

# Sevacare (UK) Limited

# Caroline Square

## 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 3 February 2016. We gave notice of our intention to visit Caroline Square to make sure people we needed to speak with were available.

Sevacare (UK) Limited provides personal care services for people living in their own homes and in four extra care housing schemes in Portsmouth. Sevacare (UK) Limited manages these five registered locations as their "Portsmouth Branch". 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.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider made sure staff knew about the risks of abuse and avoidable harm and had suitable processes in place if staff needed to report concerns. The provider had procedures in place to identify, assess, manage and reduce other risks to people's health and wellbeing. There were enough staff to support people safely according to their needs. Recruitment procedures were in place to make sure staff were suitable to work in a care setting. Procedures and processes were in place to make sure medicines were handled safely.

Staff received regular training, supervision and appraisal designed to help them obtain and maintain the skills and knowledge required to support people according to their needs. Arrangements were in place to obtain and record people's consent to their care and support.

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

The provider's assessment, care planning and reporting systems were designed to make sure people received care and support that met their needs and was delivered according to their preferences and wishes. Some people were dissatisfied with the scope and quality of their care and support. People knew how to make a complaint if they had concerns, and complaints were logged, investigated and followed up.

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

We made a recommendation concerning use of the care planning and review process to address people's dissatisfaction with their care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and checked they were suitable to work in a care setting.

Processes were in place to ensure medicines were handled safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the required skills and knowledge.

Staff made sure people understood and consented to their care and support.

### Is the service caring?

Good ●

The service was caring.

People were aware of their care plans and involved in decisions about their care.

There were caring relationships between people and their care workers.

People's privacy and dignity were respected and their independence was promoted.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care was based on care plans which were detailed and personal to the individual. The provider had processes to make sure people's care was delivered according to the plans.

However people were not always satisfied that their care and support met their needs and preferences.

The provider logged and managed complaints they received.

**Is the service well-led?**

**Good** ●

The service was well led.

There was a positive, caring culture.

Effective management systems and quality assurance processes were in place.

# Caroline Square

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

Before the inspection, we looked at information we had about the service and reviewed the previous inspection report for another Sevacare (UK) location which is managed as part of the same branch as Caroline Square. We reviewed notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke with four people living at Caroline Square who were supported with their personal care. We spoke with the registered manager, the provider's regional director, and six members of staff.

We looked at care plans and associated records of four people. We reviewed other records relating to the management of the service, including risk assessments, quality survey and audit records, management reports, training records, policies, procedures, meeting minutes, and five staff records.

# Is the service safe?

## Our findings

People told us they felt safe when they were supported by Sevacare (UK) staff. One said, "They are good. I have had no problems. They behave OK."

The provider supported staff to protect people against avoidable harm and abuse. Staff were aware of the different types of abuse, and the signs to look out for. They knew about the provider's procedures for reporting concerns about people. Staff told us they were confident any concerns they raised would be investigated and handled properly. They were aware of contacts they could go to outside the organisation if they considered their concerns were not being handled in a timely, appropriate fashion. They had regular refresher training in the safeguarding of adults.

The provider had policies and procedures in place for safeguarding and whistle blowing. They contained information about the types of abuse, signs to look out for and what to do if staff suspected or witnessed abuse.

The provider engaged actively with other organisations, including the local authority and community mental health teams, when investigating safeguarding allegations. A number of safeguarding allegations had been investigated, but had not been corroborated.

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

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

There were sufficient staff to support people according to their needs and keep them safe. People we spoke with told us staff were occasionally late for a call, but they never missed them entirely.

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

The provider had a recruitment process which was designed to make sure successful candidates were suitable to work in a care setting. Records showed the provider made the necessary checks before staff started work, including evidence of identification, of satisfactory conduct from previous employers and of checks with the Disclosure and Barring Service (DBS). The provider required staff to confirm each year that the information provided at their interview was still correct.

People's support with their medicines was limited to prompting and reminding them. Staff supported people with prescribed medicines only, and where appropriate these were provided in a blister pack system. Care records showed where people preferred to be responsible for their own medicines. Staff confirmed

they received medicines training, and were aware of how to administer medicines safely.

## Is the service effective?

### Our findings

Everyone we spoke with was happy with the skills and experience of the care workers who supported them. One person described their care workers as "not too bad" and another was complimentary about their skills and training.

People told us staff asked for their consent before supporting them with their personal care. One person said, "They ask me what I want and I tell them what to do."

The provider had a programme of training for staff which could be monitored by the registered manager by means of a computer file. This showed where refresher training was in date, due in the near future or required. The file showed all staff were up to date with their training.

Staff told us the training they received prepared them adequately to support people. They had all completed the provider's mandatory training and regular refresher training. The provider had a three day induction course which was used for new starters and people transferring from another company.

Staff were supported to provide care and support to the required standard by regular individual supervision sessions, observations and appraisal. The provider's target was for all staff to have face to face contact of this type at least once every three months. Staff confirmed they received regular supervisions and annual appraisals. The registered manager monitored supervisions and observations by means of a computer file which showed all staff were receiving them in line with the three monthly target.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the Act.

The registered manager was aware of the Mental Capacity Act 2005 and its associated code of practice. Staff received training in mental capacity, and were aware of the principles of the Act.

People had signed consent forms to record their agreement to their support plans where they were able to do so. Care plans were written in such a way to encourage staff to seek consent. Staff gave us examples of how they obtained people's consent before supporting them with their personal care.

The service had limited involvement with supporting people to eat and drink according to a balanced, healthy diet. In one person's case staff supported them to only drink decaffeinated coffee, and in another they encouraged a person not to eat too many cakes and sweets.

The service had limited involvement with supporting people to access healthcare services. In some cases care workers helped people to arrange GP and hospital appointments, and supported them during visits



from healthcare professionals such as district nurses and community mental health nurses.

## Is the service caring?

### Our findings

People told us their care workers were "kind" and "caring" people, although work pressure sometimes meant they were "rushed" and "task focused". One person told us Sevacare UK was a "caring firm" and their care workers could "have a chat". They said, "No complaints, I get on with all of them." They said things got easier as they got to know their care workers. People told us they were involved in decisions about their care.

Sevacare (UK) arranged occasional events to promote good relationships between people and their care workers. There had been a recent quiz night which allowed people and staff to spend time together in a social environment.

People's care plans contained evidence people were involved in decisions about their care. There were signed consent forms and care plans and assessments were reviewed with people and their families. Staff gave us examples of how they involved people in day to day decisions about their care. For instance one care worker described how they supported people to make choices about what clothes to wear and the food they wanted prepared.

People we spoke with said their care workers were kind and respectful. They gave us examples of steps care workers took to maintain their privacy and dignity. Care plans were written in a way that encouraged care workers to promote people's independence and dignity. For instance, one had a reminder for care workers to close the curtains while assisting the person with personal care. Staff we spoke with were aware of the importance of this and gave us examples of how they took care to preserve people's privacy and dignity while supporting them with their personal care. One care worker said they encouraged people to do as much as they were able in order to maintain their independence.

Equality and diversity training was included in the provider's basic training programme. The provider's assessment process was designed to identify needs and preferences which arose from people's cultural or religious background. None of the people supported at Caroline Square at the time of our inspection had such needs.

## Is the service responsive?

### Our findings

Most people we spoke with were satisfied their care plans met their needs. One person told us their choices and preferences were taken into account. They said they were happy with "everything". They told us that the provider had changed the time of their morning call when requested.

However a small number of people were less satisfied. One person told us they had raised concerns about their care being "rushed", care workers not staying for the full planned duration of the call, and changes being made to the time of calls without notifying them.

The registered manager was aware of these concerns. They had started a programme of spot checks to enable them to assess the extent of any problem with call durations and with the response to calls for urgent, unplanned support. They were also aware that some people's expectations with respect to their care and support exceeded the service Sevacare (UK) were contracted to provide. The provider was taking steps to address this.

People's care plans were written with people's individual needs and personal preferences in mind. They reflected the person's point of view and contained detailed instructions for staff, for instance to allow extra time for a person to communicate. The care plans recorded the objectives of the care plan and the person's aspirations and desired outcomes. People's choices were recorded, such as where they preferred to be independent. Staff told us the care plans contained the information they needed to support the person according to their needs and preferences. One care worker described the care plans as "straight forward and easy to follow".

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

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

Care workers recorded the care provided in daily communication logs. The registered manager checked these periodically and verified the actual care provided by means of spot checks and discussions with the person. There were records kept of spot checks and other reviews.

Information about how to complain, along with the provider's statement of purpose and a summary care plan, was included in information which the registered manager told us was available in every person's home. People told us they were aware of how make a complaint.

The registered manager maintained a complaints file, which contained records of complaints people and their relatives had made. These had been followed up and investigated where there was sufficient information to do so. The manager had taken action where complaints had been upheld. One person told

us they were dissatisfied with the action taken in response to their complaint.

We recommend that the provider review their care planning and review processes in relation to people's expectations for their care and support and continue to take action to address people's dissatisfaction.

# Is the service well-led?

## Our findings

Most people we spoke with described a service which was open and caring. Some people raised concerns about the way the service was managed in relation to concerns about their care and support. People were aware that there had been some turnover of staff which they had found disruptive. One person said they missed the staff who had left, but went on to say, "But we get on OK. There is a good rapport."

Staff were positive about Sevacare (UK) as a place to work. One care worker said, "I feel that Sevacare is a really friendly place to work. They are really accommodating."

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

There was an effective management system which included regular team meetings. The registered manager told us they were available to staff, and had an "open door" policy. Staff confirmed this, with one care worker saying, "We get memos with our rotas and pay slips and we have regular team meetings. ... I could go into the office at any time and speak to a manager or team leader."

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

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

There was an annual satisfaction survey process in which a questionnaire was sent to everybody who received support from the Portsmouth branch. The provider analysed people's feedback centrally and raised action plans with the branch to address items raised by people. Caroline Square was yet to be included in this process.

The registered manager carried out regular checks on people's care records and staff records. Any concerns identified were followed up in spot checks and staff supervision meetings. The audit of care records included checks on personal information, care plan reviews, risk assessments, contracts and other records, such as communication logs and medicine records. The audit of employee records included recruitment checks, induction, appraisal, reviews and spot checks. Records we saw confirmed that this process was followed to monitor and improve the quality of service provided.

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