Sevacare (UK) Limited

Sevacare - Trellis House

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

We undertook an announced inspection on 11 October 2016. This was the first inspection of this service with this provider. The provider registered this location with the Care Quality Commission on 23 June 2016. The service was previously run by a different provider.

Sevacare – Trellis House provides an extra care scheme. There are 42 flats as part of the scheme. At the time of our inspection 39 flats were occupied, with 35 people receiving personal care. The service is staffed 24/7. Staff are allocated to support people at allocated times and are also available to attend out of these times in an emergency or as the need arises.

The service had a registered manager. 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.

People received the support they required and at the time they required it. There were sufficient staff to meet people's needs and there was clear allocation as to who staff were supporting on each shift. Staffing arrangements were flexible to take account of any additional support people required for example if their scheduled visit overran due to the person needing more support that day or in response to a person activating an alarm.

Safe staff recruitment practices were in place to ensure staff were suitable to work with people. Staff had recently completed Sevacare's mandatory training to ensure they were up to date with current good practice. The team leaders and registered manager regularly supervised staff through one to one meetings and direct observations to ensure they had the knowledge and skills to undertake their duties.

Staff had built caring relationships with people. People were complimentary about the staff supporting them and how the support was provided. People were treated with respect and their privacy and dignity was maintained. Staff had developed additional resources to aid communication for people with limited speech or who did not speak English.

Staff liaised with people and involved them in decisions about their care. Staff adhered to the Mental Capacity 2005 code of practice and the majority of people consented to care decisions. Where people were not able to consent to decisions, staff liaised with the local authority and the person's lasting power of attorney to ensure any decisions made on the person's behalf were in line with the person's best interests. Staff delivered support in line with people's wishes and preferred daily routine.

Staff were knowledgeable about the level of support people required. This included in relation to personal care, medicines management, meal preparation and accessing healthcare services. Staff liaised with other healthcare professionals involved in the person's care to ensure they had up to date information about their

needs. If staff felt people's needs had changed and the current care package no longer met their needs, this was discussed with the funding authority and their needs were re-assessed.

Care records outlined what support people required. Information was also included in people's records about the risks to their safety and the plans in place to manage and mitigate those risks. We saw that some people's care records did not always outline how their health needs impacted on their support needs. Whilst staff were aware of this information it was not recorded. We discussed this with the registered manager who said they would ensure this information was captured in people's care records.

Processes were in place to safeguard people from harm. Staff were aware of their responsibilities to safeguard people and reported any concerns to the management team, who liaised with the local safeguarding team as and when necessary.

Systems were in place to review and monitor service delivery. This included a programme of audits, collection of key performance data, review of incidents, complaints and any safeguarding concerns, as well as obtaining feedback from people and staff about service delivery. Where improvements were required these were identified and addressed.

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. There were sufficient staff to meet people's needs and undertake visits at the scheduled times. Staff were aware of their responsibilities to safeguard people and were aware of the risks to people's safety. Plans were in place to manage and mitigate those risks.

Incident records did not always capture the action taken to reduce the risk of incidents recurring. The registered manager was addressing this and ensuring appropriate action was taken.

People received the level of support they required with their medicines and safe medicines management processes were adhered to.

Is the service effective?

Good

The service was effective. Staff had refreshed their training to ensure they had up to date knowledge and skills to undertake their roles. Staff were supported to undertake their roles and received regular supervision.

Staff adhered to the Mental Capacity Act 2005 code of practice. The majority of people consented to the care and support provided. Best interests' decisions were made for people without capacity to consent.

Staff supported people as and when required with accessing healthcare services and meal preparation.

Is the service caring?

Good

The service was caring. Staff had built friendly and caring relationships with people and people were complimentary about the staff supporting them. Staff developed communication folders for people who did not speak English or had limited speech.

People were involved in decisions about their care and care was provided in line with people's wishes and preferences.

Staff respected people's privacy and obtained their permission before entering their flats. Personal care was delivered in a way that maintained a person's dignity.

Is the service responsive?

Good

The service was responsive. People received the support they required. Staff adhered to the scheduled visits and there was flexibility in the service to stay longer than planned in accordance with the person's needs on that day or if they needed an additional visit. People's care records outlined the level of support they required and the daily logs showed support was provided in line with people's support plans.

People were aware of how to complain. A process was in place to record and respond to complaints.

Is the service well-led?

Good

The service was well-led. There were processes in place to obtain people and staff's views about the service through regular meetings and the completion of satisfaction surveys. Staff felt comfortable speaking with the registered manager if they had any concerns or needed advice.

Systems were in place to review service provision. This included capturing on a centralised database the findings from audits, incidents, complaints and key performance data. Where improvements were required these were addressed.

The registered manager adhered to the requirements of their registration with the Care Quality Commission.

Sevacare - Trellis House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 October 2016 and was announced. The provider was given two working days' notice because the location provides an extra care service with domiciliary support and we needed to be sure that staff would be available. One inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service, including statutory notifications received. Statutory notifications are notifications about key events that occur at the service which the provider is required to submit to the CQC by law.

During the inspection we spoke with six people and seven staff including the registered manager and the area manager. We reviewed five people's care records and three staff files. We also reviewed records relating to the management of the service and medicines management processes.

Good

Is the service safe?

Our findings

People told us they felt there were sufficient staff to ensure they received support at the times they expected. The team leaders allocated staff on each shift to support individuals with their personal care and to attend their scheduled visits. Staff told us it was made clear who they were supporting on each shift and there were enough staff to enable them to carry out their duties. They also confirmed that when people needed support from two staff this was arranged and staff allocation took account of this. An internal communication system meant staff were able to speak with each other throughout the day and inform each other if they could not attend a visit so that cover could be arranged.

Staffing levels were flexible and could be increased when necessary to support people's needs. This included when people needed accompanying to hospital or doctors' appointments and to support events held by the housing provider such as Christmas celebrations.

Safe recruitment practices were in place to ensure suitable staff were employed. This included undertaking criminal records checks, obtaining previous employers references and checking staff's eligibility to work in the UK. Since the staff transferred to the new provider, Sevacare undertook additional criminal record checks to ensure staff were still suitable to work at the service.

Staff were aware of their responsibilities to safeguard people from harm. They had completed training on safeguarding adults and were aware of the signs of possible abuse. Staff reported any concerns identified to their management team so appropriate action could be taken. Staff liaised with the local authority when they had concerns a person was being harmed. The manager learnt from allegations of abuse and improved practices when necessary to ensure people were protected.

Staff had assessed the risks to people's safety and plans were in place to manage and mitigate those risks. Staff liaised with occupational therapists regarding people's mobility and risks associated with moving and handling. People were provided with individual equipment including hoists and slings to support with their moving and handling and for those people that required it ceiling hoists were installed in their flats. People who were at risk of developing pressure ulcers had pressure relieving equipment in place. One person told us they had previously had pressure ulcers but these had healed and they had not developed any new wounds. They said staff supported them to keep their skin healthy and to monitor for the development of pressure ulcers. The person informed us staff liaised with the person's GP when required so that additional support could be provided with any skin integrity concerns.

A call alarm system was in place throughout the building. This included pull cords in people's flats and pendant alarms for people to wear. If people activated the alarms this alerted staff so they could provide the support required.

Staff undertook environmental risk assessments to identify any risks to people' safety in their flat. This included the risk of falls if a person was visually impaired and the importance of supporting the person to clear any trip hazards. Staff also spoke with people about what to do in the event of a fire and there were

regular fire alarm tests and evacuation drills.

The building was owned and managed by a different provider. The registered manager had regular meetings and liaised with this provider if there were any concerns or maintenance required to the environment. At the time of the inspection the registered manager confirmed a safe and fit for purpose environment was provided with no outstanding maintenance requests.

Staff were aware of the reporting process to follow if an incident occurred. We saw that incident records were completed with details of the incident and the immediate action taken to support the person. However, incident records did not contain information on what action was taken to minimise the risk of the incident recurring. We spoke with the registered manager about this who acknowledged the need for this information and they confirmed the day following the inspection they had updated the incident records with this information. They assured us in the future they would ensure all action was captured on the incident record.

Staff provided different levels of support with people's medicines depending on their needs. Staff assessed people's ability to manage their medicines safely and some people self-administered their medicines. For other people staff prompted and checked that a person had taken their medicines and for other people they administered people's medicines for them. For the medicines we checked we saw that people had received their medicines as prescribed and there were accurate stocks of medicines. Where staff administered people's medicines, medicine administration records were kept and we saw these were completed correctly. Staff supported people with the ordering, collection and disposal of medicines where required.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to undertake their duties. One person told us, "[The staff] are all so good at their job." Since the provider changed to Sevacare all staff were required to complete the training Sevacare considered mandatory. This included training on fire safety, moving and handling, health and safety, safeguarding adults, as well as training on working with people with dementia and pressure care. This ensured staff were up to date with good practice guidance in these areas. One staff member told us the training was "100%" and they had "learnt a lot". In addition staff told us they were supported to obtain relevant qualifications including national vocational qualifications in health and social care.

The area manager had identified that staff had not completed specialist training in areas such as epilepsy and learning disabilities. They were in the process of organising this so that staff had the knowledge and skills to support people with these needs.

Staff were supported by their managers and received regular supervision to ensure they had the support they required to undertake their role. This included regular one to one meetings as well as observing staff undertaking their duties and having discussions with people who were being supported to obtain their feedback about staff's performance and the support provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. 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 MCA.

Staff were aware of their responsibilities and supported people in line with the MCA code of practice. For the majority of people staff ensured people consented before support was given and involved people in decisions about their care. Staff had concerns that some people's capacity to consent to decisions was diminishing as their dementia advanced. Staff told us they had liaised with the person's social worker and their lasting power of attorney to ensure decisions made were in the person's best interests.

There were no restrictions on people's movements at the service. People were able to come and go from the service as they wished. An alarm was activated on the front door at night to inform staff when people left the service during this time. This was in place due to staff's concerns that some people's capacity to assess the risks to their safety in the community was diminishing. For people who needed additional support in the community staff encouraged them not to leave during the night but if this occurred they liaised with the person's relative and the police to ensure their safe return to their flat.

At the time of our inspection people were able to eat independently but some people required support with preparing meals and hot drinks. People told us they received the support they required with meal preparation and staff prepared their meals in line with their choices and wishes. For people who had limited mobility staff ensured drinks were left within their reach and ensured they had access to drinks throughout

the day.

People told us if they were feeling unwell they informed staff and the staff organised for them to see their GP. Staff were available to escort or accompany people to their GP and hospital appointments depending on the person's needs. Some people had regular visits from the community nursing team to attend to a variety of health needs and staff liaised with the community nurse if they observed any changes in a person's health. Staff also supported people in accessing dentists, opticians and chiropodists. Some people were receiving support from more specialist healthcare professionals including community psychiatric nurses and occupational therapists. Staff confirmed there was good communication with all healthcare professionals involved in people's care so they were updated on any additional support a person required.

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the staff supporting them. One person said, "The staff are very, very good. Friendly. I appreciate every one of them. They do everything for me. They are very special people." Another person said about the staff, "Every one of them that works here is perfect." A third person told us, "Staff are lovely. Can't fault the staff."

Staff were aware of people's communication needs. Some people at the service had limited speech or were unable to speak English. Staff had developed communication folders for these individuals with pictures and translation from their language into English so people were able to more easily express their wishes and better communicate with staff such as if they were in any pain or discomfort.

People were fully informed and involved in their care. They informed staff of their preferred routine and at what time they would like staff to support them. One staff member said they always told people they "were there to help, not take over" and "I come to do what you want me to do. Tell me if you want it another way." People's choices were captured in their care records and we saw from the daily logs that support was provided at people's preferred time. People were able to choose what level of support they wanted on each day, for example whether they wanted a bath, shower or a body wash.

Staff were aware of people's individual preferences in regards to their religion and culture and supported people in line with their wishes.

Staff were respectful of people's privacy and dignity. Staff did not enter people's flats without their permission. We saw that some people had consented for staff to enter their flats when they were not there in certain circumstances, for example to undertake domestic duties or in the event of an emergency.

Personal care was delivered in the privacy of people's own flats with the front door and the internal doors closed, so that if someone entered the main flat the person's privacy was still maintained. Staff were mindful to keep people comfortable whilst personal care was delivered and protected their dignity by keeping people as covered as possible. People were encouraged to adhere to their own personal care where they were able to and staff supported them to wash areas they were not able to reach.

Good

Is the service responsive?

Our findings

People were happy living at the scheme and one person told us, "I'm very happy here." Staff told us they enjoyed their work and one staff member said, "I love what I do." Another staff member told us, "You know you're making a difference [to someone]."

There was flexibility in service provision in order to meet people's needs. Staff supported people during scheduled visits and to undertake planned tasks. If it took longer than expected to support someone staff were able to accommodate this and provide the level of support required to meet people's needs. In addition, staff were available to support people when they required, including when a person activated their call bell or pendant alarm. Staff told us if they felt a person's care package did not meet their needs the management team would liaise with the funding authority and ensure the person's needs were re-assessed and the package reviewed to ensure they received the support they required.

People we spoke with confirmed that staff provided them with the support they required and in line with their preference as to how the support was to be delivered. People's care records outlined what support they required and at what times this was to be delivered. There was clear instruction to staff about how to deliver care. However, we found that some people's care records did not always contain sufficient information about other health needs people had which may impact on the care staff provided. For example, if the person had wounds and how this impacted on how their personal care was provided, and if a person was diabetic how this impacted on meal choices. Staff were aware of this information and how to support a person but it was not documented meaning there was a risk that staff less familiar with a person would not provide them with the support they required. We spoke with the registered manager about this and they informed us they would ensure this additional detail was added to people's care records.

The housing provider had an activities coordinator employed who delivered a range of activities and events at the service, including regular fish and chip nights and entertainment. The care staff employed by Sevacare supported people to access these activities. The area manager confirmed that people had access to support from staff two hours a week for additional support outside of their scheduled visits. This included supporting people in the community to access local amenities.

People we spoke with were aware of how to make a complaint and this information was included in the 'service user information booklet' in their flats. We saw that complaints made were acknowledged, investigated and responded to. The registered manager apologised when required for example if staff were late attending to a visit and addressed the concerns with the staff members involved. People were provided with information about how to escalate their complaint if they were unhappy with how it had been dealt with.

Good

Is the service well-led?

Our findings

People were aware of who the team leaders and the registered manager were. One person told us in regards to the registered manager, "He's a very nice man". They felt comfortable speaking with him.

There were regular meetings with people using the service to obtain their feedback about service provision and to identify any concerns people had. One person said about these meetings, "We can discuss what we want" and they felt their views were listened to. In addition there was an annual satisfaction survey which people were asked to complete about their experiences and the support provided. We viewed the findings from these surveys which showed people were happy with the support they received.

There was strong leadership and management at the service. Staff felt well supported by the team leaders and the registered manager. One staff member told us, "There's good staff support and team working." Another staff member said, "It's a very good team. Best team I've worked with. We're on the same page." Staff had regular meetings where they were able to express their opinions and they were invited to add agenda items to ensure topics or challenges relating to their work were discussed. Staff also felt they were able to access the management team outside of these meetings if they needed additional support or advice. The registered manager addressed performance concerns with individual staff when required.

The staff who had transferred across to the new provider from the previous one, felt supported and involved in discussions relating to the transition. They were aware of what new practices and procedures they needed to follow and were supported to bring their work in line with Sevacare's policies and procedures.

The provider had systems in place to monitor service provision. This included a programme of audits which looked at the quality of care records and completion of daily logs and medicine administration records. The registered manager also reviewed the quality of staff's performance through direct observations and obtaining feedback from people. The system captured key performance data about incidents, complaints and any safeguarding concerns. Information was also stored centrally about the support provided to staff including compliance with supervision and training arrangements.

The system in place enabled all senior managers to review the data and monitor service performance. Where improvements were required these were identified and acted upon. The system rated the data as either green, amber or red to provide clear indication of where improvements were required and the amber rating indicated when things were due, for example if staff were due to complete refresher training.

The registered manager was aware of their registration requirements with the Care Quality Commission and submitted statutory notifications about key events that occurred at the service. We found the days prior to our inspection a person had fallen and sustained a serious injury. The registered manager had not yet submitted a notification about this injury. They said they were waiting for further information from the hospital and then would submit the required notification so that we could maintain accurate records about events that occurred at the service. By the time this report was written the notification had been received.