

Sevacare (UK) Limited

Brunel Court

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

The inspection took place on 26 and 27 November 2018. We gave notice of our intention to visit Brunel Court to make sure people we needed to speak with were available.

Sevacare (UK) Limited provides personal care services for people living in an extra care housing scheme at Brunel Court. Brunel Court is one of four extra care housing schemes in the city which Sevacare (UK) Limited manage along with an agency providing care in people's homes as their "Portsmouth Branch". The management of the buildings and facilities at Brunel Court is not the responsibility of Sevacare (UK) Limited. The buildings contain self-contained flats with some shared facilities. Sevacare (UK) Limited has an office from which they manage their service. At the time of our inspection there were 41 people receiving personal care and support.

The service had 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. The registered manager, who oversees several other extra care housing schemes in the local area, is supported by a service manager. They are in day to day control of Brunel Court.

At the last inspection on the 24 June 2016, the service was rated Good. However, it was rated Requires Improvement in Responsive. The service has now improved to Good in Responsive. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service remained rated Good.

During the last inspection we found the area Responsive was requires improvement. At that time people were not always satisfied that their care and support met their needs and preferences.

People now said the service was responsive to their needs. One person said; "I was struggling to keep up..... but since I have been here I have been settled." Another said; "I've got complex medical issues and it's good to know I can get extra help if I need it." A relative said; "Mum is very happy here. We live away abroad so it's a comfort to us that she is safe and well cared for."

The service was responsive to people's needs and people were able to make choices about their day to day routines. People had access to a range of organised and informal activities which provided them with mental and social stimulation. People were supported to access the local community.

People were enabled and supported to lead fulfilling, independent and active lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. One relative said, "We live away abroad so it's a comfort to us that she is safe and well cared for."

People continued to be safe using the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. People had their needs met by suitable numbers of staff, with additional staff support arranged when needed. A few staff felt that additional staff would enable people to receive their care in a timely manner. However, no one spoken with had an issue with the times they received their visits from staff or the frequency of the visits. All people spoken with were happy with the support they received.

People's medicines were managed safely. Staff received medicines training and understood the importance of safe administration and management of medicines.

People were protected from abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected. One staff member said; "I'd have no hesitation on talking to X (name of the service manager) and I'd know they would deal with it."

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments had been completed to help support and enable people to retain as much independence as possible and help reduce risks from occurring. Risks associated with people's care and living environment were effectively managed to ensure their freedom was promoted. People were supported by mostly consistent staff to help meet their needs.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff confirmed they attended team meetings and they received one to one supervision to monitor their practice with appraisals of performance. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). Staff said the Care Certificate training looked at and discussed the Equality and Diversity policy of the company.

People's equality and diversity was respected and people were supported in the way they wanted to be. People's human rights were protected because the registered manager and staff understood the Mental Capacity Act 2005 (MCA).

People who required assistance with their food made choices of meals, snacks and drinks they enjoyed. Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs.

People continued to receive a service that was caring. Staff demonstrated kindness and compassion for people through their conversations and interactions. If people found it difficult to communicate or express themselves, staff offered additional support and showed patience and understanding.

People could make a complaint and were confident action would be taken to address their concerns. The registered manager treated complaints as an opportunity to learn and improve. The complaints procedure was available in an easy read version to assist people.

People's communication needs were known by staff. Staff adapted their communication methods dependent upon people's needs, for example using simple questions and easy to understand information

for people with cognitive difficulties. The service remained responsive to people's individual needs and provided personalised care and support. The registered manager had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. People received information in a format suitable for their individual needs. Throughout the inspection we saw evidence of how the registered manager and staff understood and promoted people's rights as equals regardless of their disabilities, backgrounds or beliefs.

The service was well led. The provider had systems in place to monitor, assess and improve the service. There was an open culture, and people and staff said they found access to the office and registered manager welcoming and easy. Staff were positive and happy in their jobs. There was a clear organisational structure in place.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service had improved to Good.

People said they were happy with the care and the staff were responsive to their needs.

Is the service well-led?

Good ●

The service remains Good.

Brunel Court

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 was a comprehensive inspection completed on the 26 and 27 November 2018 and was announced. We gave the service notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in. The inspection was completed by one adult social care inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met with nine people all who received support with personal care and lived in their own home. We also spoke to four visitors and seven staff members. We received feedback from two professionals involved in the service.

We looked at five records which related to people's individual care needs. We viewed four staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Is the service safe?

Our findings

The service provided safe care. People told us they felt safe with the staff supporting them. Comments included; "I feel safe here because there is always someone around" and "I know it's safe here as there are staff available to help me" also "I feel safe here as there is nothing to worry about."

The service provided safe care. People were able to tell us about the support they received. People were relaxed and comfortable with the staff who were supporting them. People able to told us they felt safe with the staff supporting them.

People were supported by staff that were safely recruited. People had sufficient numbers of staff employed to support them and help keep them safe and make sure their needs were met. People told us the staff met their needs, supported them and spent time socialising with them. However, a few staff felt the service could be short of staff at times. These staff member said that additional staff would enabled people to receive their care in a timely manner. However, no one spoken with had an issue with the times they received their visits from staff or the frequency of the visits. All people spoken with where happy with the support they received.

Staff were protected whilst lone working and a whistle blowing policy was available to all staff. An out of hours on call service was available to support staff safety and ensure people receiving visits received them.

People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place. These policies and regular feedback from people using the service, helped protect people from discrimination. Staff had completed safeguarding training.

People had documentation in place relating to the management of any risks associated with their care. Risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's own home, as well as risks in relation to their care and support needs. Incidents and accidents were monitored and actions taken to prevent the problems occurring again. Updated risk assessments were read and followed by staff. Regular service reviews and quality monitoring checks ensured procedures were followed. Staff had received fire training and were aware of the emergency procedures to follow in the event of a fire. Staff completed infection control training and knew how to protect people from associated risks. Staff confirmed protective equipment was available to them.

People's medicines were managed safely. People's medicines were administered as prescribed. Medicines were stored in people's own home in locked cabinets. Staff completed medicines training and were checked for competency. People's support with their medicines was mainly limited to prompting and reminding them.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff had a good knowledge of people they supported and were competent in their roles which meant they could effectively meet people's needs. Staff all agreed plenty of training was offered and regularly updated.

People were supported by well trained staff. People spoke positively about the knowledge and skills of the staff supporting them. Staff confirmed regular training was provided in subjects which were relevant to the people they provided care to. For example, dementia training. New staff completed the Care Certificate (a nationally recognised training course for staff new to care). This covered equality and diversity and human rights training as part of this ongoing training. Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. Staff had their practice monitored and attended team meetings. Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff confirmed the management had an open-door policy.

The PIR records; "All staff are spot checked, and receive carer assessments/ workplace observations to ensure that they are supported and delivering a quality service at all times."

The service arranges a "Diversity Thursday" which enabled staff to learn and understand different culture of people. On staff member said; "We love diversity Thursday!"

The registered manager and staff understood their responsibilities in relation to the legislative framework of the Mental Capacity Act 2005 (MCA). 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.

People's right to make decisions about their lives was respected and supported by the staff. Where people lacked the capacity to understand the implication of decisions about their care, best interest's decisions were taken with appropriate health professionals, their advocate and care staff who knew them well.

People's care records held communication information. People's care plans supported staff to meet people's individual needs. For example, care plans described how hearing difficulties could affect people's communication. Therefore, these plans described how staff, needed to make sure people's hearing aids were in place, and switched on. Whilst no one currently needed their care plan in a different format, we were told that this would be discussed at people's initial pre-assessment, and arranged when necessary, for example care plans could be produced in large print or in audio.

People, when required, were supported effectively with their nutrition and hydration, and when necessary people's care plans detailed their likes and dislikes. Care records were in place to record people's intake, when they were at risk of not drinking enough. The records enabled staff to monitor trends and to seek advice from health professionals, when necessary.

People had access to external health and social care professionals, and the service worked with external professionals to help ensure people's care was co-ordinated.

The service had policies and systems to support people in developing their relationships with each other and those outside the service. This included identifying the right training for staff. The registered manager was aware of how to support people to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

Is the service caring?

Our findings

People continued to receive a service that was caring because the values of the organisation ensured the staff team demonstrated genuine care and respect for people. People told us the staff were kind and caring. Comments included, "The carers are all very nice to me" and "Yes it's ok here."

People had used the service for many years and had built strong relationships with the staff who supported them. People we met and spoke with said they were all happy and comfortable with the staff working with them. Staff were cheerful and friendly. Staff knew each person they cared for well. Staff understood the importance of treating each person equally, and as a valued individual.

People were supported by staff who were both kind and caring. Staff were attentive to people's needs and understood when people needed reassurance or guidance.

People and their relatives were encouraged to be involved in all aspects of care. Regular reviews with people and those that mattered to them were in place. If people contacted the office to request any changes, the changes were made straight away. One person told us, "I've got complex medical issues and it's good to know I can get extra help if I need it. I get two carers visits a day."

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff. People received care from a regular staff team. This consistency helped meet people's needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

People lived in their own home or shared accommodation with their next of kin. Staff were observed ringing door bells to gain access with consent to people's private homes.

People told us their privacy and dignity was respected. Staff received training in respect of how to promote people's dignity and privacy, and staff understanding was monitored by way of unannounced checks by managers.

People's independence was respected. Staff said that while supporting people they encouraged them to be as independence as possible. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

Brunel Court is an organisation that recognised everyone as an equal, regardless of their sexuality or ethnicity. Staff had received equality and diversity training and people's individual needs were taken into account.

Is the service responsive?

Our findings

At the last inspection on the 24 June 2016, the service was rated Requires Improvement in Responsive. At that time people were not always satisfied that their care and support met their needs and preferences.

The service was now responsive. People received personalised care that was responsive to their needs. People's care plans were person-centred, and detailed how they wanted their needs to be met in line with their wishes and preferences. People's care plans also detailed their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's health needs. Care plans helped to provide guidance to staff about how people needed and wanted their care to be provided.

The PIR documents; "We ensure that the service is effective by completing a person-centred care plan as soon as a service need has been identified, including how to be responsive to the person's individual personal preferences, needs and values."

People told us they received personalised care which met their individual needs. The registered manager and service manager wanted to ensure people received an individualised service that met their needs, so reviewed people's care plans with them or their relative, making sure they were satisfied with the care and support they were receiving. The registered manager told us how they involved external professionals, such as social workers when they felt people's needs were not being effectively met. Staff said people's care plans were kept up to date by the service manager, and explained how they also provided ongoing feedback to help ensure they were reflective of people's current care needs.

Staff told us they were responsive to people's changing care needs and recorded and escalated their concerns as required to the registered manager. Staff told us if people became seriously ill, they would phone the GP (asking the person's permission first) or dial 999 if necessary.

If people had protected characteristics under the Equality Act these were respected and documented. The provider's policies and procedures reflected that people would be treated equally and fairly.

The company had a complaints procedure available for people and visitors to access. People said they would not hesitate to contact the office if they had a problem. They felt comfortable about raising concerns and complaints. Those that had raised concerns were generally satisfied with the outcome and how the complaint had been handled. Records showed that complaints were fully investigated; corrective action taken where necessary and people were kept fully informed. People had a complaints procedure included with the information file in their home. The registered manager clearly understood the actions they would need to take to resolve any issues raised. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. One person commented; "Oh yes, I can tell the staff or the manager and I feel confident that they would do what they can."

The Accessible Information Standard is a framework put in place making it a legal requirement for all

providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was proactive in identifying any communication needs and care plans provided the guidance staff needed to facilitate effective communication. People had either family members or external advocates appointed to ensure people who were unable to effectively communicate, had their voices heard.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was proactive in identifying any communication needs and care plans provided the guidance staff needed to facilitate effective communication.

Staff understood how to ensure people would receive appropriate care at the end of their lives, with dignity and as much independence as possible. This meant that people who would need end of life care in the future could be confident in the care delivered.

Is the service well-led?

Our findings

The service remains well-led. Staff spoke highly of the registered manager and the service manager. The service manager had day to day control of the service. They were also the registered provider. People said; "X (named the service manager) is very good. I know if I had a complaint or a query she'd sort it out" and "The staff and management are very good."

The registered manager ensured the company's visions were embedded into the culture and practice within the service, and incorporated them into staff training. These included offering a reliable, consistent and safe service. As a consequence of this, people were happy with the service and felt well cared for.

People received a service where the provider's caring values were embedded into the leadership, culture and staff practice. Staff had confidence in the provider of the service. Staff told us the registered manager was approachable and made themselves available for support and guidance. The registered manager was open, transparent and person-centred. We were told that the focus of the registered manager was to ensure people came first and received good outcomes.

The PIR stated the company's values and included; Caring for our customers. Support and enabling our customers to live life to the full. Promoting independence. Delivering personalised services which meet the needs of the individual. Caring for our difference. Value diversity."

People received a service where the provider's caring values were embedded into the leadership, culture and staff practice. Staff had confidence in the provider of the service. Staff told us the management team were approachable and made themselves available for support and guidance. The registered manager was open, transparent and person-centred. We were told that the focus of the service manager was to ensure people came first and received good outcomes.

Staff, were hardworking and very motivated. They shared the philosophy of the provider. Staff meetings, appraisals and supervisions were seen as an opportunity to look at current practice. Staff spoke positively about the provider of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company, but mostly with the people they supported. The registered manager and service manager regularly checked and monitored the culture, quality and safety of the service by meeting with the people and staff, to ensure they were happy with the service.

The provider had systems in place to monitor, assess and improve the service. Checks were carried out regularly on all areas of the service, including visits to people's homes where they completed detailed checks on all aspects of the service people received. The registered manager had worked with the local authority commissioning team to ensure they met the local authority's required standards. They also had a range of checks and audits in place to ensure they met all relevant legal requirements and good practice guidelines.

People had a service which was continuously and positively adapting to changes in practice and legislation. For example, the provider was aware of, and had implemented the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the legislation.

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people received. For example, there were processes and systems in place to check accidents and incidents, environmental, care planning and other safety audits. These helped to promptly highlight when improvements were required.

The management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR).

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.