 10 August 2016 we rated the service as good in caring. At this inspection, we found people continued to have their privacy and dignity upheld by care staff who were kind and caring. The rating continued to be good.

People we spoke with told us they were pleased with the care and support provided. A person we spoke with told us, "The staff who come are like family It's great having them [staff] around, I could not ask for better care". Another person told us, "I've got no complaints at all very happy, I have told my friend about them because she was having trouble, now she has Seva Care". Another person told us, "All I can say is I am very happy, with all they do, my girl [staff] is very good, kind respectful and most of all a friend she [staff] has been coming for about two years, all of them [staff] are caring people". All staff spoken with showed commitment and compassion for the people they supported.

We saw that people were involved in care planning, ensuring that their individual support needs were met. One person told us, "It's lovely to see such dedicated staff, they always have time for a chat I know them really well about their family, it's not like they are care staff doing a job, they really do care about me". All the people we spoke with told us they had reviews to ensure that they were happy and staff were doing what they should. We saw from people's care plans that people were encouraged and supported to express their views and to be involved in making decisions about care and support.

People we spoke with told us that staff treated them with dignity, respect and upheld their rights to privacy. One person told us, "I never feel that my dignity is compromised in anyway and they're [staff] very respectful". A staff member told us, "I make sure that windows and doors are closed when I'm providing personal care, and ask relatives to leave the room so the person's dignity is respected. Staff told us that they received guidance during their induction in relation to treating people with dignity and respect and we saw training records to support this.

People we spoke with confirmed that the staff enabled them to be as independent as possible one person told us, "They [staff] encourage me to do as much for myself as possible which helps me to be independent in certain areas of my care, and they help me if I am struggling which means I am still me". A staff member said, "I encourage people to wash themselves, if they're able, rather than rely on me". Records showed people were asked to nominate staff for awards where they felt staff went above and beyond to support them. One person said, "He [staff] puts himself above his duties, very helpful, respectful and converses with me and my family, he deserves a gold star". Another person said, "[named person] can be very challenging but he [staff] shows great resilience and compassion whiles doing his duties an outstanding carer".

Agree good

Is the service responsive?

Our findings

At the previous inspection 10 August 2016, we rated responsive as good. At this inspection, we found people continued to have their privacy and dignity upheld by care staff who were kind and caring. The rating continued to be good.

People told us the support they received from Seva Care was personalised and met their needs. For example, a relative told us, "It's going very well. [Person] has a small number of regular carers who have got to know her and how she likes things to be done." Everyone knew they had a care plan in their home and had been involved in devising the plan and how their service was arranged.

People said they had regular reviews of their care and care plans were updated to make sure care staff continued to have the correct information to meet their needs. One person told us, "They ask me what I want help with I know this is in my records". A staff member told us, "[Person's name] needs consistency, so if there are any changes I will always contact other members of the team as well as the manager." This ensured people received care that was responsive to their needs.

We found that people were receiving personalised care that was responsive to their individual needs. People told us that they had a choice about aspects of their care including the preferred time of their care calls, the level of support they required and whether they received their care from a male or female member of staff. One person told us, "We chose what time they [staff] come within reason and we usually know who's coming because its regular, but if not, they usually will let us know". Another person said, "Yes, we are involved in making decisions about when and who visits and what we need [support with]". A third person explained, "Yes, they ask me [want I want]; I asked to have a lady for personal care and they do always send a lady". One relative told us, "[named person] has dementia, does not speak English and gets very confused and upset. One staff member who comes speaks our language, the difference this makes is unbelievable, you would not know [named person] has dementia, she is happy and chats away. The agency is ensuring that most of the time this staff member will support [named person]". This showed that the provider was respectful of people's wishes, choices and preferences when planning and delivering care services. We looked at how complaints were managed by the provider.

People we spoke with knew how to complain. They told us they had complaints information in their home and would feel comfortable raising any concerns. None of the people we spoke with had made a formal complaint although some people said they had raised minor concerns with the office staff and were satisfied how this had been responded to. The registered manager told us all complaint were fully investigated with confirmation of the findings to the complainant. We saw eviadance of this in the complaints documentation.

Is the service well-led?

Our findings

At our last inspection, 10 August 2016 the provider was rated 'good' in this key question. However, at this inspection, we found that the provider had not sustained a good standard of practice in all areas of their quality monitoring systems and processes and some improvements were required and is now rated requires improvement.

Following a local authority contracts monitoring visit in October 2018 the commissioners set out an action plan for the provider with specific areas for improvements. For example because of their findings they stopped new referrals to the service of people funded by the local authority while the provider worked with them on an action plan to improve the service. This will be reassessed by the commissioning authority at their next visit as part of their service level agreement.

Although the provider had systems in place to monitor the service provided these were not always used consistently. Records were not always updated when required. For example, all staff received regular supervision to ensure that they were supported with training, personal development and could discuss any concern they had. However, when issues were brought to the attention of the reviewer, these were not always recorded as being followed up at the next supervision to assert if any action had been taken. The registered manager told us that any concerns with staff or further training is needed is dealt with at the time, but agreed that this information should be recorded to identify that action has been taken.

The registered manager and operation manager told us that they were aware of the short fall in record management and a review of the quality monitoring has taken place. As a result, of their findings a branch auditor has been employed to oversee the management of records so all records are continually updated when required.

People told us that they had appropriate opportunities to provide feedback about the service they received. Feedback was gathered by an annual quality assurance survey, observations of staff in people's homes, review meetings with people and satisfaction telephone calls. All the people we spoke with told us they would recommend the agency to other people. One person told us, "My friend had a service which she did not really like, she is now with Seva Care and really happy, I told her about it". Another person told us, "I am very happy and would recommend it," and, "I would recommend them, I had the chance to move but I chose to stay with them."

Staff felt supported by the managers, they told us managers were 'always there to listen', 'very approachable' and 'cared about their staff'. Care staff said communication from the office worked well and that they could speak with the managers about any issues connected with work or of a personal nature. Staff said they felt appreciated and valued by the management team. One staff member told us, "The managers always say thank you for what we do."

A range of policies and procedures were available to support staff in their role and to ensure the service operated effectively and safely. Policies and procedures had been recently reviewed by the provider. The registered manager was supported by a management team that consisted of the, operations manager, care co-ordinators, senior care staff, and office administrators.

All staff we spoke with confirmed that they were aware of the whistle-blowing policy and processes within the organisation and felt confident raising concerns both internally and externally (with CQC for example). Whistle-blowing is a term used when a member of staff raises a concern about wrong-doing or illegality that may be occurring within the organisation in which they work. Whistle-blowers are protected by law to

ensure that they are protected as far as reasonably possible, against the risk of reprisal.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager could tell us of their understanding of this regulation and showed us examples of how this was implemented in practice. We also found the provider to be open, honest and co-operative throughout the inspection process. We found that the provider was well organised and any information we asked for was provided without delay.