Care Quality Commission

Sevacare (UK) Limited

Milton Village

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
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?	**Requires improvement**

Overall summary

The inspection took place on 16 October 2015. We gave notice of our intention to visit Milton Village 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 Milton Village. The scheme covers three purpose built buildings located in the same area of Portsmouth. Milton Village is one of four extra care housing schemes in the city which Sevacare (UK) Limited manage as their "Portsmouth Branch". The management of the buildings and facilities is not the responsibility of Sevacare (UK) Limited. The buildings contain self-contained flats with some shared facilities. Sevacare (UK) Limited has an office in one of the buildings from which they manage their service. At the time of our inspection there were 26 people receiving personal care and support.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had not notified us of events they were required to by law. However other aspects of the

Summary of findings

management of the service were effective. The provider had made improvements in the management and atmosphere of the service. There were systems in place to monitor and improve the quality of service provided.

The provider's processes for involving people in decisions about their care and support were not always successful. People were not aware of their care plans and involved in decisions about their care. However staff established caring relationships with people and took steps to maintain their privacy and dignity.

People were not always satisfied staff arrived at the right time and stayed for the correct amount of time. In other respects they received care according to their agreed plans which met their needs and reflected their choices. The provider took steps to make people aware how they could complain, however these steps were not always successful. Where people did complain, their complaint was managed appropriately, although the people complaining were not always satisfied with the outcome.

The provider made sure staff knew about the risks of abuse and avoidable harm and had suitable processes in place if staff needed to report concerns. The provider had procedures in place to identify, assess, manage and reduce other risks to people's health and wellbeing. There were enough staff to support people safely according to their needs. Recruitment procedures were in place to make sure staff were suitable to work in a care setting. Procedures and processes were in place to make sure medicines were handled safely.

Staff received regular training, supervision and appraisal designed to help them obtain and maintain the skills and knowledge required to support people according to their needs. Arrangements were in place to obtain and record people's consent to their care and support.

We found one breach of the Care Quality Commission (Registration) Regulations 2009. We made a recommendation concerning care planning and people's awareness of the complaints process.

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?
The service was safe.

People were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and checked they were suitable to work in a care setting.

Staff reminded and prompted people to take their medicines.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the required skills and knowledge.

Staff made sure people understood and consented to their care and support.

Good

Is the service caring?
The service was caring.

People were not always aware of their care plans but records showed staff tried to involve them in decisions about their care.

There were caring relationships between people and their care workers.

People's privacy and dignity were respected and their independence was promoted.

Good

Is the service responsive?
The service was not always responsive.

People did not always receive care at consistent times and from consistent care workers.

People were not always aware of how to complain.

Care plans were detailed and personal to the individual. The provider had processes to make sure people's care was delivered according to the plans.

The provider logged and managed complaints they received.

Requires improvement

Is the service well-led?
The service was not always well led.

The provider did not notify us without delay of significant events that occurred while providing the service.

Management systems and quality assurance processes were in place.

There was an improved atmosphere in the service.

Requires improvement

Milton Village

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 16 October 2015. We gave the registered manager 48 hours' notice of our visit to make sure people we needed to speak with would be available. An inspector and an expert by experience carried out the inspection. 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 the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we had received from people who used the service and employees.

We sent a questionnaire to people and received 15 back. We spoke by telephone with four out of five people who indicated they would be willing to do so. We contacted two social care professionals who worked closely with the service. We spoke with the registered manager, one of the provider's directors, and three members of staff.

We looked at care plans and associated records of four people. We reviewed other records relating to the management of the service, including risk assessments, quality survey and audit records, management reports, training records, policies, procedures, meeting minutes, and two staff records.

Good

Is the service safe?

Our findings

All the questionnaire returns showed people felt safe from harm in the presence of their care workers. All the people we spoke with said they felt safe in their housing scheme. One said, “Yes I am safe here because there is always someone to call. I can always get help and that is good for me.” They went on to say, “No-one ever gets cross or grumpy with me.” Another person said, “They put me next door to the carers so that I can get someone quickly. I just press my wrist band and they are here in a flash.” People were satisfied they received appropriate support with their medicines, although they did not all know what their medicines were for.

The provider supported staff to protect people against avoidable harm and abuse. They were informed about the types of abuse and signs to look out for. They were aware of the provider’s procedures for reporting concerns about people. Staff told us they were confident any concerns raised would be investigated and handled properly. They were aware of contacts they could go to outside the organisation if they considered their concerns were not being handled in a timely, appropriate fashion. They had regular refresher training in the safeguarding of adults.

The provider had policies and procedures for safeguarding and whistle blowing. They contained information about the types of abuse, signs to look out for and what to do if staff suspected or witnessed abuse. The registered manager told us updates to policies and contacts were sent out with staff pay slips and followed up at supervision sessions.

The provider identified and assessed risks to people’s safety and wellbeing. These included risks associated with people’s behaviours, fire safety, use of specialist equipment, and risks associated with pets and cleaning products in people’s flats. Action plans were in place for staff to manage and reduce risks. These included instructions to make sure a person was wearing their pendant alarm before ending their call, and making sure a person put their cigarettes out safely.

There were sufficient staff to support people according to their needs and keep them safe. During the day staff were assigned to each of the three buildings according to the needs of the people supported. During the night there were three staff to support people whose care required overnight calls and to respond to emergency requests. Rotas respected requests for female only staff, and calls where two staff were required to support the person.

Staff told us their workload was manageable and they were able to support people safely. The provider covered absences with personnel from other schemes. There was no use of agency staff.

There was a robust recruitment process designed to make sure successful candidates were suitable to work in a care setting. Records showed the provider made the necessary checks before staff started work, including identification, evidence of satisfactory conduct from previous employers and checks with the Disclosure and Barring Service (DBS). The computer based rota system was set up so that staff could only be assigned to calls once their induction was complete.

People’s support with their medicines was mainly limited to prompting and reminding them. One person with a physical disability needed more assistance to take their medicines. Staff supported people with prescribed medicines only, and where appropriate these were provided in a blister pack system. Guidance was in place where people were prescribed medicines “as required”. We checked the medicines records for four people and they had all been completed correctly.

Senior staff made sure people received their medicines correctly by means of observation checks, after care checks and routine care assessments. The registered manager had carried out an audit of medicines records in July 2015 and found no concerns.

Good

Is the service effective?

Our findings

Everyone we spoke with was happy with the skills and experience of the care workers who supported them. Two people said, “They know what they are doing.” One of them went on to say, “We get all the help we need here.” Questionnaire returns showed the majority of people were satisfied with the skills and knowledge of their care workers.

Everyone told us staff asked for their consent. One said, “It is like they suggest things and then we do them. ‘Shall we have a wash?’ They are really nice.”

The provider had a programme of training for staff which was monitored by the registered manager by means of a computer file which showed where refresher training was in date, due soon or required. The file indicated almost all staff were up to date with their training with three staff members needing refresher training in moving and handling.

Staff found the training they received prepared them adequately to support people. Where they needed specific knowledge to support a person with a particular condition, they had a demonstration by a visiting district nurse. The provider kept a record of which care workers had attended these sessions. The provider had a three day induction course which was used for new starters and people transferring from another company.

Staff were supported to provide care and support to the required standard by regular individual supervision sessions, observations and appraisal. The provider’s target was for all staff to have contact of this type at least once every three months. Staff contact sessions were recorded and the staff member’s performance in the areas supervised was given a score. The registered manager monitored the completion of supervisions and observations by means of a computer file which showed all staff were receiving them in line with the three monthly target.

Staff we spoke with felt supported by the regular, formal supervisions, and by informal contact. One said, “There is always a senior on if you need support.”

The registered manager was aware of the Mental Capacity Act 2005 and its associated code of practice. It did not apply to any of the people they supported as they were all able to communicate their consent to their care and support. Staff received basic training in mental capacity, and were aware of the principles of the Act.

People had signed consent forms to record their agreement to their support plans where they were able to do so. For example, risk assessments for the use of bed rails recorded that the person had consented to their use. Care plans were written in such a way to encourage staff to seek consent, and daily communication logs showed this was done.

The service had limited involvement with supporting people to eat and drink according to a balanced, healthy diet. Care workers supported some people with their food shopping and could advise them about food choices, but people were responsible for their own diet. Nobody was at risk of not eating or drinking enough.

The service had limited involvement with supporting people to access healthcare services. In some cases care workers helped people to arrange appointments, but this was normally done by the person or their family.

Good

Is the service caring?

Our findings

In questionnaire returns most people agreed with the statements "My care workers treat me with respect and dignity" and "My care workers are caring and kind". We discussed with the registered manager that two people disagreed with these statements. The manager said there had been problems with one care worker who was no longer employed. Social care professionals we spoke with were aware of certain incidents in the past, and felt that improvements had been made recently.

None of the four people we spoke with were aware they had been involved in developing their care plan. One said, "When I came they went and talked and sorted out my care. They didn't talk to me. Care plan? No, I don't know that I have anything. I'm all right, but they don't talk to me about a care plan." Another person said, "I know I have one (care plan), but it has never been discussed with me." Three out of 15 people who returned questionnaires were not involved in making decisions about their care and support.

However, the registered manager and staff described how people were involved in their assessments and people's care plans contained evidence of their involvement, such as signed consent forms. Care plans were written in a way that encouraged people's involvement in their care and support. For instance, one had instructions for care workers to ask what the person would like for breakfast. Daily communication logs included examples of care workers involving the person in their support.

All the people we spoke with said their care workers were kind and caring. One said, "They are nice and respectful and polite". Another said, "The carers are nice. I get on with them all right. They are kind and thoughtful. If I want anything they will always help." A third person said, "They are lovely and they are polite. They are all very nice to me and they pop in and out to see me." People said care workers took steps to maintain their dignity and privacy, and to promote their independence. For instance, "They come in and put me to bed. Well, help me. They help me to help myself." Staff gave us examples of how they took steps to preserve people's privacy and dignity while supporting them with their personal care.

Staff told us there was time allowed in their daily rotas so they could make personal contact with people. People knew where the office was, and they would come to speak to staff outside their planned calls. Staff took time to arrange events for people that were outside the scope of their contracted service. They had recently arranged with the local pub to provide a Sunday roast lunch for people which was served in a shared area of the scheme.

None of the people receiving personal care services at the time of our visit had particular needs or preferences arising from their religious or cultural background. The provider's assessment process would identify these needs if necessary. Equality and diversity training was included in the provider's basic training programme.

Requires improvement

Is the service responsive?

Our findings

People were not always certain they had care and support that was delivered by consistent staff. One person said, "We just get anyone, we don't know who is coming until they appear." Another said, "We never know who is coming. They are all lovely. Sometimes it is different people coming."

People were not always certain their care workers came at the right time or stayed the correct amount of time. One said, "They come in and they are gone in minutes. I don't know how long they are supposed to stay for. … There are no fixed times, I don't think, but they come in and they are very quick." Another said, "They are quick when they come in. … No, we haven't been asked about times. They tell us, no choice, but they are OK."

Returns from questionnaires showed more than a quarter of respondents (27%) were dissatisfied about their care workers staying for the agreed time, and more than a third (34%) were dissatisfied about their care workers completing all the agreed tasks.

People's care plans did not specify times for people's calls. They used general terms such as AM, lunch, tea or PM. People did not have calls at consistent times. The daily communication logs showed one person had their morning call at various times between 7am and 8:40am. Another person's morning calls were at different times between 9:15am and 10:35am. The registered manager told us the variation in call times was due to the availability of staff, but that consistent call times were not of great importance for those people's care. The provider's reports showed 68% of calls in their Portsmouth services were made by consistent staff, which meant nearly a third of calls were not.

Apart from concerns about the planned times for calls, people's care plans reflected their individual needs and personal preferences. They reflected the person's point of view and contained detailed instructions for staff, for instance how the person liked to take their medicines. The care plans recorded the objectives of the care plan and the desired outcomes, for instance to maintain the person's independence and dignity. People's choices were recorded, such as how they liked to take their hot drinks and what they preferred to have for breakfast. Staff told us the care plans contained the information they needed to support the person according to their needs and preferences.

People's care plans were reviewed regularly and as people's needs changed. The registered manager told us they tended to make changes to people's plans after they had been supporting them for 28 days. By this time, factors not available in the information provided at the time of people's initial assessment often came to light. There were records kept of individuals' service reviews.

Care workers recorded the care provided in daily communication logs. The registered manager audited these periodically and verified the actual care provided by means of after care spot checks and discussions with the person. There were records kept of spot checks and service user reviews.

Forty percent of people who returned questionnaires said they did not know how to make a complaint and the provider did not respond well to complaints and concerns. People we spoke with had varying experiences of making a complaint. One said, "We complained once about one of the carers, but he still came. He's gone now so it doesn't matter, but they didn't take any notice." Three people had not had reason to complain, although they were not aware of the procedure to do so. One said, "It suits me here. I don't need to complain." Another said, "I've not wanted to complain. I like it here. If I did I'd just find someone to tell."

Information about how to complain, along with the provider's statement of purpose and a summary care plan, was included in information which the registered manager told us was available in every person's flat. The manager maintained a complaints log and complaints file, which contained records of complaints people and their relatives had made. These had been followed up and the findings of any investigation were included in the record and communicated to the person making the complaint. However a significant number of people told us they were not aware of the complaints process.

We recommend that the provider review their care planning and assessments in relation to the times of calls, and take action to address people's awareness of the complaints process.

Requires improvement

Is the service well-led?

Our findings

The regional director, registered manager and staff all considered the service had improved since Sevacare (UK) Limited had taken over at Milton Village from the previous provider. They described to us changes they had made to address problems they inherited. Social care professionals who worked closely with the service agreed that the new management team had made a difference and that people were now much happier with the quality of service provided. The registered manager worked with the local council in the interests of providing a service that met people's needs.

The minutes of a meeting with people who used the service held the month before our visit recorded that: "There has been much improvement in the atmosphere at Milton Village". People at the meeting praised the care staff and new manager for improvements and found all staff were "now very friendly and approachable".

The management system in place was mostly effective, but we found the registered manager had not sent us notifications. A notification is information about important events which the provider is required to tell us about by law. We saw records which showed these events had occurred, such as an incident involving the police in June 2015. They had been followed up internally, but we had not received any notifications about Milton Village since December 2013. The registered manager told us they were aware of the requirement to notify us and to be open and honest about events that happened, but they had not known who to address any notifications to. We started to receive notifications after the inspection visit.

Failure to notify us without delay was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff were motivated to support people and provide a quality service. They said they worked "with heart, not just a job". They found the service to be well managed, caring and "person-centred". They knew what to do, what was expected of them and support was available if they needed it. We saw staff of all levels engaging with people in a friendly, open way.

The registered manager was responsible for Milton Village and for three other schemes managed by the same provider in the local area. At this location they were supported by a scheme manager, team leader and four senior care workers. Their management system included weekly meetings with the scheme management team, quarterly meetings with all staff, and quarterly meetings with people who used the service.

The weekly meetings were used to manage live issues and concerns about people's care, and the quarterly staff meetings covered wider issues, such as confidentiality, medication, and new policies and procedures. The scheme manager and team leader carried out regular spot checks which were supplemented by the registered manager's own spot checks which they did to keep in touch with staff and the people they supported. The registered manager occasionally worked shifts for the same reason.

The regional manager visited the service every four to six weeks, and was in daily contact with the registered manager by phone or email. The registered manager sent a weekly report which covered staff issues, compliments and complaints, spot checks, supervisions and appraisals, risk assessments, and health and safety matters.

Systems were in place to monitor and improve the quality of service provided. These included reports on the status of risk assessment and care plan reviews. These were reviewed weekly by the regional director, and action was required if compliance fell below 70%. The registered manager carried out monthly audits of daily communication logs, and occasional audits of other records, such as medicine records.

The provider carried out an annual quality survey of the service. The most recent of these had been in November 2014. The registered manager told us the outcome of this was that the service was "green" with no actions and everything in date and compliant. However the report was not available for us to see at the time of the inspection.

The provider sought people's views on the quality of the service they received by means of survey questionnaires. There had been a survey in October 2014. It had covered all of the provider's services in the local area, not just Milton Village. It was wide-ranging with a total of 32 questions asked. The "preliminary report" analysed people's responses and found some areas of satisfaction and some areas of improvement. Steps had been taken in the

Requires improvement

Is the service well-led?

intervening year to make improvements in the areas indicated. The provider had just started the process of carrying out a new survey to see if people's satisfaction had improved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered person did not notify the Commission without delay of incidents specified.** Regulation 18 (1) and (2)