

Ever Care Ltd

# Ever Care Ltd

## Inspection report

1 Quayside Offices  
Hanse House, South Quay  
King's Lynn  
PE30 5GN

Tel: 07415972459

Website: [www.evercareltd.co.uk](http://www.evercareltd.co.uk)

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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

### About the service

Ever Care is a small domiciliary care service providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were five people who were receiving the regulated activity of personal care.

### People's experience of using this service and what we found

People were well cared for, with respect. Relatives described staff as lovely, kind, competent and caring. They described staff going out of their way to meet people's needs. A relative said, "It's quality care, very caring and having changed to Ever Care it's allowed me to get my life back."

Staff understood how to protect people from harm or discrimination. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Risks to people were assessed and their safety monitored and managed. A relative said, "I'm 100% happy knowing my [relative] is able to stay in [their] own home, and that [they are] safe and someone is there to raise an alarm. Peace of mind."

Safe recruitment practices were followed to make sure the right staff were employed. Infection prevention and control practices were followed to minimise the spread of infection, including those related to COVID-19

People's needs and choices were assessed to make sure the service was right for them. Staff knew people well and provided them with the care and support they needed in a way they preferred. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received the training, supervision and support they needed. They were very complimentary about the way the service was managed, especially how good the communication was and the involvement from the registered manager.

People and their relatives were involved in decisions about their care and support with a clear focus on supporting people to maintain and develop their independence.

We have made recommendations about the quality assurance system and management of digital information.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 21 September 2020 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service including when the service registered with CQC.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Good ●

### Is the service effective?

The service was effective.

Good ●

### Is the service caring?

The service was caring.

Good ●

### Is the service responsive?

The service was responsive.

Good ●

### Is the service well-led?

The service was well led.

Good ●

# Ever Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 August 2022 and ended on 21 September 2022. We visited the location's office on 1 September 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

During and after our inspection, and visit to the office, we spoke and received feedback from six staff including the registered manager and deputy manager to gather their views about the quality of care provided. We spoke with four relatives to seek their feedback about the quality of care people received. We requested and reviewed various records including three people's care records, three staff recruitment records, staff training, supervision and how the provider monitored the quality of care people received.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were aware of different types of abuse and knew how to report any concerns.
- Staff completed safeguarding training and had access to the service's safeguarding policy
- Relatives told us they were confident the service protected their family member's safety. One relative said, "My [relative] is happy with [their] visits. I feel [they are] safe as the carers know what they are doing. My [relative] would tell me if [they] didn't feel safe with them."
- People and their relatives said they knew who to contact if they had any concerns about their safety or the way they were treated and were confident they would be listened to.

Assessing risk, safety monitoring and management

- Risks to people's personal safety were assessed, monitored and managed effectively.
- People's care plans were updated as their needs changed in a timely manner
- Staff were confident about reporting any changes to people's needs or to highlight any concerns to the manager, knowing they would be actioned. Staff gave examples of when they had concerns about a person they were caring for, they would speak to the manager who would contact health professionals and relatives to ensure medical help was needed. This was for such things as urinary tract infections (UTIs)

Staffing and recruitment

- The registered manager carried out recruitment checks to ensure only suitable staff were employed.
- Staff said they had undergone an interview process before they started work. They said they had an induction including training and shadowing shifts which meant they felt confident about starting the role. There was a comprehensive induction checklist used with new staff which included reviews at three, six and 12 months.
- People received consistent care and support from suitably skilled and experienced staff. They confirmed staff maintained good timekeeping and stayed for the agreed length of time.
- People and their relatives told us visits were consistently carried out by a small group of carers and most of them have a regular carer they were happy with. They all said they had a rota sent out on a weekly basis and they were happy with the continuity.

Using medicines safely

- People's care plans and records of their medicines were clear. They detailed how they would like to take their medication, for example with water.
- Staff who administered people's medicines had received appropriate training.

- The registered manager and staff told us they had their competencies checked, to ensure they supported people with their medicines safely and correctly.
- The registered manager audited the medication records on a weekly basis within people's homes, taking any action needed on any errors identified.

#### Preventing and controlling infection

- Staff had received infection prevention and control training and there were infection control and prevention policies in place, which also covered COVID-19.
- The provider made sure an adequate supply of personal protective equipment (PPE) was available to staff. This included within the office, staff's cars and even in people's homes if they agreed. The registered manager also made sure PPE was used effectively and safely, and accessed testing for staff.
- Relatives confirmed staff wore PPE whilst supporting their family members with their care needs.

#### Learning lessons when things go wrong

- There was a system in place for recording, monitoring and managing any accident or incident.
- The registered manager met with staff involved to reflect about any lessons learnt to ensure the incident or accident did not happen again. This included speaking to the person and their relative.
- Regular meetings were held with the senior management team to look at issues, identify ways to improve the service and any action points required. Appropriate information was then shared effectively within the staff team. For example, how to reduce the impact of staff sickness in ensuring people and their relatives were informed of changes to carers.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager undertook assessments of people prior to taking on a new package of care. This information was used to develop each person's care plan.
- Staff would be refreshed on specific care needs by being provided with refresher training prior to starting to give care, for example if the person had a catheter. The registered manager would also support on the first care call to introduce staff and ensure they understood the person's needs. Staff said, "This makes it easier" in starting to provide care to a new person.
- Care was delivered safely, using a very personalised approach. This enabled staff to deliver consistent care and understand people's wants and needs.
- There was good handover between staff and with the registered manager on care need changes and updates to ensure continuity of care.

Staff support: induction, training, skills and experience

- Staff had the necessary skills, knowledge and experience to perform their roles.
- New staff received initial training and a formal induction. They spent time shadowing more experienced staff and got to know people well before supporting them independently.
- Staff received on-line training, but face-to-face training would resume shortly, which had stopped due to COVID-19 pandemic. Staff felt if there was any other training, they needed they could ask, and it would be provided.
- The office had factsheets and the managers would discuss topics with staff when they visited, especially for such events as mental health awareness week. The service was a member of Dementia Friends, MIND (mental health charity), Alzheimer's Society. They shared and discussed the newsletters with staff.
- Staff said, "There is a willingness to train carers even if they have been doing the job a long time. Personal development is important to them."
- A relative said about the staff's skills, "Nothing is too much trouble and I feel relaxed as they are so competent."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of people's dietary needs and what people liked and disliked to eat.
- Staff had sufficient time with people to be able to cook a meal from scratch as opposed to heating ready prepared meals. Staff were also aware of a person who liked their meal served on a hot plate and another

who did not like cold water in their drink of squash, ensuring it was made with slightly warm water.

- Staff were empowered to raise any concerns they had regarding people's health. Appropriate actions were then taken such as contacting family members, or the registered manager, or where appropriate seeking medical intervention. This could be for such things as suspected UTI or if the person does not appear their usual self, for example, confused or less mobile. One relative said, "Recently they phoned me to say that they suspected [relative] had a water infection. I contacted their doctor who asked for a urine sample to be taken in. The carer was right [they] had a water infection."
- The manager ensured proactive action was taken to monitor the health of a person. For example, a person was discharged from hospital and there had been concerns they were losing weight. The manager spoke to the family and food and fluid charts were put in place and they were weighed regularly. From this they found the person had gained weight.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The registered manager understood the requirements of the MCA and were aware of good practice guidelines.
- Staff were aware of the principles within the MCA of asking for consent from people before giving care. Staff gave people choice of what they wanted to do or eat.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well, and their individual rights were respected and promoted.
- People and their relatives spoke positively about the care received. One relative said, "The way that they interact with my [relative] shows that they respect [them] and treat [them] with kindness. If they see that [they are] down they will suggest they put on a vinyl record that [they] love and get [them] talking about [their] past career. They have a joke with [them]."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views and make choices and decisions about their care.
- The registered manager discussed the care needs with people and their relatives at the start of the contract. Changes were then made when required following this. For example, visits increased from two to three times per day.
- The registered manager encouraged people to give feedback both by seeing them regularly as part of care calls, if someone asked to see them, questionnaires and also by encouraging feedback via a page on their website.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in ways which maintained their dignity and independence.
- Staff emphasised the importance of keeping people independent and asked what they wanted to do themselves and encouraged this. Staff said, "I support people to be independent by making sure I maintain their current level of independence and empowering them, encouraging them and letting them do what they are capable of doing." For example, one person liked to make cups of tea but could not always lift the kettle due to their mobility so if they were struggling the staff suggest they would do the kettle whilst the person did the milk.
- When giving personal care staff were always aware of upholding the person's dignity, ensuring curtains were shut, using towels to cover them and leaving the room to allow the person time and privacy, where appropriate.
- A relative said, "They treat my [relative] with kindness and also help [them] to be independent as much as [they] can be. [They are] a lot calmer now than [they] were with the previous company. They spend time talking with [them]."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care which took account of their needs, wishes and preferences.
- All staff said they had enough time on care calls to spend with the person to find out about them, what their dislikes and likes were and build a trusting relationship. Staff who supported a person who had poor sight always started the morning visit by finding out what they would like their routine to be for that day. They then assisted them in their routine, reassuring them to move around their home, keeping them as independent as possible.
- One relative said, "Due to problems in the past my [relative] finds it hard to trust people but [they are] very happy with the carers, they are very polite and respectful and [relative] is confident with them."
- Staff said they had enough time to do the little things for people which made a difference, such as ironing their clothes, cooking them meals from scratch, collecting a paper from the shops. Staff said how much they had learnt from the people they cared for by talking to them about where they had travelled and what they had done in their lives.
- Staff gave examples of encouraging people with their interests. One person loved gardening, so the carer spent time outside in the garden when the weather was good. They also used to take them to the local garden centre to look at plants, which they really enjoyed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's understanding of information and communication needs were assessed, and the service ensured steps were taken to communicate effectively with people. For example, there was an easy read care plan for people with pictures to ensure they understood what care would be provided.
- Staff told us they were aware of people's individual needs and felt they had enough information to support each individual effectively. They said communication between staff was excellent as information relating to people's care was effectively passed on to the next staff member due to do the care call.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and had received one complaint since starting.

- Relatives and people who used the service knew who to contact if they had any concerns or complaints. They knew they would be listened to and any issues would be resolved quickly.
- The registered manager used a reflective approach to review any concerns or issues with staff to identify any lessons which could be learnt for the future.

#### End of life care and support

- The service met the needs of people and had considered future needs and preferences. Not all people wanted to make plans for the future but when the care plans were reviewed this was discussed and updates made if required.
- There were leaflets for staff and people on grievance, loss and bereavement to help at end of life.
- The service was not providing end of life care to people at the time of inspection. Care staff had received some relevant training, and further would be provided when such care and support was required.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their regulatory role and responsibilities
- The registered manager was able to show they monitored the quality and safety of people's care, taking action to improve this when required. However, further improvements were needed to ensure there was a formal system in place to ensure all aspects of the service were audited.
- Information technology systems needed developing for storage and retrieval of documents and information to minimise the risk of losing information.

We recommended the provider develops and embeds a robust and structured quality assurance system to ensure all aspects of the service are formally monitored. In addition, we recommended the requirements of data protection and cyber security are reviewed and implemented as required.

- The registered manager undertook regular monitoring visits to review staff's practice. The visits covered the quality of the care delivered to meet people's individual needs. This included staff competencies to support people with their medicines.
- The staff team worked closely with the management to ensure care calls were met. Staff said, "It fits, it is like a jigsaw that fits together. They are there for you, just ring. Very lovely company to work for."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was passionate about providing a caring, person-centred and responsive service
- Staff told us they felt supported and spoke positively about how the service was managed. Staff said, "They really do make us all feel like one big family." "Ever since I started working for Ever Care I feel a completely different person. My confidence has gone sky high, the support I get is amazing. I really can't thank them enough".
- People and their relatives knew who was in charge and could name the manager. They felt the service was well managed and could not think of anything which needed improving.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager carried out regular service feedback questionnaires with people who used the service, their relatives and staff. There had been limited feedback from relatives and people who used the

service. This was an area they wanted to develop as the service expanded.

- The registered manager and deputy manager were involved with care calls and as part of this gained feedback from people on the care they received. They used this time to review care records held in people's homes.
- Staff told us they felt supported and valued when they made suggestions for improving practice. Staff said about the manager, "We bounce ideas of each other. I like to voice my opinion or suggest things and they will say I hadn't thought of that."

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour. They wanted to develop an open culture, be approachable and respond appropriately in a timely manner.
- The registered manager was in the process of implementing a new electronic system for management of rotas for care calls, care plans, risk assessments and electronic medication system. It had live alerts so if medication was not given on time or a carer was late an alert was raised immediately with the manager.
- The new electronic system would allow people and relatives, if appropriate, to access care records. The registered manager saw this part of the system as really important in being open with people they cared for. Relatives spoken to were aware of the new systems who said, "It will be great to have a real time record."

Working in partnership with others

- The registered manager saw the benefit of linking in with other similar businesses and had liaised with another home care services to learn how they run their services.
- They were a member of a local network group of managers who run home care business and met regularly to share ideas. They were also a member of a network group of small business for the town they were based in, who worked together to support each other.