Evergood Medicals Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Evergood Medicals Limited is a domiciliary care agency providing and support to people in their own homes. People lived with a range of physical and mental health conditions, some people were being supported towards the end of their lives and some people lived with a learning disability. A the time of the inspection 28 people were being supported by the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The registered manager had applied to add 'people living with a learning disability' to their service bands. There had been a delay in processing this application however, the inspection found that the registered manger and all staff had completed training in supporting people with a learning disability. Staff fully understood the principles of Right Support, Right Care, Right Culture and had applied their knowledge when supporting people.

People's experience of using this service and what we found
Right Support: The service provides a model of care that supports people living in their own hones, maximising their choice, control and independence.

Relatives told us that their loved ones were supported in the least restrictive way and with their best interests being central to the care provided. People's choice and independence was promoted without compromising their safety. Policies and training were provided to staff to ensure the best and least restrictive care was provided.

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.

Right Care: Support was person centred. People dignity and privacy were respected by an understanding and compassionate staffing team. Care plans were written in a way that described what people could do for themselves, what they enjoyed doing and what were their preferred routines. This information was provided first, ahead of the things in their lives where some support was needed.

The registered manager had forged strong working relationships with other health and social care professionals which ensured that people received the best and most appropriate support. People and their

loved ones told that they felt safe when supported by staff. Safeguarding and whistleblowing policies were in place and staff told us they were confident to use these processes to safeguard and protect people if needed.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

Despite the service being new, the registered manager had developed a positive culture within staff, all of whom had an attitude towards people that was supportive, putting people's needs ahead of everything. Staff were given enough time at care calls to carry out all support tasks and when necessary, stayed longer to help people. Staffing timetables enabled this to happen without impacting on later care calls. There were no reports of missed or late care calls.

People and their loved ones were given opportunities to provide feedback about the service. This achieved at various times during their support journey and in a variety of formats. The feedback received was overwhelmingly positive in all formats. The registered manager used feedback, analysis from auditing processes and data from complaints and accidents to share learning with staff and look for ways to improve the service further.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 21 February 2022 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Evergood Medicals Limited

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 carried out by 1 inspector.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection
We gave the service 48 hours' 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.

What we did before the inspection
This was the first inspection of a newly registered service. We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During the inspection we spoke with 6 members of staff including the registered manager, 4 members of care staff and an administrator. We looked at 4 care plans and associated documents including risk assessments, medicine administration records (MAR), 5 staff files and records relating to auditing and quality assurance. We spoke with 2 people who used the service, four relatives and contacted 3 professionals.

Good

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 supported safely and were protected from harm. Systems and policies were in place to safeguard people and staff knew what steps to take if they thought someone was at risk. A staff member told us, "I'd talk to my manager. Write everything down and report what I'd done."
- People and their loved ones told us they felt support was provided safely. A person said, "I am absolutely safe with them. It means my (loved one) can take a bit of time out when they are here." A relative said, "He is safe with them, absolutely no problems."
- A whistleblowing policy was in place and staff told us they were confident to use the process and raise concerns if needed. Whistleblowing allows staff to raised concerns anonymously.
- The registered manager understood safeguarding and the importance of raising concerns to protect people. Positive relationships had been formed with the local authority safeguarding team and the registered manager would seek advice if needed. A professionals told us, "They always provide all of the information needed and will check on outcomes."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. Known risks to people's health, welfare and safety and any environmental risks relating to people's homes were all assessed individually and documented. Environmental risks included any obvious trip or other hazards, storage of medicines and the presence of pets that may present a trip hazard.
- Some people received food through a percutaneous endoscopic gastronomy (PEG) feeding tube. PEG tubes allow people to receive food directly into their stomachs when they are unable to ingest food orally. Risk assessments were in place, first describing use, maintenance and cleaning of the PEG, followed by specific detail relating to the level of support people needed and the types of nutrition preferred.
- Risk assessments were regularly reviewed by the registered manager and more frequently following any changes to the levels of support needed or following incidents. Risk assessments were available to all staff on a mobile phone application and any updates could be immediately viewed.
- Staff knew people well and knew what steps to take in the event of something going wrong or in an emergency. A staff member told us, "We have the training but if we can't control the issue we would get help, 999 if we needed to."

Staffing and recruitment

- There were enough staff employed by the service to meet people's support needs. Staff were given enough time to travel between care calls and there were few reports of care calls running late. A relative said, "They are rarely late and will always let us know. They will also stay longer if needed."

● A system was in place to call people and their relatives in the event of a member of staff running late. If necessary other staff or the registered manager would cover these calls. There were no reports of calls being missed.
● The mobile phone application was used by staff to log arrival and departure times from care calls and this was remotely monitored by the registered manager. In the event of any issues with staff running late the registered manager could take appropriate action to cover calls.
● Staff recruitment was carried out safely. We looked at 5 staff files which contained details of all background checks and processes that had been followed before new staff began working at the service. Documents in staff files included for example, references, photographic identification, interview notes and Disclosure and Barring Service (DBS) forms. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely. Preventing and controlling infection
● Medicines were managed and administered safely. Most people were either independent with taking their medicines or were supported by loved ones. Staff supported some people with medicines, sometimes a reminder to take them and in some cases helping them to take them.
● Medicine administration was recorded on medicine administration records (MAR) with each entry being colour coded to show if it was taken and with a running number count of remaining medicines. Each entry was signed, timed and dated by staff. MAR were held on the mobile phone application allowing immediate oversight by the registered manager.
● Staff were trained in medicines and were able to tell us the processes they went through including steps they took if a person refused their medicines or when an error occurred. All actions by staff were recorded on the MAR charts.
● As required, (PRN) medicines had a separate protocol governing their administration. Medicines for example, pain relief, were entered on MAR charts and were clearly marked as PRN. In most cases administration was managed by loved ones but sometimes staff supported people. A member of staff told us, "I'd always ask a relative in case there was a clash with another medicine, you have to be careful. " Another added, "I would only give PRN after consultation."
● Staff told us they had a plentiful supply of personal protective equipment (PPE). Staff had received training in infection prevention and control, and people and relatives we spoke with told us that staff always wore PPE appropriate to their tasks.

Learning lessons when things go wrong
● Systems and processes were in place to record and investigate accidents and incidents. Very few incidents had occurred but those that had, were recorded in detail with actions taken by staff at the time shown. Records were kept in a separate file and attached to people's care plans.
● The registered manager maintained oversight of all incidents and liaised with other professionals if advice or support were needed for example, occupational therapists and district nurses. Any learning form when things went wrong was recorded and shared with all staff to minimise the chance of a recurrence.

Good

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

- Thorough pre-assessments were carried out by the registered manager before agreeing to provide new people with a package of support. Most of the referrals made to the service were for end of life support and assessments were carried out in hospices or hospitals with people and their loved ones. A relative told us, "Our situation was a bit different in that they were suddenly discharged home from hospital. The manager came straight away to see us and assess in our home."
- The registered manager completed a 'customer file' which covered all aspects of people's care and support needs. Advice was sought from professionals involved in the person's health journey and the registered manager made sure that staff had the correct experience and training to be able to support people safely.
- People and their relatives told us they were involved in the pre-assessment process and the ongoing support given by the service. A relative said, "The assessment went through everything, nothing missed." Another added, "The (registered) manager still comes out often to make sure everything is alright still."

Staff support: induction, training, skills and experience

- New staff went through an induction process followed by opportunities to shadow more experienced staff. Induction involved training, familiarisation with systems and processes and time to meet and get to know the people they were to support. Comments from staff about their induction included, "We learnt how to work with certain clients and understand their needs" and "We shadowed other workers and learned how to handle and speak to clients."
- Ongoing support was provided to staff with regular supervision meetings with the registered manager. A staff member said, "I had my first supervision after 2 weeks to make sure I was alright and then every few months after that." The registered manager carried out 'spot' checks on staff, unannounced supervision of their practice.
- The service supported people over a wide geographical area and so staff were split into teams to minimise travel time. This also meant that staff supported the same people within the areas that they worked.
- Following induction staff received ongoing training. Training was recorded on a spreadsheet which let the registered manager maintain oversight on what had been completed and what was due. Staff had been trained in, for example, safeguarding, manual handling, stoma care, learning disabilities and autism and diabetes. All training was up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People's hydration and nutrition needs were met. Some people were independent with their dietary needs

and others were supported by relatives. Staff did support some people with preparation of food and then helping at mealtimes.
● Staff had received training in diabetes and were aware of people's dietary requirements. Some people were supported with their dietary needs using a PEG feed. Staff had received appropriate training and were supported by other professionals for example, district nurses and the speech and language therapists (SaLT) if needed.
● Care plans had a section about diet which included people's likes, dislikes and the level of support they required. Risk assessments were in place for people at higher risk of choking. They gave clear instruction to staff about safely provided food and drink to people and what steps to take in the event of a choking incident.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● People's health and social care appointments were mostly arranged and managed by their relatives or loved ones. The registered manager told us that they would always offer to help and on occasion had gone with people for hospital appointment.
● Some people received support from live in carers from other services. The service provided support to people when the live in carer was absent or on a break. Positive working relationships had developed which resulted in positive outcomes for people and the support they received. One live in carer told us, "The working relationship is good and I can see how (person) gets on well with the carers. The manager is helpful and will always make sure we have everything we need."

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Staff supported people with decision making. Most people had full capacity and were able to make their own decisions about their daily routines and the support they needed. Some people however, needed the support of their relatives or from staff.
● Some people lacked capacity to make decisions. Staff had been trained to understand mental capacity and the importance of providing people with choice and support with their day to day decisions.
● Staff were aware for example, of the importance of getting consent from people before carrying out tasks. A staff member told us, "Relatives helped me to find ways to communicate and gain consent. For example looking down means 'no' and rolling their eyes means 'yes.'" Another staff member added, "It pays to know people well, to understand their needs and wishes."

Good

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 told us they were treated with kindness and respect. Comments included, "They are caring, understanding people" and "Very kind and encouraging and they are very good with my (partner) which is nice because it's difficult for them too."
- Similarly, relatives said that staff were kind and attentive to their loved ones. A relative said, "They are on time, pleasant, it's been a good experience." Staff understood the importance of treating people well. A member of staff reflected on their induction, "They stressed the importance of kindness and respect. I believe this is being done."
- People's differences were considered and supported. Care plans had details of people's personal preferences and preferred daily routines. Some people had care call times adjusted so they could attend church services. All of these requests were understood by staff and their requests supported.

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

- People were asked and were involved about decisions relating to their care provision. People were able to express preferences about the timings of care calls to fit in with their other routines. A relative told us, "We've changed call times at quite short notice because of appointments. They are always able to change for us."
- Most people expressed a preference for male or female carers. As far as was practicable, the registered manager accommodated these requests and people and their loved ones told us this was never an issue for them.
- People and their relatives were present and were at the centre of decisions made about their care and support during the pre-assessment process. Care provision was regularly reviewed by the registered manager to make sure the support provided was still appropriate and meeting people's needs. People and their relatives told us they were involved in these reviews and were able to contribute and make suggestions for changes if needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was considered and respected. A staff member said, "I will use a room that is private and ask about the procedure, do they need a towel for example. It helps knowing people well." People's personal information was kept on password protected computers and mobile phone applications. Any printed material was kept in locked cabinets.
- People were treated in a dignified way. A staff member said, "I mainly look after men. I will call them 'sir' unless they have a preferred name and then I will use that." A relative said, "They do the serious stuff but

then always have time for a bit of fun, they are understanding and know how to treat them."

● People were supported to be as independent as possible without compromising their safety. A relative told us, "They definitely try and encourage independence. I've seen them working with occupational therapists and nurses, they are very encouraging to them." A member of staff said, "We are trained to involve the client. I also ask if they want to dress themselves and wash. I'm there to support."

Good

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

- Care plans were person centred. Each section began with a section called, 'what I can do.' Each plan focussed on what people could safely achieve for themselves before moving on to where support was needed. Another section called, 'about me,' provided people's personal history and medical background, describing life events that have contributed to their current lives.
- People were given choices about how they wanted to receive their care and support. They could choose male or female carers and select the timings of care calls to fit in with their daily lives and routines. The registered manager told us that they always try to accommodate people's wishes and will sometimes change call times to fit around people's appointments.
- Staff added notes to their mobile phone applications following care calls giving details of the tasks carried out and details of how people were feeling and presenting during the visit. This reflected people's moods and if they were feeling unwell. This information was overseen by the registered manager and provided a clear up to date picture to the next carers attending which helped staff to deliver the most appropriate care to people.

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 needs relating to communication were met. Most people were able to communicate verbally but some needed additional time and support to be able to converse with others.
- Some people were nonverbal. Care plans provided detailed descriptions of how people preferred to communicate and what worked best for them. For example, some people used facial expressions and physical movement such as bowing or nodding of their heads.
- The service helped with communication support aids for people for example, alphabet boards to spell out messages to each other. Some used eye gazing technology to help with communication. This involves a camera detecting eye movements on a screen, calculating what is being looked at and then translating that into words for others to see.
- Staff knew people well and were able to tell us how they communicated with people. Staff had received training in how best to communicate with people with different needs.

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

● Most people were supported by their relatives and loved ones with activities and trips out that were if interest to them. Staff did sometimes provide support to people and registered manager told us staff would always support if needed. Some people were supported on trips to go bowling, walking their pet dogs or pursuing indoor pastimes for example, playing chess.

● A relative told us, "They (cares) often just sit and talk about things that interest my (relative.) They make food with them." A professional said, "They take them out for walks, do some of the things they like doing."

Improving care quality in response to complaints or concerns

● A complaints policy was in place, a copy was available in people's homes. The policy was accessible in different formats to people and their relatives.

● No formal complaints had been made. However, people and relatives told us they knew how to raise a complaint, an issue or concern and were confident that the registered manager would address these straight away. Comments from people included, "I did raise a concern early on about male carers when I asked for female. This was acted on straight away" and "We have never had complaints, they manage everything."

● Similarly relatives told us, "It's never an issue, things are always sorted straight away." Another relative added, "I'd speak to the manager but I have no complaints."

End of life care and support

● The registered manager worked with other professionals to ensure those people who were being supported towards the end of their lives, received the best care possible. Care plans reflected people's advanced decisions about the type of support they wanted to receive and where they wanted to be, most choosing to remain at home.

● An end of life policy and procedure was in place. These documents emphasised the importance of person centred care and people's choice at this important stage of their lives. The policy also acknowledged the importance of the involvement of loved ones and professionals.

● Staff had received end of life training and were confident in the provision of end of life care. Comments form staff included, "It's a privilege to be able to help at this time," "Reassurance and making sure family are close. Going out of my way to make people comfortable" and "Show them you care and that they are not alone, spoil them. It's the most important part of our job."

Good

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.

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

- The registered manger had developed a positive attitude and culture with staff. Staff told us they enjoyed their work and felt supported at all times by the registered manager. Comments from staff included, "Manager is supportive, encourages us and gives us good updates and information" and "Approachable and supportive, can speak about anything."
- An on-call rota was shared between the registered manger and their deputy. During the hours that care was being provided by staff, staff were able to contact a manager for advice and support if needed.
- The positive culture at the service reflected on care provision and people and their loved ones told us they all felt supported by the registered manager and their staffing team. A person said, "The manager has come out at least 4 times to see me and often phones and asks if there is anything else I need." A relative added, "We have a positive relationship with the manager. Very helpful and supports us."
- The registered manager had developed constructive relationships with other professionals and would call for support and advice when required. This ensured people were receiving the best care possible.

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 and had complied with their responsibilities under the duty of candour. Legally services have to inform the CQC and the local authority about certain events and incidents that affect their service. The positive working relationships established with other professionals were use when the registered manager needed advice or support.
- Throughout the inspection process the registered manager was helpful, open and honest about the service. They acknowledged where some things could be done better and took immediate steps to rectify any shortcomings. Learning from the inspection and from events that had affected the service was shared with staff to improve the quality of care provided to people.

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

- The service supported people across a wide geographic area and staff were split into small teams to cover specific areas. This had the effect of minimising travel time between calls for staff and allowed staff to support the same small group of people which in turn meant they had got to know them well.
- All systems and processes were audited by the registered manager every three months. Any actions

identified were documented and addressed and any learning from trends or incidents were shared with all staff. An annual audit was carried out by the service's provider.

● Auditing systems and processes were in place over seen by the registered manager. All aspects of the service were audited and a summary spreadsheet was maintained to ensure they had been completed. Most auditing was done on their computer system for example, risk assessments, medicine provision, supervision of staff and safeguarding and complaints. Paper copies of the care plans were audited, these were kept in people's homes.

● The registered manager held regular clinical governance meetings with senior staff to ensure all auditing processes were up to date including care plans, training, DoLS and quality assurance process.

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

● People and their relatives were regularly asked for feedback. This was sometimes done informally, direct to staff who then fed back to the registered manager or more formally, through a user satisfaction survey.

● The feedback received was overwhelmingly positive. We were also shown numerous letters and cards from relatives, thanking the registered manager and their team for the support they provide to their loved ones. A relative said, "I was sent a form, I gave them very positive feedback."

● Staff were given chances to speak about the service through their supervision meetings, team meetings and during the working day when supported by the registered manager. A staff member said, "I've been to a virtual meeting, there were 2 on the same day. It's definitely a platform for us to speak up." Another staff member told us, "Meetings are an opportunity to raise issues."

● Care plans were person centred and had an 'about me' section that described people's individual characteristics. Family make up was described along with details of other important people in their lives and how people wanted to spend their time. People's faith and religious beliefs were supported and staff had received training in equality and diversity and respected people's differences.

Continuous learning and improving care. Working in partnership with others

● The registered manager kept up to date with changes in health and social care through regular contact with the local authority, continuing health care and the CQC. Key changes and messages were cascaded to staff. The registered manager had a vision for continual improvement and delivering high quality care.

● Some people received some of their support from other professionals for example, live in carers, visiting community nurse and occupational therapists. The service worked well with other professionals to maximise the best care delivery for people.

● Professionals told us the registered manager and their team worked well with them. Comments included, "Supportive, we have a good relationship" and "It's an easy flowing process. The communications are good and the feedback from all of my colleagues is positive."