Sevacare (UK) Limited

# Milton Village

## Inspection report

Brent Court
Warren Avenue, Milton Village
Portsmouth
PO1 4JB

Tel: 02392877332

Date of inspection visit:
08 November 2016
09 November 2016

Date of publication:
09 May 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

The inspection of Milton Village took place on the 8 and 9 of November 2016. We gave 24 hours' notice of the inspection to make sure the people we needed to speak with were available.

Sevacare (UK) Limited provides personal care services for people living in their own flats within an extra care housing scheme at Milton Village. Geographically, the scheme operates over three separate, purpose built buildings Osprey, Brent and Crane Court that are within walking distance of each other. Each building has three floors with lift and stair access. There are some communal lounge areas within each building.

Milton Village is one of four extra care housing schemes that operates within Portsmouth. The management of the buildings and facilities is not the responsibility of Sevacare (UK) Limited but the provider has an office located within one of the buildings; Brent Court, from which the service is managed. At the time of our inspection there were 40 people receiving care and support at Milton Village.

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 to meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current registered manager had applied to de-register from the service and another member of staff had applied to become registered manager. The two staff members were already working together at Milton Village to ensure a seamless transition for the service.

People told us they felt safe living at Milton Village. Staff knew how to recognise signs of abuse and how to protect people from avoidable harm. The provider ensured there were robust systems in place for staff to report their concerns. The provider had processes in place to identify risks to people's health and wellbeing. However, once identified, the risk assessments to manage and reduce those risks were not always completed sufficiently.

Safe recruitment practices were followed to ensure appointed staff were suitable to work within a care setting. There were enough staff to care for people safely. There had been medication errors at the service, but systems had been put in place to ensure improvement. Medicines were handled safely.

Staff received comprehensive training to ensure they acquired and maintained the appropriate skills to enable to them to carry out their roles effectively. They were supported by the provider with regular supervision and appraisal. Staff gave good examples of seeking consent from people when providing personal care and support.

Staff knew people well and provided compassionate care according to people's needs and wishes. People were encouraged to contribute to discussions regarding their care plans. However, care records lacked personalisation and did not reflect a person's wishes or preferences. Care plans were regularly reviewed to

accommodate people's changing needs.

Complaints were investigated and resolved locally where possible, but were not always dealt with according to policy.

People and staff spoke positively of the management team. Regular team meetings were held in which staff could raise any concerns they might have.

Records management was not always consistent, particularly in relation to risk assessment and individualised care planning, this had already been identified by the registered manager.

Quality audits were being undertaken to ensure the continual improvement of the service. The provider sought feedback from people and staff to ensure quality service provision.

We made a recommendation in relation to maintaining consistent and up-to-date records with regard to risk assessments, individualised care planning and the recording of complaints.

## 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.

Risks affecting people's health and wellbeing were identified.

There were enough staff to support people safely

Safe recruitment practices were followed.

Staff knew how to keep people safe from abuse and avoidable harm and how to report their concerns.

### Is the service effective?

Good

The service was effective.

Staff were supported by the provider with regular supervision and appraisal.

The service provided ongoing training for staff to ensure they maintained the skills and knowledge to carry out their roles effectively.

Staff gave good examples of how to seek consent before providing personal care and support.

### Is the service caring?

Good

The service was caring.

People told us that staff were very kind and provided compassionate care.

People's privacy and dignity was respected and staff supported people to maintain their independence where possible.

People were encouraged to contribute to their care planning.

### Is the service responsive?

Good

The service was responsive.

Care plans met people's needs and contained detailed information about the specific care to be provided but lacked personalisation.

The provider fully investigated, actioned and resolved complaints locally where possible, but not always according to policy.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

The management of records relating to people's care and support were not always consistent, particularly in relation to risk assessment, personalised care records and recording the outcome of complaints.

Quality auditing processes were in place to ensure the continual improvement of the service.

Feedback regarding the quality of service provision was sought from people and staff. Regular meetings were held for people and staff to discuss any issues regarding the service.

People and staff spoke positively about the management team.

# 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 8 and 9 November 2016. We gave the registered manager 24 hours' notice of our visit to make sure staff we needed to speak with would be available. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service. We read the 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 also reviewed information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

We spoke with four people living at Milton Village and one relative, an external social care professional, the registered manager, the recently appointed manager (who was in the process of applying to become the new registered manager) and five members of staff including the newly appointed auditor. We looked at five care plans and five staff files.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at Milton Village. One person said, "Absolutely I'm safe living here. I'm quite alright here". A relative said, "I feel that [relative] is safe living here with relation to the care, can't fault the girls they know her well".

Risk assessments were carried out to maintain people's safety, health and wellbeing, and that of staff supporting them. The assessments were kept within people's care plans. Whilst risks were identified, the mitigation to manage and reduce the risk was not always available within care plans. For example, where people had been assessed as having behaviour that challenges, the plan to safely manage the risk was not always completed. However, other risks for example where people suffered from frequent falls, had been identified and appropriate mitigation had been made available within the care plan. Whilst staff demonstrated that they knew people very well, this lack of consistent record keeping in care plans could present difficulties for any new member of staff commencing employment with the service. We have addressed this concern in the well-led section of the report.

People felt there was enough staff on duty to meet their needs. However, some people mentioned that there were occasional delays in staff attending to call bells, due to the distance between the buildings. This matter had been addressed by the provider who had endeavoured to place a member of staff in each building as often as possible. Staff felt that their workload was manageable and where there were gaps in any rotas, a dedicated bank of staff from Milton Village and other Sevacare (UK) Limited extra care schemes in Portsmouth, could be called upon to provide cover. The rotas confirmed this. People told us that they were cared for by regular staff who knew them well.

Staff gave good examples of how to recognise the signs of abuse and how to prevent avoidable harm. They knew how to report any concerns and felt the management team would address them robustly. The service demonstrated that they investigated safeguarding concerns thoroughly and alerted the local authority safeguarding team as the need arose to update them with any concerns. Annual safeguarding refresher training was available to staff and all staff were up-to-date. Staff told us that they knew about the whistleblowing policy and were able to demonstrate where they would find it within the service.

Recruitment records showed relevant checks had been followed to keep people safe. Staff were subject to a Disclosure and Barring Service (DBS) check before they commenced employment. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Staff files confirmed that references, any gaps in employment and photographic identification had been sought or addressed prior to a staff member starting work at the scheme.

Incidents and accidents were reported to the management team who audited the information to look for any trends and to share learning outcomes with staff members. There had been medication errors at the service prior to our inspection. As a result of this, a decision had been made to employ a full time auditor to evaluate the medicine administration records (MAR) and establish why the errors had occurred ensuring the

matters were addressed. This had prevented reoccurrence.

Although only in post for a short while, the auditor had uncovered areas for improvement and some staff members were offered additional training. This system was proving to be a safe and effective way of improving medicines management within the service. The records of this process were seen during inspection. Medicines were handled safely within the service.

Good

# Is the service effective?

## Our findings

People were happy with the level of skill and knowledge that staff possessed to carry out their roles effectively. One person said, "Oh yes, they know a lot. They're clever girls really". A relative said, "I never even question that the carers know what they're doing, they know how to look after people".

Training was provided for all staff and included topics such as safeguarding, moving and handling and medication. The system was managed electronically and the registered manager was alerted when a member of staff was due for annual refresher training. The system was robust and should a member of staff have missed their training, the registered manager would not have been able to allocate any shifts to them on the electronic system. This ensured that all staff were up-to-date with their mandatory training. Staff told us that they were asked if they wanted to do any additional training outside of the required elements. One member of staff said, "The training is superb, we are offered courses and it's up to us if we want to do them."

The provider supported staff with regular supervision and appraisal according to policy, the records of which were kept in staff files and were viewed during inspection. Spot checks were carried out by senior staff members to look at individual performance. Any issues raised as a result, were discussed with the staff member and support or guidance provided where necessary.

The service assisted people with nutrition and hydration in a limited capacity, but where it was identified in a care plan that a person had specific dietary needs, the care plan was very detailed and informative. The care plan included specifics such as, what the person could eat, how food could be presented to make it more appetising and palatable and how communication could be tailored to encourage the person to maintain their nutritional intake.

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 members received training regarding mental capacity, and were aware of the principles of the Act.

Staff gave us good examples of how they sought consent before providing personal care and support. Examples of this were, knocking on doors before entering a person's flat, covering a person while assisting with personal care and closing the curtains in rooms where personal care was being provided.

People who required support to access health care services were assisted to do so, although this was in a limited capacity. If a member of staff discovered that a person was unwell when they called to provide personal care, they would contact the GP or community nurse as required. Evidence of this was observed during inspection.

Good

# Is the service caring?

## Our findings

People felt well cared for at Milton Village, by kind and compassionate staff. One person said, "They're lovely, the carers". A relative said, "Some of the girls are natural carers, quite exceptional". Another person said, "Most of the carers are good, some are better than others but I think they all do care".

People were supported and encouraged to contribute to care plans and decisions about their care, there were signed consent forms within the care plans and people agreed that they could discuss any issues relating to their care with care workers or the management team. Relatives were aware of the care plans and one relative told us they could contribute to the care plan or be present during reviews to discuss any elements of the care provided. Staff members told us that they always offered people choices, for example, when assisting people with personal care, they would be offered the choice of a shower or a wash, asked what breakfast they would prefer that morning or what clothes they would like to wear. Promoting people's choices was reflected in care plans.

People we spoke with said their care workers were caring and helpful. People named staff members who visited them regularly and with whom they had developed a rapport. One person said, "They're all very kind, especially when they help us with arts and crafts". Staff told us that they had gotten to know all the people living at the scheme and cared very much about their comfort and wellbeing. One care worker said, "I returned from holiday yesterday and all the people I look after smiled at me and welcomed me back, it made me so happy. I love building up a rapport with people here it's amazing".

Staff gave good examples of protecting people's privacy and dignity and told us that they actively encouraged people to maintain their independence wherever possible. For example, suggesting that a person might attempt some elements of their personal care on their own, while supported by the care worker. One staff member said, "I always try and get people to do whatever they can for themselves, so they remain as independent as possible. I'll be there with them though, in case they need me".

Good

# Is the service responsive?

## Our findings

People told us that the service was responsive to their needs. One relative told us, "My [relative] gets what they need. They've got it just about right now". People told us that if they wanted something changed or needed to alter part of their care, or time of a call, the service would always be willing to try and accommodate their requests.

Complaints were thoroughly investigated and resolved locally. Where multi-agency working was required to resolve a complaint, for example including health or social care professionals, this was actioned by the registered manager in a timely fashion. However, this was not always according to policy. Two complaints had been made against the service prior to inspection, of which there was no paper record to observe the outcomes. We have addressed this in the well-led section of the report. A copy of the complaints procedure was filed within people's care plans kept within their own homes. People told us that they knew where to find a copy of the complaints procedure should they have wished to make a complaint, but most people preferred to speak to the manager directly.

Care plans provided detailed accounts of specific tasks that care workers were required to complete during calls. For example, what personal care to support a person with, if there was any meal preparation required or medication to be prompted.  Care plans appeared mainly task orientated with little personalisation. We have addressed this in the well-led section of the report. This was raised with the registered manager who told us that all the care plans were in the process of being reviewed by the new manager to ensure that greater personalisation was present within the plan. The new manager showed us an example of one such care plan that had already been reviewed. They had visited the person at their home and discussed their individual needs. As a result, within the allotted care hours, calls had been altered to accommodate the person's wishes. This had alleviated some concern for the person and their relative, achieving a satisfactory outcome. The new manager wanted to pursue this way of providing care and support for all people living at the scheme.

People's care plans were created following their move into the scheme. Once living in their home, the registered manager visited the person to discuss their needs and requirements. The care plans were informed by an initial assessment and evidence showed that plans were reviewed regularly to reflect people's changing needs. Information such as key contacts, service user agreement, risk assessments, weekly timetables and service monitoring paperwork was held within each care plan. Team leaders, the registered manager and scheme manager all participated in care planning and risk assessment training as part of their roles.

Requires Improvement

# Is the service well-led?

## Our findings

People and staff spoke positively about the management of the service and of the management team. One person said, "They're quite well organised". A relative said, "I've had some difficulties in the past with the service, but I spoke to the manager and it was sorted". A staff member said, "They are fabulous, really supportive".

The management of records relating to people's care and support were not always consistent, particularly in relation to risk assessment, personalised care records and recording the outcome of complaints. Whilst risk assessments were completed and risks identified, records did not always accurately reflect the mitigation that would be expected to manage and reduce risks. Staff demonstrated they knew people well and kept them safe, but the records in care plans did not always support this.

This was also the case with personalised care recording. Staff knew people's preferences and wishes, but this was not always reflected within the plan. This was highlighted with the management team who had already commenced reviews of all the care plans to improve the standard of record keeping. The manager demonstrated this with one file they had already audited.

Whilst complaints were investigated and resolved fully, the audit trail as to what had been done to resolve the complaint was not available. The two complaints received by the service prior to inspection had been resolved successfully, but according to the provider policy, a letter of response and report following investigation was not available for either complaint.

We recommend that the registered manager review the consistency and accuracy of records in relation to risk assessment, personalised care and the recording of complaints and take action to improve practice.

Quality auditing processes were in place to ensure the continual improvement of the service. The registered manager contributed to the weekly management reports which covered performance related issues regarding the service and formed part of the 'Portsmouth branch' feedback, incorporating the other four Sevacare (UK) Limited services within the city. This was forwarded to the directors for their perusal.

There were regular team meetings held and they were well attended. There were also opportunities for people living at the scheme to attend meetings for updates about the service and to offer people the opportunity to discuss any issues they may have. The registered manager and scheme manager told us that they encouraged staff to be open and transparent and had an 'open door' policy. Staff felt that they were able to go to the management team with any concerns and they would be listened to.

The service held a Clients Forum in 2016 and all people using Sevacare (UK) Limited services throughout Portsmouth were invited. The registered manager felt that it would be an event to enhance social interaction between people living at the schemes and an opportunity to thank staff for their efforts by holding a staff awards ceremony during the event. People were sent nomination forms to recommend staff they felt had gone the extra mile in providing care and support. The event was well attended and boosted

morale throughout the service.

An annual feedback questionnaire was sent to people from head office, the information returned was analysed and disseminated to the registered manager. Practice had been changed as a result of the questionnaires, with regard to staff being present in all three buildings at the scheme which had been implemented successfully.