Sevacare (UK) Limited

Brunel Court

Inspection report

Brunel Court
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Date of inspection visit:
05 February 2016

Date of publication:
24 June 2016

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 between on 5 February 2016. We gave notice of our intention to visit Brunel Court to make sure people we needed to speak with were available.

Sevacare (UK) Limited provides personal care services for people living in an extra care housing scheme at Brunel Court. Brunel Court is one of four extra care housing schemes in the city which Sevacare (UK) Limited manage along with an agency providing care in people's homes as their "Portsmouth Branch". The management of the buildings and facilities at Brunel Court is not the responsibility of Sevacare (UK) Limited. The buildings contain self-contained flats with some shared facilities. Sevacare (UK) Limited has an office from which they manage their service. At the time of our inspection there were 42 people receiving personal care and support.

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 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.

Staff reminded and prompted people to take their medicines.

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 not always aware of their care plans but records showed staff tried to involve them 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.

Brunel 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 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 5 February 2016. 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 reviewed information we had received about the service including 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. This was Sevacare (UK)'s first inspection at Brunel Court.

We spoke with seven people and one person's relative about the care and support they received. We contacted two social care professionals who worked closely with the service. We spoke with the registered manager, one of the provider's directors, the scheme manager and eight members of staff.

We looked at care plans and associated records of three 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 staff records.

Good

Is the service safe?

Our findings

People told us they felt safe from harm in the presence of their care workers. All the people we spoke with said they felt safe in their housing scheme. One said, "[Care workers] make me feel safe. They are there if I need them." Another person said, "When I was ill, [care workers] helped organise an ambulance. They were very nice." People were satisfied they received appropriate support with their medicines.

The provider supported staff to protect people against avoidable harm and abuse. They were informed about the types of abuse and signs to look out for. They were aware of the provider's procedures for reporting concerns about people at risk. Staff told us they were confident any concerns 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 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. Staff received updates to policies and changes to contacts with their pay slips.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with people's behaviours, fire safety, use of specialist equipment, and risks associated with pets and cleaning products in people's homes . Action plans were in place for staff to manage and reduce risks.

There were sufficient staff to support people according to their care plans and keep them safe. Staff told us their workload was manageable and they were able to support people safely. The provider covered absences with personnel from other schemes. There was no use of agency staff.

There was a robust recruitment process 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 proof of identification, evidence of satisfactory conduct from previous employers and checks with the Disclosure and Barring Service (DBS). The computer based rota system was set up so that staff could only be assigned to calls once their induction was complete.

People's support with their medicines was mainly limited to prompting and reminding them. Care plans contained information for staff about how to assist people in the way they preferred, where people's medicines were kept and if other people, such as family members, were also involved in assisting them. Staff supported people with prescribed medicines only, and where appropriate these were provided in a blister pack system. Most people were satisfied they received their medicines in a safe manner and at the right time. One person told us they always checked their medicines because staff had made mistakes in the past, but they could not recall when this had happened to allow us to follow up.

Senior staff made sure people received their medicines correctly by means of audits, observation checks, after care checks and routine care assessments. Errors identified were followed up and appropriate lessons

learned. Staff who assisted people with medicines told us they had received training. They received clear instructions in people's individual medicines care plans.

Good

Is the service effective?

Our findings

Most people we spoke with were happy with the skills and experience of the care workers who supported them. One person said, "[Care worker] is good at her job. She has been doing it for years." Another said, "I am very lucky. The carers are very good." One person told us they had found "one or two" care workers had not been prepared before they called on them, but care workers were "generally good". Everyone told us staff asked for their consent before they assisted them with their care.

The provider had a programme of training for staff which was monitored by the registered manager by means of a computer file which showed where refresher training was in date, due soon or required.

Staff told us the training they received prepared them adequately to support people. Staff we spoke with were up to date with their mandatory refresher courses. 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 contact of this type at least once every three months. Staff contact sessions were recorded and the staff member's performance in the areas supervised was given a score. The registered manager monitored the completion of supervisions and observations by means of a computer file.

Staff we spoke with felt supported by the regular, formal supervisions, and by informal contact. One said, "If I need help one of the other carers or team leaders will help me. They are all very nice."

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 check whether services are working within the principles of the Act.

The registered manager was aware of the Act and its associated code of practice. It did not apply to any of the people they supported as they were all able to communicate their consent to their care and support. Staff received basic training in mental capacity and were aware of the principles of the Act, although they had not come across any cases where they needed to apply the Act.

People had signed consent forms to record their agreement to their support plans where they were able to do so. Where people could not sign the records showed how they had communicated their consent. For instance, "[Name] read the final plan to [Name] who gave his verbal consent."

The service had limited involvement with supporting people to eat and drink according to a balanced, healthy diet. Care workers supported some people with their food shopping and preparing food, but people were independent and responsible for their own diet. One person's care plan showed staff prompted them

to eat and drink. Nobody was identified as being at risk of not eating or drinking enough.

The service had limited involvement with supporting people to access healthcare services. In some cases care workers helped people to arrange appointments, but this was normally done by the person or their family.

Good

Is the service caring?

Our findings

People told us they had caring relationships with their care workers and they were involved in decisions about their care and support. One said, "The carers are perfect. The care is good, but they are not appreciated. They are polite and respectful." Another person said, "Most of the girls are really lovely." A third person said, "If you want something, you only have to mention it to them." Another said, "They know what I want."

Staff told us how they involved people in decisions about their care by asking them about choices with respect to food, drink and what they wanted to wear. Staff told us they were able to spend time with people and establish relationships. They talked to them to find out their wishes. One care worker said, "I ask them what they would like me to make them, not just make them a sandwich or a snack without asking. They might not want what I make them."

People were satisfied staff behaved properly and treated them with respect. Staff gave us practical examples of how they made sure people's dignity and privacy were respected while they were assisting them with personal care. One person described how staff balanced making sure they were safe when taking a bath with preserving their dignity and privacy.

Staff promoted people's independence by assisting them to do as much for themselves as they could. One care worker said, "When washing, if they can do some aspects of their care themselves I would encourage them to maintain that, while supporting them to do the things they can't."

None of the people receiving personal care services at Brunel Court at the time of our visit had particular needs or preferences arising from their religious or cultural background. The provider's assessment process would identify these needs if necessary. Equality and diversity training was included in the provider's basic training programme.

Requires Improvement

Is the service responsive?

Our findings

Most people were satisfied they received care and support that met their needs and reflected their preferences. One said, "It is very good, I have no complaints". However two people raised concerns with us. One told us they had to wait for support when they used the emergency bell, on one occasion up to four hours. Another told us their planned calls were not long enough for care workers to meet their needs, particularly around food preparation. They also told us they would prefer a bath to a shower, but there was not time in their existing calls to offer this support.

We discussed these cases with the registered manager. They were aware that some people living at Brunel Court were not satisfied with their care and support. They said this was because people were not clear about the scope of support that Sevacare (UK) were contracted to provide. People's expectations were sometimes more appropriate to a residential care home because they were living in a shared environment and staff were always on site. They were aware that some people had been using the emergency bell for non-emergencies and some people were dissatisfied with the speed of response as a result of this. They were taking steps to monitor response times where people had raised this as a concern. The provider was taking steps with the local authority and the housing service provider to make sure their respective responsibilities were made clear to people and their families.

People's care plans reflected their individual needs and personal preferences. They reflected the person's point of view and contained detailed instructions for staff, for instance how the person liked to take their medicines or the order in which they liked to get dressed. The care plans recorded the objectives of the care plan and the desired outcomes, for instance to maintain the person's independence and dignity. People's choices were recorded, such as their preferred name. Staff told us the care plans contained the information they needed to support the person according to their needs and preferences.

People's care plans were reviewed regularly and as people's needs changed. The registered manager told us they tended to make changes to people's plans after they had been supporting them for 28 days. By this time, factors not available in the information provided at the time of people's initial assessment often came to light. There were records kept of individuals' service reviews.

Care workers recorded the care provided in daily communication logs. The registered manager audited these periodically and verified the actual care provided by means of after care spot checks and discussions with the person. There were records kept of spot checks and service user 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 made available to all the people they supported. The manager maintained a complaints log and complaints file, which contained records of complaints people and their relatives had made. These had been followed up and the findings of any investigation were included in the record and communicated to the person making the complaint.

We recommend that the provider review their care planning and review procedures to address people's

dissatisfaction with their care and their awareness of the scope of their agreed care plans.

Good

Is the service well-led?

Our findings

There was an open and friendly atmosphere at Brunel Court. People told us they found it easy to communicate with the registered manager and staff, and they felt they were listened to. Staff told us they found the organisation to be friendly, accommodating and supportive. One care worker said, "If I have any worries I can ring the office and know they will listen."

There was a caring ethos which was communicated to staff. Staff were motivated to support people and provide a quality service. They told us they were encouraged to raise any concerns, and were confident to do so. They knew what was expected of them and formal and informal support was available if they needed it.

The registered manager had an effective management system in place which included regular meetings with the scheme management team, all staff, and with people who used the service. Meetings were used to manage live issues and concerns about people's care, and also covered wider issues, such as confidentiality, medication, and new policies and procedures. Senior staff carried out regular spot checks which were supplemented by the registered manager's own spot checks which they did to keep in touch with staff and the people they supported. The registered manager occasionally worked shifts for the same reason.

The regional manager visited the service regularly, and was in daily contact with the registered manager by phone or email. The registered manager sent a weekly report which covered staff issues, compliments and complaints, spot checks, supervisions and appraisals, risk assessments, and health and safety matters.

The provider managed Brunel Court 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.

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".