

Everycare (Central Surrey) Ltd

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Everycare (Central Surrey) Ltd is a domiciliary care provider. It provides personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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, the service was providing the regulated activity of 'personal care' to 31 people.

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

Staff knew the people they supported well, and they had the necessary skills and experience to provide good care. Staff were proud to work for the service and received comprehensive training. They knew how to raise concerns if they believed people to be at risk of or experiencing harm.

People received a consistent and reliable service. They were able to make changes to their plan of support when needed. People and relatives said that the management team were very approachable.

There was good, consistent leadership of the service with robust oversight. Regular auditing and governance enabled management to quickly identify issues in the quality of service. The registered manager was very visible and was involved in all aspects of the service.

People had 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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 June 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

We carried out an announced comprehensive inspection of this service on 24 April 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Everycare (Central Surrey) Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Everycare (Central Surrey)

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 Care Act 2014.

Inspection team

The inspection visit was carried out by two inspectors. A third inspector made telephone calls to people and staff.

Service and service type

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

Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection so that consent could be sought from people to speak with us. Inspection activity started on 14 May 2021 and ended on 19 May 2021. We visited the office location on 17 May 2021.

What we did before the inspection

We reviewed information we had received about the service from the provider since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six staff, the registered manager, the business operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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 harm. Safeguarding concerns, and potential risks of harm had been referred to the local authority proactively by the registered manager. This meant measures could be put in place quickly to prevent harm to people.
- Staff had received safeguarding training and understood their responsibilities to identify signs and knew how to report. One staff member told us about whistleblowing, "I have reported in previous jobs and I would not hesitate to report any concerns to management or you at the CQC."

Assessing risk, safety monitoring and management

- Risk assessments had been completed which told staff how best to support people whilst mitigating risks. Information was clear and detailed and the risks were reviewed regularly.
- Staff told us that they followed the risk assessments as they included helpful information and strategies to use when people were in difficulty. One example stated the person could suffer from low mood and lack of motivation. It told staff to encourage the person to participate in an activity they like such as jigsaws, logic puzzles or books to improve their mood.
- Environmental risk assessments had been carried out in people's homes to ensure people were kept safe. One said "Ensure stair lift is returned to top of stair and stairgate closed." These tasks were set up in electronic care plans so that staff had to confirm each task was completed before leaving.
- The provider had recently implemented an improved electronic monitoring system, which sent alerts when a support call was late or missed. This meant that people were informed if staff were running late, and cover could quickly be put in place if a call was missed.

Staffing and recruitment

- Recruitment processes were robust. Checks included references, gaps in employment records, and background checks with the Disclosure and Barring Service (DBS). New staff shadowed existing staff and were introduced to the people that they would be supporting. One person told us this made her feel assured that new staff would learn quickly. They told us, "It's less awkward when we meet and they can learn the ropes."
- People received support from regular staff who knew them well. Small teams had been set up that supported the same individuals on a regular basis. People we spoke with told us they liked the continuity of staff. One person said "I get the same few people. They send me a rota on a Friday to say which ones are coming on which days the following week."
- The service had shown flexibility to suit people's needs. One person told us "They have been very flexible with visits. If I have to nip out for any reason, I can change the times to suit."

Using medicines safely

- Medicines were managed safely. Staff had received training and been assessed as competent by a senior member of staff prior to supporting people with medicines. Regular spot checks and supervisions were carried out to ensure staff maintained safe practice.
- Medicine records were accurate with no missing information. We saw that when an error had been made previously, it had been promptly identified and a meeting arranged to discuss the incident with the staff member. Actions were put in place, such as refresher training, additional reminders and an additional spot-check planned.
- Staff knew how and when to report concerns relating to medicines. One staff member told us what they did when a person refused their medication, "They may just be having a bad morning or moment. I would give them some time and see how they felt after ten minutes or so. If they still didn't want it I would let the office know, report it as an incident and fill out the forms." Staff knew how to support people who have specific conditions with their medication, for example how putting tablets on a coloured plate may be more visible to a person if they live with dementia.

Preventing and controlling infection

- Risk assessments had been carried out for people to tell staff which people were most at risk. One person told us "I am at high risk from Covid-19 so they have to be very careful. They wear masks, they understand the risks."
- People received protection from the risk of infections. Staff had received training in infection control procedures and followed the latest guidance with personal protective equipment (PPE). Staff were tested for Covid-19 weekly and lateral flow test (LFT) kits had been acquired to increase frequency of staff testing.
- Staff we spoke with told us they felt confident with their infection control knowledge and were updated regularly by the office when guidelines changed.
- The registered manager had implemented some innovative measures during Covid-19, such as providing people they support with face shields that they could wear during support visits for additional protection and reassurance.

Learning lessons when things go wrong

- The registered manager told us how incidents and accidents had been investigated thoroughly to ensure that lessons had been learned. We saw where mistakes had been made, they had been quickly resolved, the relevant people informed and learning shared with the wider team to improve practice.
- Staff we spoke to told us that they feel able and encouraged to raise concerns and learn from errors and incidents. They understood it improved the quality of care for people they support. One staff member told us they would report any incidents, "Management get straight onto it and get it sorted."
- Records showed that the service had learned from incidents. We saw an example where staff had not met the high standards expected by the registered manager. An apology was sent to the family member, a meeting held with staff responsible, refresher training arranged, and reminders sent to the team.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- An assessment of people's needs had been completed before starting their package of care, and regular reviews had taken place. One relative we spoke with confirmed they had been involved in reviews. "We wanted some extra support so we called the office. They came out that day and then visited fortnightly to review the situation."
- Support plans included details of people's likes and dislikes and preferences. People and their families, when relevant, were involved in the planning of support.
- An electronic care planning system had been implemented which gave staff up to date information and assessments to enable them to meet people's support needs. Information was included on different health conditions and background information. One staff member told us, "There is so much detail around people and their needs. If I am ever unsure, I can review anything I need to – quickly and easily."

Staff support: induction, training, skills and experience

- New staff had received a thorough induction which included values and expectations, as well as practical training in moving and handling techniques, medication and dementia. Shadow shifts had been arranged for them to meet each person they would be supporting and they had been assigned a senior member of staff to support them through their early days in the role.
- The registered manager encouraged staff to continue learning and gain qualifications. Six staff were working towards their Level 3 NVQ qualification in health and social care, and two staff had undertaken their Level 5 NVQ in Leadership and Management.
- Regular supervisions and spot checks had taken place to ensure that staff followed best practice guidelines. Where issues were identified, we saw that staff had refreshed their training, and had been reassessed. Staff were encouraged to ask questions and seek guidance through their team app or from their senior. One staff member confirmed this, saying "no question is a silly question". Another staff member told us about their supervision meetings, "They are productive and we talk about all kinds of things. I am able to get across my concerns and thoughts and feelings."

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

- Where people received supported with eating and drinking, detailed information had been provided in their care plan for staff to follow. People told us staff understood the support they needed and knew how to encourage them to eat well. One staff member we spoke with told us, "I can read the care plan and see what

each person's needs are. I offer plenty of fluids to people."

- Where risks had been identified with eating and drinking, staff were guided by detailed risk assessments. One example was a person at risk of hypertension and staff were to encourage the person to have a healthy balanced diet to reduce the risk of stroke/heart attack.
- The service worked closely with other health professionals to improve people's outcomes. Care plans included details of referrals to occupational therapists, physiotherapists, podiatrists, district nurses and GPs. One person had been supported by staff to regain their strength after a referral to occupational therapy support recommended short walks whilst staff followed closely behind.

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

At our last inspection we recommended the provider reviewed people's capacity and completed mental capacity assessments and best interest decisions where required. The provider had made improvements.

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 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.

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

- People's consent for care was sought. Staff checked with people how they wanted things done and staff understood that sometimes people may make a poor decision. One staff member said "Verbally, I check. I give them the opportunity to choose and make their own decisions."
- We saw evidence of mental capacity assessments contained within people's support plans, one example stating that a person understood what their medication for and was happy to take them.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure robust quality assurance and record keeping. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a robust system in place for identifying issues. Weekly management audits had been carried out by the registered manager of care plans, incidents and accidents, medication administration, health and safety, complaints, staff spot checks and supervisions. This meant that themes and trends were identified, and improvements actioned without delay.
- The registered manager welcomed ideas and suggestions on how to improve the service. One staff member had implemented an on-call handbook with a guide to how to handle different situations. Suggestions had been made for how to improve the care planning system and this had been taken forward.
- We saw evidence of thorough and detailed records of incidents, accidents and medication issues.

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

- The registered manager has created a positive ethos in the service and led by example. Staff told us the values of the service which were openness and honesty, customer focus, reliability and enthusiasm. These values had been embedded from the outset through training and supervision. One family member said, "They know just what he needs and how he likes things done. I always hear them laughing and joking with each other."
- Staff enjoyed working for the service and felt valued. One staff member told us, "They make it feel like a family and the management go out and support people just like us carers. It provides a real motivation to see them getting involved."
- People had support from small regular teams of staff who communicated effectively. One staff member said, "Communication has always been a strong point, office staff will always answer any questions and help the members of the team as much as they can. No task is ever too much."

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

- Staff were clear about how to escalate concerns. On call support was available 24 hours a day for staff.
- Records showed that people and their families, where appropriate, had been involved when things had gone wrong. The registered manager reported significant events to CQC and any other outside agencies as required.

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

- People were involved in the service and supported to take part in giving feedback. Surveys had been sent to people in different formats such as by email, by letter, larger print to improve engagement.
- Additional support had been provided to people during Covid-19. Sunflower lanyards and cards (which signal to others that a person may have a hidden disability) had been given to people to make shopping easier for those who couldn't wear a facemask. People had been offered a food shopping service which the provider ordered online, received at their offices and then distributed out to people. This meant that people had not had to queue outside the supermarket during the winter due to the covid-19 shopping guidelines.

Continuous learning and improving care; Working in partnership with others

- The provider had recently implemented a new system for care planning to improve efficiency and recording. Staff told us they found the system worked well and provided them with detailed information to help them support people well.
- People we spoke with told us that the registered manager responds quickly to issues. One person said, "Occasionally things might go awry—but they learn from their mistakes."
- There were plans in place to implement a "champion" scheme amongst the staff team where individuals could focus on enhancing their skills. Suggestions included dementia, Mental Capacity, safeguarding and medication champions.
- The registered manager was an active member of the Surrey Care Association, the UK Homecare Association, and had membership with Skills for Care. This helped them to keep up to date with latest best practice and Covid-19 guidelines. They had also taken part in support groups and forums, where registered managers learn and provide support to one another, particularly throughout the Covid-19 pandemic.
- The service had developed good working relationships with a variety of professionals involved in people's care