

Sevacare (UK) Limited

Juniper Court

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

Juniper Court provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

Not everyone using Juniper Court receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Care and support was provided to people on a long or short term basis depending on individual's needs. There were 33 people using the service at the time of the inspection.

This inspection was carried out on 2 and 3 October 2018. We gave the service 24 hours notice of the inspection because it is small and we needed to be sure that the registered manager, care staff and people using the service were available.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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. There was another manager in post who had been delegated responsibility to manage general running of the service. This manager was in the process of applying to become the new registered manager.

People were protected from abuse and harm by staff that knew how to recognise the signs of abuse and report any concerns. Risks to individuals' wellbeing and safety had been assessed and minimised. Staff knew how to reduce the risk of spreading infection when providing care.

People had their health needs met and were supported to access health care professionals as needed. They were provided with support to eat and drink well to meet their needs. People's medicines were managed safely.

There were enough staff to meet people's needs safely. Staff were provided with the training and qualifications they needed to care for people safely and effectively. Staff were appropriately supervised and supported in their roles.

People were asked for their consent before care was provided. The registered provider complied with the requirements of the Mental Capacity Act 2005.

Staff were kind and caring and had developed positive relationships with the people they supported and their families. Staff treated people with dignity and respect and promoted their right to privacy. People were

enabled to remain as independent as possible.

People were provided with personalised and flexible care. They were asked their views about how their care should be provided and these were recorded in their care plan. People's views about the quality of the service were sought and suggestions were acted upon. People knew how to make a complaint if they needed to and complaints were handled in a transparent and honest way.

The registered manager provided effective leadership and was aware of the risks and areas for development within the service. Effective quality assurance systems were used to identify shortfalls and action was taken to address these.

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.

Staff knew how to recognise the signs of abuse and report any concerns. The registered provider had effective policies in place for preventing and responding to abuse.

Risk assessments were centred on people's individual needs and there were effective measures in place to reduce risks to people.

There was a sufficient number of staff to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. People received the medicines they needed at the right time.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

Staff understood the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive relationships with people and respected them as individuals. They treated people with kindness and compassion.

People were involved in making decisions about their care. Staff knew what was important to people and ensured their wishes were met.

People's privacy and dignity was respected by staff. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good ●

The service was responsive.

Staff provided a personalised and flexible service.

People's views and wishes formed the basis of their care. They were asked what was important to them and had care plans that met their needs in the way they wanted. Staff understood how to deliver each person's care in a personalised way.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People told us they were happy with the service they received. There was an open and person-centred culture within the service.

There was clear and effective leadership of the service and an emphasis on continually striving to improve.

The registered provider worked proactively in partnership with other organisations to make sure they were following current guidance and providing a high-quality service. There were effective systems for monitoring and improving the care people received.

Juniper Court

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 carried out 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 was carried out on 2 and 3 October 2018. We gave the service 24 hour's notice of the inspection because it is small and we needed to be sure the registered manager, care staff and people using the service would be available. The inspection was carried out by one inspector and an expert by experience who spoke with people using the service via the telephone.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning for this inspection we looked at the PIR and records that were sent to us by the registered provider and the local authority to inform us of significant changes and events.

We looked at six people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service. We also sampled the services' policies and procedures.

We spoke with 14 people and seven people's relatives. We spoke with the recruitment and wellbeing officer, the regional manager, the team leader, an activities coordinator, the registered manager and the manager.

This was the first inspection of this service since it was registered.

Is the service safe?

Our findings

People and their relatives told us they felt safe and well cared for using the service. Comments included, "The girls are very kind. They help me with personal care in the morning and evening I have no complaints about the care" and "Yes they do [administer medicines] they give me my pills from a blister pack and put it into a pot for me, otherwise I would forget, it works fine for me".

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting concerns about people's safety and wellbeing. The registered manager had completed training with the local authority safeguarding team and understood how to implement policies that reduced the risk of abuse taking place. Staff were clear about their responsibility to report suspected abuse and how to do so. The service sent information to people that included the values of the organisation and what they should do if they had any concerns about their care or treatment.

There were sufficient numbers of skilled and competent staff deployed to meet people's needs. Staff were provided on placements of approximately two to three weeks. Records showed that staff were scheduled for visits in line with the person's needs and requests. The registered manager told us that staff were matched with people taking into account their age, background, skills and interests. A senior member of staff always accompanied new staff members on care calls for the first time to carry out introductions and to ensure the person was settled.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults at risk, to help employers make safer recruitment decisions. The registered manager told us any DBS checks which recorded any convictions were risk assessed in line with the providers policies and procedures. Staff confirmed that they had DBS checks. All staff received an induction and were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People were kept safe because staff carried out risk assessments of their home environment and took steps to reduce any risks. This included ensuring gas and electricity safety checks had been completed, appliances were checked and any possible trip hazards were reduced. Staff had access to equipment to reduce the risk of infection spreading. This included alcohol gels and hand washes, gloves, aprons and face masks. Staff had received training in infection control and records showed they implemented this in practice. Individual risk assessments were completed for people who needed help to move around, who were at risk of falls, at risk of skin damage, and for the use of bed safety rails. Risk assessments contained clear and detailed instructions for staff to follow and reduce the risk of harm. People had risk assessments

for their skin integrity that took into account their mobility, their diet and their fluid intake. The care records showed that staff followed control measures indicated in the risk assessments to ensure people's wellbeing.

People were supported to manage their medicines in a safe way. All staff who administered medicines received appropriate training and were routinely checked for their competency. People that were able to manage their medicines independently were enabled to do so and support was given to remind them to take medicines as necessary. Staff completed people's medicines administration records (MAR) appropriately. The registered manager monitored safe medicines practice through regular audits and spot checks. At the time of our inspection the registered manager had organised additional medication training for staff who required additional support.

Is the service effective?

Our findings

People and their relatives told us that they felt the staff were competent and effective in meeting their needs. Comments included, "The chef lets us know the menu in advance, and we can have an alternative or whatever we want. The food is excellent. We can go to the dining room which I do mostly, or have it in our place if we prefer. The chef will even do meals for special occasions when we let him know" and "I have one visit each day, they help me get my shoes on and get moving in the morning. They take the rubbish out, that's about it. I am really satisfied – they turn up on time and are pleasant to me, I also enjoy their company and I believe they are trustworthy. I have absolutely no complaints."

People received effective care from skilled and knowledgeable staff. Staff received an appropriate induction that included the core training courses they needed to provide effective care. This included food safety, dementia awareness, health and safety, safe medicine handling, moving and handling people, infection control and the principles of the Mental Capacity Act 2005. Staff were encouraged and supported to undertake qualifications relevant to their roles and for their personal development.

Newly recruited staff studied to gain the Care Certificate which is a nationally recognised care qualification for people new to the role. Staff were supported in their role by the registered manager and the provider. All staff received regular one to one supervision sessions and were scheduled for an annual appraisal of their performance. Supervision sessions included a review of the training and development needs of each staff member. A member of staff told us, "If I need anything the door is always open."

People were asked for their consent before care was given and they were supported and enabled to make their own decisions. 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. Staff were trained in the principles of the MCA and had implemented these in practice.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For care services such as Juniper Court this is managed by the Court of Protection. The registered manager understood the application process to the Court of Protection, should a person's liberty be restricted.

People had effective care plans that ensured their health needs were met. Care plans had been reviewed and updated where people's health needs had changed. Staff supported people to access health care professionals as needed and, in some situations, made referrals on their behalf with their consent. People and their relatives told us that the service was effective in meeting their health needs. There was an effective handover system in place to ensure that staff arriving to care for someone understood the person's current health needs and how to meet these. People had access to a 24 hour on call service should they require advice or help.

People were supported to have enough to eat and drink. They had their nutrition and hydration needs considered as part of the assessment process and care plans were written to ensure they were given the support they needed. People's dietary needs and preferences were documented and known by their live in staff. When there were concerns about people's nutritional health or appetite, their food and fluid intake had been recorded and monitored and staff had taken action to help the person contact their GP for further support.

Is the service caring?

Our findings

People and their relatives told us that staff were caring and compassionate. Comments included, "The staff who visit me are wonderful, they give me all the help I need without making me feel a burden to them. I have four visits each day, they get here on time and are kind to me. They get me up in the morning, deal with my personal care, get my breakfast. They return late morning to get me in my electric trolley to go down to the dining room for lunch" and "We have an excellent range of entertainment, I really enjoy it. We are all very well looked after and I have no complaints, we are all one happy family."

Positive caring relationships were developed between people and the staff that cared for them. People were asked about their life history and what was important to them during the assessment process. This information had been documented in their care plan. When we spoke with staff they were able to demonstrate that they knew people well. The registered manager told us that people were supported only by staff that knew them. The registered manager ensured that introductions were made before a new staff member was allocated to work with a person. Staff worked in small teams rotating their placements so that people always had a member of their team to support them.

People were cared for by staff who respected confidentiality and discretion. People told us their privacy was respected and they were supported in a way that promoted their dignity. Comments included, "Staff ask me if it is ok for them to wash me" and "They knock the front door and ask if they can come in". Records were stored securely in locked cabinets in the office and, electronically. People's permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. For example, each support file contained a document which demonstrated consent to share and this was signed by people where they agreed. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the General Data Protection Regulations (GDPR) law. The GDPR law came into effect on 25 May 2018.

The registered manager had considered people's communication needs when involving them in their care and support. For example, the registered manager had sourced pictures to aid one person's communication and decision making.

Staff had a good understanding of protecting and respecting people's human rights. They had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Staff promoted people's independence and encouraged people to do as much as possible for themselves. People's care plans included information about what they could do for themselves so that staff only provided the care that people needed. For example, one person wished to go out alone. Staff had assessed the risk and provided support from a distance to allow the person to be as independent as possible. Another

person's relative told us, "Staff try and motivate people to do things on their own, I see it all the time."

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs and provided a person-centred service. Comments included, "I have not had to make a complaint yet, but like most things in life, it's the way things are dealt with when things go wrong that matters. I do know who and how to complain if I need to, and I know people here who have done so with a good outcome" and "I have not [made a complaint], although I have no doubt that any reasonable suggestion would be taken on board".

People's care and support was planned in partnership with them. The registered manager and care services manager visited each person to carry out an assessment of their needs and identify any individual risks before a care placement was agreed. People were asked for their views about their needs and how they would like their care to be delivered. The assessment took account of all areas of their life including their mobility, nutrition, physical needs, social needs, cultural and emotional needs. One person's relative told us, "We had a meeting at the start and then a few other meetings to make sure the service could meet my mums needs".

People's care records showed that the service was flexible and responsive to people's changing needs and wishes. Some people's care plans were very detailed specifying particular times they wanted to receive care. Other people had more fluid plans and staff told us this was because they liked to direct their own care on a daily basis. The registered manager told us, "Because our office is in the building we can arrange care or change the visits to accommodate people's needs a lot easier than some other services". People's care plans included information about the way they preferred to receive their support, for example what they liked to do during the day and what support they wanted and needed with their personal care. The service had matched staff with the people they supported in terms of their personality, interests, skills and experiences. This ensured that people were supported by people that they would likely get along well with and that could meet their social needs. For example, one person liked to walk their dogs with assistance from staff. The registered manager and the manager acknowledged the importance of this and told us it was vital to continue the assistance with the dog walking to promote the persons mental wellbeing.

People had regular reviews of their care plan to ensure it continued to be effective in meeting their changing needs. People and their relatives told us they were fully involved in this process. Comments included, "I had a review last week" and "We had a review this morning".

People's views about the quality and safety of the service were sought through a range of means. This included a satisfaction survey, home visits by the registered manager and the regional manager and reviews of their care plans. People knew about the service's complaint policy and procedures, which were included in a service user brochure. People told us they were confident that any complaints would be promptly addressed in line with the providers policy. The provider's complaints records were clear and transparent and showed that appropriate action had been taken to investigate and respond to complaints. A person's relative told us, "We made a complaint in the past and it was dealt with properly".

Whilst nobody using the service was receiving end of life care, the provider had appropriate arrangements in

place should this be needed. Staff were knowledgeable about how to care for people towards the end of their life and had received relevant training.

Is the service well-led?

Our findings

People told us they were happy with the service they received and felt the management team provided effective leadership. Comments included, "The manager is nice and friendly" and "Sometimes she comes round to have a chat with us to see how we are getting on".

The registered manager was able to demonstrate an understanding of people's individual needs knew their relatives and were familiar with the strengths and needs of the staff team. The service had a system to manage and report accidents and incidents. All incidents were recorded by staff and reviewed by one of the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service.

The service ensured that quality of care was maintained through an effective quality assurance system. A programme of monthly audits was carried out by the registered manager and the registered provider. The records of these audits showed that all areas of the service were checked regularly and action was taken to address any shortfalls. For example, care reviews, risk assessments and medication competency checks had been increased after the audit process identified improvement was required in these areas.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to notify, meaning we could check that appropriate action had been taken when required. The registered manager was also aware of their responsibilities under the duty of candour. The duty of candour is a regulation that all providers must adhere to. Under the duty of candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager and other members of the management team were visible and had created a warm, supportive and non-judgemental environment in which people had clearly thrived. The service had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was good and that they were kept informed about matters that affected the service.

The service worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. They consistently participated in forums with other organisations in the sector to exchange views and information that may benefit the service. A healthcare professional told us, "The service engages with us well and they are responsive to any queries we have."