Sevacare (UK) Limited

Maritime House

Inspection report

Maritime House
Conan Road
Portsmouth
Hampshire
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Tel: 02392658293

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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 4 February 2016. We gave notice of our intention to visit Maritime House 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". Maritime House 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 68 people received personal care and support services from Sevacare (UK) at Maritime House.

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.

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.

Maritime 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 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 4 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 Maritime House. We looked at 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 nine people living at Maritime House who were supported with their personal care and one visiting relative. 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 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 five staff records.

Good

Is the service safe?

Our findings

People told us they felt safe when they were supported by Sevacare (UK) staff. One person described their care workers as "good girls" who were polite and respectful.

The provider supported staff to protect people against avoidable harm and abuse. Staff knew about the different types of abuse, and the signs to look out for. They were informed 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 received regular refresher training in the safeguarding of adults at risk.

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. They had investigated a number of safeguarding allegations, which had not been corroborated.

The provider identified and assessed risks to people's safety and wellbeing. These included individual risks, for instance those associated with people's medicines or mobility, and general risks, such as fire safety. 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. However people we spoke with told us staff were occasionally late for a call or rushed, and one visiting relation told us staff had missed three arranged respite calls in the week before our visit. This meant one of their parents did not have relief from their caring duties. The registered manager was aware of the missed calls. They told us the missed calls were due to an administrative error and not insufficient staff numbers. They had taken steps to make sure the error would not be repeated in the future.

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.

Good

Is the service effective?

Our findings

People we spoke with were happy with the skills and experience of the care workers who supported them. One person said they "could not ask for better carers". Another person said they "liked the support" they received and that they were "treated as a person". A third person said they were "quite happy" that their care workers had the necessary skills.

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 urgently. The file showed staff were up to date with their training.

Staff told us the training they received prepared them adequately to support people. They had all received 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. One care worker said, "My training is all up to date and if I need help one of the other carers will help me. Everyone is really nice and will help you out if you need it."

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 provider's 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 the least restrictive 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 at Maritime House.

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.

Good

Is the service caring?

Our findings

People told us they found their care workers were caring and friendly. One person said, "All my carers are very kind, always helpful and respectful." Another person described their care workers as "understanding – I haven't known one who isn't." A third person said their care workers were "lovely – I love my helpers."

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 by asking them what help they needed, and giving them choices about their meals and what clothes to wear. A care worker said, "I always ask service users what they would like, what their wishes are. I include them in everything possible related to their care."

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. 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, "I try to imagine how I would feel if it were me receiving personal care and act in a way that I would like if it were me."

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 Maritime House at the time of our inspection had such needs.

Requires Improvement

Is the service responsive?

Our findings

Most people we spoke with were satisfied their care plans met their needs. One person who had moved to Maritime House recently told us, "Everything has been OK." Another person said they were "quite happy" with the care and support they received.

However a small number of people were less satisfied and said they had problems with missed calls and rushed calls. One visitor told us their relative had three missed calls in the week before our visit. Another person had raised concerns about late calls and unfamiliar care workers not being aware of their individual needs and the importance of having their first call of the day on time.

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 had taken action to address the concerns about missed calls. 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 where the person had impaired vision. 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 people were able to be independent without support. The plans showed where changes had been made in response to people's changing needs, for instance changes to timings and duration of calls. Staff told us the care plans contained the information they needed to support the person according to their needs and preferences. One care worker said, "People's preferences are written clearly in the care plans."

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. They said they would take any concerns to the office.

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.

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.

Good

Is the service well-led?

Our findings

Most people we spoke with described a service which was open and caring. One person described how the registered manager had apologised after a misunderstanding and had given them flowers, although they felt the manager could have acted sooner. Some people raised concerns about recent turnover of staff. One person said, "All the good ones have left."

Staff were positive about Sevacare (UK) as a place to work. One care worker said, "The leadership is really good. They listen to what you say and you feel like they will help you when needed."

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

There was an effective management system which included regular team meetings and communications. 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 notices with our rotas and the office will always call you if they need to update you. We have team meetings monthly, although I have not been able to attend."

The provider managed Maritime House 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".