

Everycare (Medway & Swale) Ltd

Everycare (Medway/Swale) Limited

Inspection report

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Date of inspection visit:
15 October 2019

Date of publication:
12 November 2019

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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:

Everycare (Medway/Swale) is registered to provide personal care to people in their own homes in the community. 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, 27 people were receiving personal care from the service.

People's experience of using this service:

There were enough staff available to deliver safe support to people. People received their medicines safely. Staff had received training in safeguarding adults and knew of actions to take to protect people from abuse. Risks to people were managed effectively to reduce harm to them. Lessons were learned from incidents and accidents. Staff followed infection control procedures to reduce risks of infection.

Staff assessed people's needs following best practice guidance. People were supported to meet their nutritional and hydration needs. Staff supported people to access health and social care services to maintain good health. Staff liaised with other services to ensure people's care and support were effectively planned and delivered.

Staff were supported to be effective in their roles. Staff were inducted into their roles; and received regular training, supervisions and annual appraisals. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before it was delivered.

People were given choice and control over their care and support. Staff treated people with dignity and respect. People were supported to promote and maintain their independence. Staff communicated with people in the way they understood, and people were given information in formats they understood.

People received support to meet their individual needs. People's care plans were reviewed and updated regularly to reflect their current needs. Staff treated people as individuals and promoted their religious, cultural beliefs and other protected characteristics.

There was a complaints procedure available. People and their relatives knew how to complain if they were unhappy with the service. The registered manager addressed complaints received in line with their procedure. The views of people were sought and used to improve the service. Quality checks and audits took place. Actions were taken to rectify areas of concerns identified. The provider worked in partnership with other organisations to develop the service. The registered manager met their statutory responsibilities to the CQC.

Rating at last inspection:

The last rating for this service was Good (published 13/04/2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 ●

Everycare (Medway/Swale) 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and an expert by experience (ExE) who made phone calls to people and their relatives. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience working with older people.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office. We needed to be sure that they would be in.

Inspection site visit activity took place on 15 October 2019. We visited the office location to see the manager and office staff; and to review care and management records.

What we did:

Before inspection: We reviewed the information the provider sent to us in the Provider Information Return

(PIR). 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 also reviewed information we held about the service which included notifications of events and incidents at the service.

During inspection:

We looked at four care files, seven people's medication administration record sheets, four staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records. We spoke with two people using service, seven relatives, the registered manager, three support workers and the training coordinator.

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 good. At this inspection this key question remained the same.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with staff. One person commented, "Staff are very reliable and make me feel safe and cared for." One relative said, "[Relative] feels very safe and is happy with the carers."
- Staff were trained in safeguarding adults at risk. They understood types of abuse, signs to recognise them and how to report any concerns. Staff felt confident that the management team would take actions necessary to protect people and address any concerns reported. One staff member said, "I will report any suspicion of abuse instantly even if I'm in doubt, I will still report it. It's better to be safe than sorry."
- The registered manager understood their responsibilities in safeguarding people from abuse including making referrals to the local authority, investigating concerns and notifying CQC.

Assessing risk, safety monitoring and management

- Risks to people were effectively managed. Risks were assessed, and management plans put in place to reduce harm to people.
- Assessments covered various areas of risks people faced such as mental health conditions, physical health concerns, challenging behaviours, accessing the community and activities of daily living. Management plans provided guidance for staff to support people in the community, to manage people's behaviour and health and well-being; and perform moving and handling tasks safely. Staff understood risk management plans in place for people.
- Risk assessments were reviewed and updated to ensure people received safe care and support.

Staffing and recruitment

- There were enough experienced staff to support people and meet their needs, one relative told us, "Staff never cut their[relative's] visit short, if anything they would stay longer to get things done." Another relative said, "Staff have enough time when they come, and are never rushed."
- Staff told us there were enough of them to meet people's needs safely. One staff member commented, "We get travel time and the time allocated to do the job is sufficient. If there are any problems, management request for an increase in time through the care managers."
- The service was commissioned based on the individual needs of people. The rotas were planned based on people's needs. Where people required one-to-one or two members of staff to support them, this was provided. If people's needs changed, the registered manager made a request to the commissioning authority to increase the person's hours.

- Planned and unplanned absences were covered by staff who were willing to do extra hours or by the registered manager. Office staff were available to provide hands-on support to people if needed. Records showed there had not been any missed visits. People told us staff were usually on time and informed them early if they would be late. One relative said, "Staff always let us know if they are running late but that doesn't happen too often."
- The provider followed safe recruitment processes to ensure people were supported by staff who were competent and suitable to support them. Recruitment records included satisfactory references, right to work in the UK, employment history, and criminal records checks.

Using medicines safely

- People were supported to take and manage their medicines in a safe way. Staff had completed training in the safe administration and management of medicines.
- People had care plans in place with regards to the support they received with managing their medicines.
- Medicine Administration Record (MAR) charts showed people received their medicines as prescribed. MAR charts were signed and dated. The training coordinator carried out regular medicine audits to ensure any issues were identified.

Preventing and controlling infection

- There were systems to reduce the risk of infection. Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection.
- Staff told us they were provided with personal protective equipment, such as gloves and aprons and they used these as needed.

Learning lessons when things go wrong

- Lessons were learnt from incidents. Records of incidents and accidents were reviewed by senior members of staff and the registered manager.
- Actions were taken to reduce the risk of repeat incidents and lessons learnt were shared with staff. For example, training and supervision was given to staff to improve medicine management.

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 good. At this inspection this key question remained the same.

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

- People's needs were assessed before they started using the service. The registered manager or senior members of staff carried out an assessment of people's needs to establish what support they needed before accepting to deliver a service to them.
- Assessments covered various areas such as physical health, mental health, nutrition, eating and drinking, socialising, accessing community facilities, personal care and other activities of daily living. Where people have behavioural challenges, a behavioural chart was maintained to establish their triggers and patterns so appropriate support could be put in place.
- Where necessary other professionals such as social workers, speech therapists and community mental health teams were involved in assessing people's needs.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people effectively. One relative said, "We can rely on the staff 100%. They are well trained and human with the care they give." Another relative mentioned, "I think the staff are outstanding at their jobs."
- Staff were supported to deliver effective support to people. All new staff members completed an induction which included a period of shadowing experienced staff members. Staff told us, and records showed staff received training relevant to their roles which provided them with the skills and experience to support people effectively. One staff member said, "Everycare gave me all the training I needed - safeguarding, moving and handling. Training is one thing but the practice is another thing so they made sure I worked with experienced team members, so I can fully understand how to deliver the job."
- Staff told us, and records showed they received regular supervision and performance appraisals. One staff member said, "We get a lot of support – regular training, spot checks, team meetings and supervisions which I find very useful."

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 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 consented to their care and support. One relative said, "Staff always let [relative] know what they are doing and seek their permission."
- Staff had received training in the Mental Capacity Act (MCA) 2005 and they knew to support people to consent appropriately to the care and support they received. One member of staff told us, "I have done MCA training and understand the principles. The clients I support can make their own decisions. If they make a bad decision I help them understand the risks, if they decide to go ahead with the decision, I respect it. If I have doubts that they don't understand the risk, I let their next of kin know."
- Care plans documented people's capacity to make decisions and who supported them with specific decision making. The registered manager understood their roles and responsibilities under MCA. They knew to involve other professionals where appropriate.

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

- People were supported to have a healthy balanced diet and to maintain their nutritional and hydration needs.
- Care plans included the support people required with eating and drinking and to meet their nutritional needs. Where people required a specific diet, it was noted so staff knew how to support them appropriately and safely.
- Staff supported people to do food shopping and to prepare their meals if required. Staff told us they raised any concerns about people's nutrition with people's relatives and GPs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of health and social care services as needed. One person told us, "Staff support me with my appointments." A relative commented, "Staff help [loved one] organise appointments for their monthly injections."
- Staff liaised with healthcare professionals and followed up on their recommendations to ensure people's health was maintained. Records showed a range of health and social care services were involved to maintain people's health and well-being. For example, a district nurse was involved in treating one person's pressure sores and managing their catheter.
- Staff liaised and shared information appropriately to ensure people's needs were met effectively when they used other services. Staff told us they liaised with other services such as, for example, day centres and colleges people attended to get updates.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were caring towards people. One person commented, "Staff are lovely and kind. They are so gentle and helpful always." A relative told us, "[Relative] calls staff their best friends because they are so kind and friendly to them. The staff have completely changed [relative's] life by being so wonderful, caring and hands on."
- Care plans included things important to people such as their likes and dislikes, preferences and routines. Staff knew what made people anxious or frustrated. For example, not to change people's routines without discussing it with them beforehand. One person told us, "Staff make efforts to know me well and how I like things to be done. They are very sensible, not too loud and not over familiar but caring."
- Staff understood and promoted equality and diversity amongst people. Records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race were covered as part of their needs assessment. Where people required support to attend places of worship, staff supported them.

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

- People were supported to be in control of their care and support. One relative told us, "Staff always make sure [relative] is involved. They make sure they are happy and comfortable in whatever support they are giving."
- Care records showed that people and their relatives had an input in their care planning and their views were considered. Relatives we spoke with confirmed staff kept them informed and discussed their loved one's care with them appropriately. One relative told us, "We are fully involved in the care planning and we are informed of any changes. The care plan is very clever and useful."
- Staff told us they empowered people to make their day-to-day decisions by giving them time, discussing risks with them and giving them options to choose from. Staff knew to involve people's next of kin or relevant professionals where necessary when making important decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted their independence. Staff had completed training in dignity in care as part of their induction programme. Staff gave examples which demonstrated they knew how to promote privacy, dignity and independence. One staff member said, "We [staff] support people in areas they need support and let them continue to be independent in areas they can manage themselves."
- Relatives confirmed that staff treated their loved ones with dignity and respect. One relative told us, "Staff

are very observant, respectful, caring and diligent in the way they support loved one. Staff make sure people feel comfortable."

- Care plans detailed the level of support people required and tasks they were able to undertake independently. One staff member commented, "We support people in areas they need support and let them continue to be independent in areas they can manage themselves."
- Records were kept securely and information only shared with people who had a right to access them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported to maintain their health and well-being. One relative said, "The care provided is really geared up to suit [loved one] as an individual and staff are aware of [loved one's] needs and behaviour. Staff are totally on top of it and know every single little sign that needs attention and know what to do."
- People had personalised care plans that showed how their care and support needs would be met. Care plans detailed people's backgrounds, preferences, social connections, personalities, likes, dislikes, routines and goals.
- Staff worked with people to meet their needs and achieve their goals. People were supported to maintain their personal care needs and engage in social activities they enjoy.
- People's care plans were reviewed, and their progress monitored monthly or as when required and up dated to reflect their current needs and situations. One relative mentioned, "We are fully involved in our [relative's] care. If you want something changed on the care plan you just ask they act on it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people in the way they understood using both verbal and non-verbal means such as text messages, written format, flash cards, signs and body language. People's care plans included their communication needs and how best to achieve effective communication. For example, one person's preferred means of communication was by text messages or written format due to their hearing difficulty.
- The complaint procedure was available in large print. The registered manager told us they would provide information in different languages if people needed this.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns or complain if they were unhappy with the service. One person commented, "On occasions I have contacted the office and without fail they have listened and always helped; and have been accommodating." One relative told us, "We have never ever needed to complain but of course I would just call the office and speak to the manager."
- The registered manager was knowledgeable about the provider's complaint procedure and had addressed complaints made about the service in line their procedure; and the complaints were resolved satisfactorily.

End of life care and support

- There was no one receiving end of life care at the time of our visit. The registered manager told us they would work in partnership with relatives and other professionals and services if anyone they supported required this service.
- Staff had received end of life training.

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 good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support

- People and their relatives confirmed the service met their needs and was delivered to high standards. One person said, "They[staff] have been really good, and I would highly recommend them." A relative told us, "They [management staff] are very well organised and always listen; and try to help."
- The registered manager discussed the provider's objectives which focused on ensuring a safe and responsive service was delivered to people. Staff understood the provider's objectives and confirmed they were supported to deliver their roles effectively. One staff member told us, "They [Everycare] put people at the heart of everything they do. They do really put the people first and care about them."

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

- There was a registered manager in post who had worked at the service for many years and they understood their role and responsibilities in providing effective care to people.
- The registered manager complied with the requirements of their CQC registration including submitting notifications of significant events at their service and displaying their last inspection rating.
- The registered manager reviewed the service delivery plan regularly and took actions to reduce risks to people and to ensure the service remained effective. They took into account, staffing levels and recruitment challenges when considering increasing the capacity of the service. The registered manager told us they adjusted their plan according to resources they had available and their overall priority was to keep people safe and deliver an effective service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; and how the provider understands and acts on duty of candour responsibility

- The service sought the views of people, staff and other professionals about the service provided. Relatives confirmed they were involved in reviewing the care and support of their loved ones. One relative said, "The office always rings if the carers are going to be late and then ring to make sure we are getting on ok."
- Staff meetings were held regularly to discuss people's care and support. Staff told us they felt listened to and their suggestions were taken into account. One staff member said, "Staff are able to share their opinions and suggestions with the registered manager and supervisors and they listen."
- The provider was open and transparent in the way they operated the service. Records showed they were open to feedback and suggestions about the service. They admitted error where it was made, learnt from

mistakes and used them to improve the service.

Continuous learning and improving care

- The quality of the service was regularly checked and monitored. Surveys were sent to people and their relatives for feedback about the service. The last survey conducted in March 2019 showed a high level of satisfaction. Action was taken to address the area where there was low satisfaction from a person.
- The training and quality officer conducted regular spot checks to observe staff practices at work with the aim to improve quality. Medicine training had been given to staff following recording issues being identified. MAR, recruitment records, training and staff supervisions were regularly audited to identify areas for improvement. Where issues were identified, a team meeting or supervision meetings were held to address the issues as team or with the staff members concerned.

Working in partnership with others

- The provider worked in partnership with a wide range of organisations and services to improve and develop the service. They worked with local authority service commissioners to improve the standard of the service. The registered manager liaised with health and social care services such as hospices and local pharmacies.