Sevacare (UK) Limited

Sevacare - Portsmouth

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 2 February 2016. We gave notice of our intention to visit Sevacare - Portsmouth to make sure people we needed to speak with were available.

Sevacare (UK) Limited provides personal care services for people living in their own homes and in four extra care housing schemes in Portsmouth. Sevacare (UK) Limited manages these five registered locations as their "Portsmouth Branch". At the time of our inspection 103 people received personal care and support in their own homes managed from Sevacare (UK)'s office at 103 Portsmouth Technopole.

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 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.

Staff were able to develop caring relationships with people. They respected their independence, privacy and dignity when supporting people with their personal care.

The provider's assessment, care planning and reporting systems resulted in people receiving care and support that met their needs and was delivered according to their preferences and wishes. People knew how to make a complaint if they had any concerns. Complaints were logged, investigated and followed up.

People and their care workers described an open, supportive, caring culture. This was maintained by effective management systems and procedures to monitor and improve the quality of service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People 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.

Processes were in place to ensure medicines were handled safely.

Is the service effective?

Good

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.

Is the service caring?

Good

The service was caring.

People were aware of their care plans and involved 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.

Is the service responsive?

Good

The service was responsive.

People's care was based on care plans which 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.	
Is the service well-led? The service was well led. There was a positive, caring culture. Effective management systems and quality assurance processes were in place.	**Good**

Sevacare - Portsmouth

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 2 February 2016. We inspected four of Sevacare (UK)'s five registered locations in Portsmouth in the same week. We gave the registered manager 48 hours' notice of our visit to make sure people we needed to speak with would be available. Two inspectors carried out the inspection.

Before the inspection, we reviewed previous inspection reports and other information we had about the service, including information from staff and people who used the service, and notifications provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

After the visit on 2 February 2016 we spoke with 20 people who used the service and their family members. We spoke with the registered manager, the provider's regional director, and six members of staff.

We looked at care plans and associated records of six 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 five staff records.

Good

Is the service safe?

Our findings

People told us they felt safe when they were supported by Sevacare (UK) staff. One said, "I feel very safe with my carers. They are so good. They have gotten used to me and how I like things done. They always behave appropriately." Another said, "Yes I do feel safe generally. Carers do behave appropriately. My carers know me quite well by now, and they know what help I need. If I had any concerns, I would probably speak to the manager."

The provider supported staff to protect people against avoidable harm and abuse. Staff were informed about the different types of abuse, and the signs and indications 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 they 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 at risk.

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 were discussed at supervision sessions and staff meetings. Signed records were in place to show staff had read policies and processes.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with people's medicines, fire safety, use of specialist equipment, and risks associated with pets and hazardous substances in people's homes. Action plans were in place for staff to manage and reduce risks.

Staff followed procedures to record accidents and incidents. These were investigated and followed up. A process was in place to make sure any lessons were learned from accidents and incidents.

There were sufficient staff to support people according to their needs and keep them safe. The provider had a computer based rota system which allowed them to make sure only appropriately trained staff called on people. For instance, staff not trained in administering medicines could not be assigned to a call where they would be required to prompt the person to take their medicines.

Staff told us their workload was manageable and they were able to support people safely. The provider covered absences with their own personnel. Office staff were trained to support people if needed. There was no use of agency staff.

The provider's recruitment process was 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 evidence of identification, of satisfactory conduct from previous employers and of 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. Staff supported people with prescribed medicines only, and where appropriate these were provided in a blister pack system. We checked the medicines records for four people. They showed people had received their medicines as prescribed. Records were audited by senior staff and any anomalies found were followed up.

Staff confirmed they received medicines training, and were aware of how to administer medicines safely. One care worker described how they had been asked by a person's family to administer their medicines disguised in food or drink. They had explained why they were not able to do so. This showed they were aware of procedures to make sure people received their medicines safely and according to their wishes or best interests.

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. One person said, "I think my carers are just used to helping me now and so they know what to do. I think they have the right skills to help me." Another said, "The carers all have the right skills and experience to look after me because they have been looking after me for quite a long time and know what is needed to care for me. I have every faith in them, they have training as well. I have no doubts about their abilities."

People told us staff asked for their consent before supporting them with their personal care. One person said, "I am able to give consent to my care. If I declined care for any reason, the carers would probably ask me why, but would accept my decision." Another person said, "If I decline my care for any reason, my carers accept my wishes. They don't push me. I have full capacity to make my own decisions. Consent is not an issue."

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 in the near future or late. The file showed all staff who were actively making calls were up to date with their training.

Staff found the training they received prepared them adequately to support people. They had refresher training when it was due. Where they needed specific knowledge to support a person with a particular condition, they had relevant training, for instance how to support people with a PEG feeding tube. The provider kept a record of which care workers had attended these training sessions to refer to if rota changes were required. 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 one to one contact of this type at least once every three months. Staff confirmed they received regular supervisions and annual appraisals. The registered manager monitored supervisions and observations by means of a computer file which showed all staff were receiving them in line with the three monthly target.

The Mental Capacity Act 2005 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. When they lack mental capacity to take particular 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 Act.

The registered manager was aware of the Mental Capacity Act 2005 and its associated code of practice. Staff received 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. There were also consent forms for sharing information and using people's telephones to access the

provider's system for recording when care workers arrived and left. Care plans were written in such a way to encourage staff to seek consent. Staff gave us examples of how they obtained people's consent before supporting them with their personal care. One care worker said, "If a client declined care, I would talk to them and explain why it might be best. If they still refused I would phone in and tell the office."

The service had limited involvement with supporting people to eat and drink according to a balanced, healthy diet. Nobody was identified as being 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 GP appointments, but this was normally done by the person or their family. Staff told us they would call the emergency services if necessary.

Good

Is the service caring?

Our findings

People described how they had caring relationships with their care workers. One person said, "My carers are very kind. I can rely on them to take care of the things that are important to me which I think is very caring." They told us they were "very particular about my clothing and appearance" and that staff told them if there were any little spots on their clothes which they could not see as they would be upset to think they were wearing dirty clothes. Another person said, "My carers are mostly friendly, you can sometimes have a chat to them." Although this person also said they found some care workers to be "grumpy". A care worker told us, "I know my clients well. I would notice any change in their behaviour."

People were involved in decisions about their care. One person said, "I have been asked for my views on the service before, I can't remember when." Another said, "The service gave me a questionnaire to fill out in the past to find out how I feel about my care. I've also had reviews by the Sevacare managers. I will always speak with the manager if I have any areas of praise or concern."

Sevacare (UK) arranged occasional "forums" where people could come and meet each other and staff in relaxed environment. Staff had taken part in a sponsored walk to raise funds for refreshments at the most recent of these.

People's care plans contained evidence people were involved in decisions about their care. There were signed consent forms and care plans and risk assessments were reviewed with people and their families. Care plans were written in a way that encouraged people's independence and involvement in their care and support. For instance, one had instructions for care workers to "allow [Name] to do most for himself". Daily communication logs included examples of care workers involving the person in their support.

People we spoke with said their care workers were kind, and respected their privacy and dignity. People gave us examples of practical steps care workers took to maintain privacy and dignity. Staff we spoke with were aware of the importance of this and gave us examples of how they took care to preserve people's privacy and dignity while supporting them with their personal care.

Staff told us they were able to establish caring relationships with people. There was a minimum call duration of 30 minutes, and 66% of calls were made by staff people were familiar with (although this meant a third of calls were potentially made by staff people did not know). The provider was working to improve this percentage.

Equality and diversity training was included in the provider's basic training programme. This was followed up at staff meetings where good practice was discussed and staff were able to use role play as training for particular situations. The provider's assessment process was designed to identify needs and preferences which arose from people's cultural or religious background. The registered manager told us there were two families where cultural preferences led them to prefer female care workers. The service was able to assign female care workers only to these calls.

Good

Is the service responsive?

Our findings

People were satisfied their care plans met their needs. One person said, "Yes I think my plan meets my needs. The carers will do what I need and then they write in the care book after they have called." Another person said, "I feel that my care plan reflects the care that I need and carers do follow the care plan. After a call the carers will write down everything they have helped me with on the care log in my flat."

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 to support people to move using a glide sheet and other equipment. The care plans recorded the objectives of the care plan and the person's aspirations and desired outcomes. People's choices were recorded, such as how they liked to take their hot drinks. Staff told us the care plans contained the information they needed to support people according to their needs and preferences.

Care plans included information about people's important contacts, such as their next of kin and GP. They included summaries of the care needed, times of planned calls and relevant risk assessments. Where appropriate care plan records had been signed by the person to show their agreement with the plans.

People's care plans were reviewed regularly and as people's needs changed. There were records kept of individuals' service reviews.

Care workers recorded the care provided in daily communication logs. The registered manager checked 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 telephone reviews.

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 home. People told us they were aware of how make a complaint. One person said, "I do know how to complain, there are leaflets in my care folder." They told us if they had a concern they would probably "just speak to the manager". The manager maintained a complaints file, which contained records of complaints people and their relatives had made. These had been followed up and resolved to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

People we spoke with described a service which was open and caring. There were concerns about occasional late calls and consistency of staff. One person said, "I would say the service is OK. It is not great, but it is not bad. If I could change anything it would be to make the care staff a little more consistent." Another said, "It is a very caring service. That is how I would describe the care here. The best thing about the service is the carers, they are all lovely. If I could change anything, it would be that calls were not late, but it does not happen that often."

Staff were positive about Sevacare (UK) as a place to work. One care worker said, "There is nothing I would change about working here. People are friendly, the manager and co-ordinators are supportive."

The registered manager told us they had an effective support network which included their line managers and peer managers within the organisation. There were regular managers' meetings where they could share information and learn from others' experiences.

There was an effective management system which included a monthly team meeting and weekly managers' meetings. There was regular contact with staff when they came into the office to collect their rotas. The registered manager told us they also met with staff outside the office, for instance in a café if that was more appropriate for the conversation.

The provider managed Sevacare – Portsmouth with four other locations as their "Portsmouth Branch". Reporting and quality assurance processes and records were common across all five locations.

The provider received a weekly report which went to the owner, directors and financial officer. It covered the performance of the Portsmouth branch for that week, and included a summary of performance and information about recruitment and new packages of care.

There was an annual satisfaction survey process in which a questionnaire was sent to everybody who received support from the Portsmouth branch. The provider analysed people's feedback centrally and raised action plans with the branch to address items raised by people. The registered manager's regular supervision meetings included reporting on progress on any action items.

The registered manager carried out an audit of at least four people's care records each month. Any concerns identified were followed up in spot checks and staff supervision meetings. Records we saw confirmed that this process was followed to monitor and improve the quality of service provided.

The provider had an internal audit team which visited the branch once a year for a wide ranging review of the service provided. The outcome of the last visit was an assessment of "good".