

Sevacare (UK) Limited

Caroline Square

Inspection report

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Date of inspection visit:

06 November 2018

07 November 2018

09 November 2018

Date of publication:

01 January 2019

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

What life is like for people using this service:

Improvements had been made to the service since our previous inspection to address concerns. The risks associated with late visits had been acted on. Care was delivered at the times people requested it.

The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. They ensured the provision of best practice guidance and support met people's individual needs.

People participated in a range of activities that met their individual choices and preferences. Staff understood the importance of this for people and provided the structured support people required. This enabled people to achieve positive outcomes and promoted a good quality of life.

The registered manager and the scheme manager had acted on concerns and complaints received by the service.

More information in Detailed Findings below.

Rating at last inspection:

Good (Published 24 June 2016)

About the service:

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". Caroline Square is an extra care housing scheme. The management of the building and facilities is not the responsibility of Sevacare (UK) Limited. The building contains self-contained flats with some shared facilities. Sevacare (UK) Limited has an office in the building from which they manage their service. At the time of our inspection 35 people received personal care and support services from Sevacare (UK) at Caroline Square.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found improvements had been made since our last inspection and the service has met the characteristics of Good in all areas. The overall rating is Good.

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 remains safe.
Details are in our findings below.

Good ●

Is the service effective?

The service remains effective.
Details are in our findings below.

Good ●

Is the service caring?

The service remains caring.
Details are in our findings below.

Good ●

Is the service responsive?

The service improved to good.
Details are in our findings below.

Good ●

Is the service well-led?

The service remains well-led.
Details are in our findings below.

Good ●

Caroline Square

Detailed findings

Background to this inspection

The 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.

Inspection team:

One inspector carried out the inspection.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own flats within one large building.

The service had a registered manager who registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had delegated the responsibility of managing the service to the scheme manager.

Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback. We visited the service on 6, 7 and 9 November 2018.

What we did:

Before our inspection we took into account information we had received about and from the provider, including the provider information return (PIR) and incidents the provider must notify us about, such as abuse, serious injuries and events which may affect the running of the service.

During the inspection, we spoke with the regional director, the registered manager, the scheme manager, seven members of staff, two housing managers from the housing association, nine people and three relatives. After the inspection we obtained feedback from four healthcare professionals.

We looked at the care and medicines records for four people, staff employment records and documents relating to the quality and management of the service. Details are in the Key Questions below.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. No one we spoke with raised any concerns around any aspect of safety.

Staffing levels:

- At our previous inspection, we identified the provider did not have robust systems in place to check potential staff were of good character. At this inspection we found improvements had been made. Staff were subject to an interview upon completing an application form. Those offered employment were subject to a Disclosure and Barring Service check (DBS) and were required to complete a probationary period.
- There were sufficient numbers of staff deployed to meet people's needs. The provider ensured consistency in staff for people.

Supporting people to stay safe from harm and abuse:

- The service had effective safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- The scheme manager was aware of their responsibility to report concerns to the relevant external agencies although they had not had any need to.
- The scheme supported people and their relatives to understand safeguarding and provided contact details for them to use if they felt this was needed.

Assessing risk, safety monitoring and management:

- Risks to people's safety and well-being were assessed and plans implemented to manage the likelihood of injury as a result of the risk. This included for example, risk associated with specific health conditions; mobility and skin integrity.
- Where people experienced behaviours that may challenge others, staff knew how to respond to help alleviate any distress or risk of injury to the person or others. Guidelines were in place which detailed an appropriate person-centred response including the person's preferences for support in these circumstances. Incident reports confirmed staff followed these guidelines.
- Staff worked with the same people and were familiar with their needs and support.
- The provider had a system to record accidents and incidents. Appropriate investigations had been conducted into any incidents and lessons had been learned.

Using medicines safely:

- People and their relatives told us people received their medicines on time and as prescribed.
- Staff were trained and administered medicines safely and the scheme manager told us they observed staff practice to ensure they were competent.
- Medicines records were accurately maintained. Staff who required additional learning received additional

training and observation.

Preventing and controlling infection:

- Staff had received training in infection control and had access to protective personal equipment such as gloves and aprons.
- Everyone told us staff practiced effective infection control measures.

Learning lessons when things go wrong:

- At the time of our inspection the lift was not working which meant some people were not able to leave their home. The provider worked exceptionally well to ensure people were kept as safe as possible. The registered manager alerted the local authority of the concerns and constantly prompted the housing association to resolve the issue. One person told us, "The care staff have been amazing and if it wasn't for them then there would have been a serious accident because people have been trying to get down the stairs using their frames". Staff told us about how discussions would take place to make improvements and ensure the service learnt from any incidents that occurred.
- The Director had organised additional staffing to support people who were located above the ground floor.

Is the service effective?

Our findings

The service involved and treated people with compassion, kindness, dignity and respect. Staff were knowledgeable about and sensitive to how people preferred to be cared for and we saw they demonstrated this in practice. Comments included, "Without the staff here we would all be completely lost" and "They are just excellent".

Ensuring consent to care and treatment in line with law and guidance:

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 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.

- People were supported by staff that knew the principles of The Mental Capacity Act 2005. They knew what they needed to do to make sure decisions were made in people's best interests. Staff told us how people's relevant family members were involved and the registered manager provided examples of discussion held with other professionals where people did not have capacity to make complex decisions.
- When people had expressed their views about their preferences these were respected. Staff could tell us about and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes for people.
- Staff supported people in a caring way to promote their health and wellbeing. Staff followed guidance and best interest decisions in this respect and understood people's rights to make unwise choices. When this occurred, the service took advice on how to support the person's choice as safely as possible.
- Records showed people were involved in meetings to discuss their views and make decisions about the care provided. This included choice of activities, food, celebrations, and how they were supported.

Supporting people to access Healthcare services:

- Communication records and quality assurance documents demonstrated people were supported to access healthcare services. One person said, "I went to see the GP a while back and they helped me organise it. They made sure I got my feet looked at because they were sore".
- Healthcare professionals were complimentary about the help staff gave people and said they were responsive to any questions they had. One professional commented, "I understand they assist some clients with their medication and their appointments. I don't have any concerns and I am happy with the communication at the service".

Supporting people with food and drink:

- Where needed staff supported people to prepare and cook breakfast, lunch and dinner. One person said, "Most people are able to cook so they don't need much support but staff do offer if anyone is struggling".

- Staff were knowledgeable about any allergies people had and records showed staff had made referrals to the speech and language team when required.

Staff training and supervision.

- Staff received appropriate training, supervision and competency checks.
- Staff told us their training was useful in developing their knowledge and said it supported them to meet people's needs more effectively.
- Where staff had struggled to understand certain subjects, additional training, supervision and development goals had been implemented.

Is the service caring?

Our findings

The service involved and treated people with compassion, kindness, dignity and respect. Staff were knowledgeable about, and sensitive to how people preferred to be cared for and we saw they demonstrated this in practice. Comments included, "Without the staff here we would all be completely lost" and "They are just excellent".

Respecting and promoting people's privacy, dignity and independence:

- People's confidentiality was supported. Guidance was in place to ensure staff checked the content of shared information to support people's rights in this respect.
- People were encouraged to do what they could for themselves including participating in cooking and cleaning. We observed staff encouraging a person to participate in doing their laundry for example.
- Staff told us how they supported people's privacy and dignity. This included giving people private time in their rooms or other areas, listening to people, respecting their choices and upholding people's dignity when providing personal care.

Understanding people's needs and wishes:

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was no evidence that people's preferences and choices regarding some of these characteristics had been explored with people or had been documented in their care plans. However, people consistently told us they received person centred care by staff who understood their wishes.
- The Accessible Information Standard (AIS) is a framework which was put in place from August 2016 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 provider complied with the requirements of the AIS.

Is the service responsive?

Our findings

People received personalised care and support according to their needs. At our previous inspection we found people were not always being cared for at the times they requested. At this inspection improvements had been made and we found the provider had complied with the regulation concerned. People consistently told us they received care and support at the appropriate times. Comments included, "They come at the right times", "They come here at set times for my medication" and "They are here on time to do my personal care in the mornings".

Personalised care:

- People were empowered to have as much control and independence as possible, including in developing care, support and treatment plans.
- Staff had built good relationships and knew people's likes, dislikes and preferences.

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. At the time of our inspection one person had raised a complaint. We saw the scheme manager and the registered manager had taken it seriously and had begun an investigation into the concerns.
- People and their families knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

End of life care and support:

- The scheme manager informed us no one was receiving end of life care at the time of our inspection. The team would at times support people with end of life care and the service would work closely with other professionals to ensure people had a dignified and pain free death. A friend of one person who used the service told us the staff and management of the service were exceptional when it came to providing end of life care. They said, "Staff were kind, compassionate, they went the extra mile and done did everything they could do to make sure she passed with dignity".

Is the service well-led?

Our findings

Leadership and management assure person-centred, high quality care and a fair and open culture.

- Comments from staff, healthcare professionals and people included, "Management have raised concerns with us in the past so I am confident any issues are resolved openly and quickly", "We have meetings to talk about the care and support we have. Some people don't come to them but we all chat in here so everyone is included" and "We have had forms to fill out and they ask us if we are happy with things and if there is anything that we are unhappy about".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The service was well-run and well-led. Staff at all levels understood their roles and responsibilities and were confident in the registered manager and the scheme manager. A member of staff said, "I love (scheme manager) loads, she is the best manager I have had in a long time".
- The service had effective systems in place to communicate and manage risks to care quality, which staff understood and used. Quality assurance audits continued to drive improvement within the service.

Plan to promote person-centred, high-quality care and good outcomes for people:

- Staff felt the service was open and transparent; Records reflected that apologies were given when people raised concerns about the care they received.
- Staff said they felt listened to and were enabled to provide feedback which they were confident was acted upon, to make improvements to the service.
- Staff felt respected, valued and supported and that they were fairly treated; They all believed the service aimed to provide good quality, person centred care to people .

Engaging and involving people using the service, the public and staff:

- The service involved people, their families, friends and others effectively in a meaningful way. For example, feedback was requested during care reviews, resident meetings and annual questionnaires. The scheme manager had an open-door policy.
 - People and staff were encouraged to air their views and concerns, which were listened to and acted on to help improve and shape the service and culture.
- One person told us, "We are a close community in here and at first things were not easy. The staff have worked hard and we feel they are on our side".

Continuous learning and improving care:

- The service had a central action plan which all levels of management contributed to and monitored.
- Staff were held to account for their performance and staff provided feedback which suggested the service

had a positive culture whereby they were encouraged to talk about how improvements for people could be made.

Leadership and management assure person-centred, high quality care and a fair and open culture.