Everycare (Wessex) 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

We inspected this service on the 12 and 16 January 2017 and the inspection was announced.

Everycare (Wessex) is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing personal care support to 47 people. The service was run from an office in the centre of Dorchester.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All people, relatives and staff spoke about the high quality service and management provided by the service. Without exception, comments made throughout the inspection were positive and reflected that people in receipt of support held the service in high esteem and could not identify any areas the service could improve upon.

Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing. People had individual risk assessments and staff understood the risks people faced and their role in managing these.

People were supported by staff who were recruited safely and were familiar to them. People and relatives felt that staff had the sufficient skills and knowledge to support them .Staff received regular supervision and competency checks to ensure that they had the necessary skills to support people.

The service had clear emergency plans in place to support people and staff understood and used systems to report accidents or injuries so that this information could be used to ensure people were supported safely.

Staff understood what support people needed to manage their medicines safely and these were given as prescribed. There were processes in place to audit the accuracy of recording medicines.

Staff received a comprehensive induction and a wide range of learning opportunities at the service. There was a focus on recruiting the right staff to support people in ways which reflected the values of the service and respected people's dignity.

Staff understood how to support people to make choices about the care they received, and encouraged people to make decisions about their care. Paperwork was in place to complete assessments and best interests decisions with people when this was required.

Where people received support from staff to eat and drink sufficiently, we saw that staff offered choices and

prepared foods in the way people liked. Where people needed support from healthcare professionals, staff highlighted any concerns and requested referrals where appropriate.

People told us that staff who supported them were kind and helpful and we observed that staff supported people in the way they preferred and were aware of people's likes and dislikes. There was a clear rapport between people and staff and we observed that people were comfortable with staff in their homes.

People's care plans were person centred and included details about what people liked and how they wanted to be supported. People told us that they were involved in reviews about their care. Reviews were completed regularly and the information updated in people's care plans in the office and their home.

People told us that they received a rota each week letting them know what staff were due to visit at what times. Where changes were needed to visits, or where staff were running late, people told us that the office made contact to let them know.

Feedback was gathered from people and staff using surveys and satisfaction calls and the information was used to drive improvements at the service.

People, relatives and staff felt that the management of the service was effective and they were able to speak with someone in the office and contact out of hours support easily when needed.

Staff were confident and happy in their roles and spoke highly about the support they received. They were involved in the development of the service and encouraged to raise their ideas or suggestions.

The service had a clear structure, office staff and supervisors had clear responsibilities and information was effectively shared with staff through team meetings, supervisions and emails.

Staff were encouraged to develop their skills and knowledge and to share this with other staff. The service had a range of links with external resources and organisations and were using this to further drive high quality support for people.

Quality assurance measures were regular and the information was used to monitor and drive high quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who understood their responsibilities in protecting people from harm.

People's individual risks were identified and there were clear plans indicating how to manage these.

People were supported by enough, safely recruited staff to meet their care needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were extremely knowledgeable about the people they were supporting and received relevant, person centred training for their role.

Supervision processes were in place to monitor staff performance and staff were motivated and encouraged to further develop their skills through additional learning opportunities.

People were supported by staff who worked within the framework of the Mental Capacity Act 2005 and where needed, decisions were made in people's best interests.

People were supported to access healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them appropriate choices.

People were encouraged to be as independent as possible.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had person centred care plans and were involved in regular reviews about their support.

People were regularly asked to feedback their views about the service.

People were knew how to complain and felt they would be listened to and actions taken.

Is the service well-led?

Good

The service was well led.

The service had clear development plans to further increase staff experience and knowledge and in turn, continue to improve the high quality of the service for people.

People, relatives and staff spoke very highly about the management of the service and told us that the office was easy to contact and staff were helpful.

Staff were confident and clear about their roles and responsibilities and were proud to work for the service.

Staff and management communicated well and staff felt valued and supported in their role.

Quality assurance measures were effective and used to drive high quality care.

Everycare (Wessex) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place on 12 and 16 January 2017. Further phone calls were completed on 19 January 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by one inspector 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 service.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding concerns. We reviewed the notifications that the service had sent to us and contacted the local quality assurance team to obtain their views about the service. The provider had completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make.

We spoke with six people in their homes and two healthcare professionals. We also telephoned 12 people and five relatives to obtain their views about the service. We also spoke with eight members of staff and the registered manager who was also one of the directors of the company. We looked at a range of records during the inspection. These included seven care records and four staff files. We also looked at information relating to the management of the service including quality assurance audits, policies, risk assessments and staff training

Good

Is the service safe?

Our findings

The service was safe. People were supported safely by staff who knew the risks they faced and their role in managing these. For example, two people we visited were at risk of falls and had a pendant alarm system which they could use if they fell. They told us that staff checked that they had their alarm in place at each visit to manage their risk of falls. Another person required equipment and assistance of two staff to move safely. A healthcare professional told us that staff understood the risks when supporting the person and were "able to competently move and assist them as required". One person told us "I feel safe with the support coming in". A relative said that they "Very much have peace of mind and no issues" with how staff managed the risks their loved one faced.

Staff carried Everycare (Wessex) 'passports' when they visited people. This was an identity card but it included a function to be able to scan the card to verify that the staff member worked for the service. If people had their own devices they were able to scan this information but staff told us that they also scanned the information on their own devices when they visited people so that people were able to verify who they were. We saw a 'passport' being scanned and noted that it confirmed that the staff member was employed, provided their DBS number and date and also gave a list of what training each staff member had undertaken. This demonstrated that people were able to check the identity, experience and training of staff if they wished to do so.

People had risk assessments which were used to establish the level of risks people faced and how to manage these. Risk assessments included risks of people falling, risks of malnutrition or dehydration and risks around managing people's medicines safely. The risk assessments used by the service were generic and did not always document other risks people faced. For example, one person had diabetes and there were risks around how this needed to be managed. Information about the person's diabetes was kept within their home and staff were able to explain what signs they looked for and what they would do if the person became unwell. This told us that the person was being supported safely. The registered manager told us that they would ensure that risk assessments were person centred and on our second day of inspection, we saw that they had already started planning and making changes to the risk assessment paperwork in the ways described. This demonstrated that the service was taking steps to ensure that documentation reflected that they were safely managing the risks that people faced.

Staff understood about the possible signs of abuse and how to report any concerns. One staff member explained some of the changes they would look out for as possible signs of abuse including changes to people's mood or appearance. Another staff member told us that they would be aware of financial abuse concerns and explained "you can tell, we know them quite well". A person told us that when they received support to wash, staff "point out things if something is not right, or if I have any bruises they ask how I got those". Staff received safeguarding training and regular updates. There were safeguarding and whistleblowing policies in place. Staff told us that they would be confident to report concerns.

Recruitment at the service was safe. Staff files included references from previous employers, applications forms and interview records. The service used a tool to monitor that appropriate checks had been

completed when new staff were recruited. Checks with the Disclosure and Barring Service(DBS) were in place before staff started. The office manager told us that they had recruitment incentives in place for staff who recommended someone to work for the service.

People were supported by staff who were familiar to them. Staff told us that they had regular people whom they visited and this meant that they got to know the people they were supporting. One person told us "the carers are familiar to me". Another explained that the staff were "very kind, like a neighbour and we get on very well together". People we visited knew the staff who were coming to support them and we saw that rotas for people included regular staff who visited several times each week. A health professional told us that the service "stick to the same regular staff" for one person they visited.

There were enough staff to support people. Staff did not feel pressured to pick up additional work and there was travel time built in so that staff were able to get to people at the times indicated on their rotas. Staff told us that travel time was generally enough and one of the co-ordinators explained that although they used an online system to identify what travel time was needed, they altered the times either following feedback from staff or when they were aware that a journey would likely take longer than the online system had indicated. This meant that staff generally visited people at the times expected. One person had visits at a particular time because of their diabetes. We saw that the visits were planned at the times required and a health professional told us that with the exception of one incidence, visits were at times which were appropriate to ensure that the person's diabetes was safely managed.

There was a tool for emergency planning at the service. This focussed on how the service would support people in an emergency, for example severe winter weather or a flu pandemic. The service used a 'traffic light' system which indicated if a person would be a 'red' or high priority for support, other people were categorised as an 'amber' - medium or 'green' low support need . This related to the risks the person would face if they did not receive support from staff as planned and took into consideration whether people had other support systems in place. This demonstrated that the service had a system in place to ensure that people who had the greatest support needs would be prioritised in an emergency situation to ensure that they were safe.

Accidents and incidents were reported on by staff and the information was used to consider the causes and prevent re-occurance. Staff used a shift report form to record any issues and either completed this and dropped it in to the office, or phoned the office and provided the information over the phone. We saw that shift report forms were included in people's care plans and entered onto the computer, this meant that the registered manager was able to report on what had been happening for individual people. We saw that in one instance, this information had been used as a chronological record when a review was completed with the local authority about a person's support.

People received their medicines as prescribed. The service had assessments in place which identified whether people needed support to manage their medicines and MAR (Medicine Administration Record) for people included any allergies people had. We looked at the MAR for five people and saw that there were some gaps in recording when people had received their medicines. We spoke with two supervisors who explained the process which they followed to report any gaps. Supervisors checked MAR in people's homes weekly and reported any gaps or errors to the office. Some people had medicines or creams which were prescribed 'as required'. We visited one person who had a cream 'as required' and observed that they told staff that they would like their cream to be applied. The staff member supported them with their cream and signed their MAR. Another person we visited told us "they make sure I have my medicines twice daily". This told us that people were supported to receive their medicines safely and that there were processes in place to identify any gaps in recording.

Good

Is the service effective?

Our findings

The service was effective. People praised staff who supported them and felt staff had the necessary skills and training to support them. Staff received a breadth of learning opportunities which they put into practice to enable them to provide holistic support for people and consider all aspects of enabling people to remain living in their own homes. This meant that people received proactive care which met people's individual needs. We observed a staff member discussing with a person ways of trying to ensure that they were comfortable in bed. The staff member explained that they had trialled some equipment and were working with the person to find what was comfortable and suited them. Another staff member spoke with us about a person they supported and was knowledgeable about their health condition and how it affected them. One person told us "I am lucky to have them, very well trained, some have had lots of experience". A relative told us about when their loved one had been unwell when staff visited. They told us that the staff member had known what to do in an emergency to make the person safe and said that the staff member had been "very professional, told me to call the doctor straight away and then the paramedics".

The service placed a high priority on learning and developing staff. Without exception, staff spoke highly about the training opportunities they received and felt supported and encouraged to learn and develop their skills and knowledge. Staff received some training which the service considered essential, topics included infection control, dementia and dignity. The training manager advised that staff had further training opportunities both through additional courses and guest speakers who were invited to team meetings. Other topics undertaken or planned included Parkinsons, diabetes and epilepsy. Sessions run by guest speakers had included a visit from a diabetic nurse, a local funeral director, advocacy services and information about loan sharks. A staff member told us that they had "update training planned and they offered other courses including dementia and QCF". The Qualification and Credit Framework is the new national framework and replaced the previous NVQ system. Another staff member told us that they had received a lot of training and had been offered further dementia training as this was an area in which they had an interest. A person told us "I feel they are well trained. Appear very confident in what they are doing and how they treat me".

Ten staff provided feedback to CQC through a questionnaire and without exception, were positive about the training and support they received from Everycare (Wessex). Staff spoke highly about the training and learning opportunities, the support and appreciation from the service and the high standards of care provided to people. This demonstrated that staff were proud of and positive about their knowledge and skills and the effective service they provided for people.

People benefitted from the additional knowledge and training staff received. For example, staff learnt that counting, humming or singing enabled some people with Parkinsons to be able to mobilise more effectively. This had worked well with people and had been included in peoples care plans. In another example, a relative was struggling to find suitable foods to cook for their loved one who was losing weight. A staff member used the learning from their nutrition and health training to spend time with the relative going through menu's and providing advice about what high calorie foods to consider and what could be used to fortify foods to increase the calorie content for the person. This support was invaluable for the person and

also for their relative who was their main carer.

Another staff member explained that they had been able to use their increased knowledge of stoma care with three people they supported to effectively identify any signs of concern, signs of blockages and how to make people more comfortable. Another staff member explained that they had used the information about loan sharks to have conversations with people about some of the risks and they were given cards which people could then display in their homes. The staff member explained that the increased learning made them aware of some of the signs and concerns to look for which demonstrated that staff were effectively keeping people safe.

A relative expressed their gratitude about how staff had supported their loved one at the end of their life. Staff received training in end of life care and focussed on ensuring that support was proactive and planned so that people had choice and control about their end of life care. The relative told staff "you were there with all your knowledge and ability to sort things out when we were sinking under the enormity of what was happening which was a huge relief to us as we couldn't be there all the time...we all felt so reassured and supported". This demonstrated that people were receiving effective care which was based on best practice.

The service showed a strong commitment to providing a consistent and effective service for people. The registered manager explained that they had worked with the local authority to maintain a reliable service for one person whose needs were complex. The person exhibited some behaviours which were difficult to manage and the agency had worked to find a core group of staff with whom the person would accept support. Each visit was attended by a staff member and a supervisor and the approach and consistency had meant that the person was pleased with the support. They told us the support was "really good. The best so far". Feedback from a community professional stated "this care agency have been outstanding in sustaining care where numerous other agencies have pulled out.....I therefore highly recommend the success and skill of this agency in sustaining their work for a high standard". Another community professional we spoke with explained that staff understood how to communicate and interact with the person and spent time listening to them. This demonstrated that the skills and knowledge of staff resulted in continuity of effective and high quality care for people.

The service had a comprehensive five day induction programme and had commenced an induction for potential new staff during the inspection. We saw that the induction schedule included sessions on working in the community and information about the provider. Other sessions focussed on specific areas including continence management, moving and assisting people and first aid. The registered manager explained that staff did not receive a contract for employment until the induction programme had been completed as this gave new staff a good understanding about the requirements of the role and ensured that staff offered employment were able to evidence that they were suited to the role. The registered manager also explained that they included some role play in the induction so that new staff were able to understand how it felt for people to receive care support and to enable the trainers to observe how potential staff interacted and understood how to provide support in a way which promoted dignity and respect. We spoke with supervisors at the service who provided some of the training and they spoke with pride about their involvement and areas of expertise. Once staff had successfully completed their induction, they were shadowed by a supervisor who ensured that they met the requirements of The Care Certificate. This is a national certificate designed to ensure that new staff receive a comprehensive induction to care work. Staff completed workbooks and an observational tool was completed by the supervisor to ensure that all staff were fully able to meet each of the standards set out in the certificate. New staff did not complete any lone visits to people until they had successfully completed all of the care certificate standards.

Staff received regular supervisions and an annual appraisal. Supervisions included discussions about

learning and development and practice. Sessions also included checks on staff knowledge and discussions about any gaps in understanding. For example, we saw that one staff member had missed recording in the MAR for a person. The supervisor had picked up the error and followed the process to advise the office. The office had then emailed the staff member to make them aware of the error and that they had been booked onto additional medicines training to ensure that they understood their roles and responsibilities with regard to administering medicines. A staff member told us that if they needed any support outside scheduled supervisions they called in to the office who were helpful.

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.

Staff were aware of the Mental Capacity Act (MCA) and worked within the principles of this. At the time of inspection some people receiving a service had been assessed as lacking capacity and decisions had been made in their best interests. MCA had been led by outside agencies with input from the service. For example, a person had a best interests decision in place regarding ensuring that they were secure in their property when staff left. There was a MCA regarding this decision and the process had been led by the local authority. The registered manager explained how they had been involved and what decision had been made. Consideration of the least restrictive option for the person had been given. We saw that the service had MCA and best interests paperwork in place which they could use if this was required. The documentation did not fully meet the requirements set out in the MCA framework and we discussed this with the registered manager. On the second day of inspection we saw that the registered manager had taken guidance from the local authority documentation and re-written the MCA and best interests paperwork. The updated documentation was in line with legislation and demonstrated that the service was responsive and committed to ensuring that they complied with legislation to effectively assess people's capacity and make decisions in their best interests where necessary.

Staff understood the importance of seeking consent and people told us that staff always checked before supporting them. For example, a person told us that they were no longer able to wash their face and teeth and staff "always ask is it okay to clean your teeth". Another explained that staff "always ask what shall we do today or say is it alright to take you for a shower?". A relative explained that staff adapted their approach to support their loved one because every day affected them differently. They said staff always checked how their loved one was on each visit and "they always ask 'would you like me to' before they do any care" and said that "they are very gentle". We observed a staff member seeking consent from a person before going upstairs in their home and a supervisor explained that they arrived at people's homes before staff when completing an observation to check that they sought consent to enter the person's home if this was their preference and ensured best practice around seeking consent throughout each visit.

People were supported to have enough to eat and drink by staff who understood what support they required. We observed that staff had a good understanding about what food and drinks people preferred and offered them choices about what they had. For example, we observed a staff member offering a person a choice about their breakfast. The person chose what they wanted and the staff member then offered them a choice of drinks. The person told us that they usually liked the same thing for breakfast but we observed that the staff member had not assumed that this would be their decision and had still offered them choice about what they wanted.

People were supported to access healthcare services when needed. One person explained that a carer had

pointed out they had redness on an area of skin and suggested they should contact the district nurse. Another person said "the carers pointed out a rash on my legs and called the office for a district nurse to call". Another person said "they suggested I get a revolving seat in my shower and contacted the occupational therapist for me". A relative explained that when their loved one had been unwell, staff had rung them to let them know and advised them to contact the GP. A health professional told us that the service contacted them for advice appropriately when they needed to and when a person had been discharged from hospital, staff had contacted the health professional promptly to let them know. Another health professional said that the service made "appropriate referrals when needed" and used the communication book in a person's home to keep up to date with any changes to the person's condition.

Good

Is the service caring?

Our findings

The service was caring. Staff had a clear rapport with the people they supported and interactions were familiar and relaxed. People did not need to explain what staff needed to do to support them because staff knew them well and what their preferences were. For example, we observed that a staff member offered a person a cardigan before they left at the end of a visit. The person accepted the cardigan then told us that they felt the cold. This told us that the staff member had known the person well and as a result, had been able to offer a choice which was appropriate for the person without the person needing to request this. We observed a staff member engaged in conversation with a person about their family and we observed another person chatting with a different member of staff about a shared interest.

People told us that staff were kind and caring in their approach and knew how they liked to be supported. One person said "they are very kind, never bossy, I couldn't have better attention". Another explained "I have a laugh and joke with them, they know what I like and what I want and how I want it done". One person explained that they preferred to have the heater on when they had a shower and explained "They never complain about the heat and always make sure I'm wrapped up in a towel straightaway". We observed that one person preferred to write a list for the staff at each visit and that the staff who arrived knew to look for this and follow what the person had written. Another person explained that due to their limited sight, it was important that staff didn't move things around in their property and told us that staff were respectful of this and left their home clean and tidy which was important to them.

People were involved in planning what support they would receive. We visited one person who had recently started receiving support from the service. They explained that a supervisor had met with them and their relative and discussed what support they felt they would need and what was important to them. They said that the call times had initially been a bit early but that they had spoken with the office and this had been changed so they suited them better.

People were encouraged to make choices about their support by staff. For example, one person said "they always ask what I would like to do today. Sometimes if I am feeling not too well and just want to sleep they let me stay in bed". Another person said "I get my hair washed when I want to". Another explained "carers always say to me 'what are we doing today, a strip wash or shower'. If they are finished early they will offer to put the hoover around for me. Absolutely marvellous, it's like having my relative helping me". A staff member explained that they "would never do anything without asking permission" and would enable people to make choices about their support.

People's preferences were listened to by the service. The co-ordinator explained that they had a system to record people's preferences and used this to ensure that people received support from staff with whom they were comfortable. They told us that if a person did not get on with a member of staff and asked not to have them, this would be recorded and respected. People told us verified this. For example, one person told us that they hadn't liked on member of staff and had told the office. They said that the staff member had not been sent to them after this. Another person told us that they had one staff member whom they "didn't get on with, I told the office and now don't have them".

We observed staff treating people with dignity and respect. We saw that a member of staff knocked and sought the persons consent before entering when they arrived for a visit. One person explained "they respect my privacy. They will stand outside when I am washing and when I ask them to wash my back, they come in and help". Another explained that "if a visitor calls, they leave us alone and get on with other tasks". One person was in their bathroom when we arrived for the visit. The staff member knocked on the bathroom door and sought consent from the person to enter. A relative told us "they knock and ring the bell when they arrive and are respectful of the fact that it is my home as well".

People were supported to be as independent as possible by staff. A person said "I do what I can for myself, and ask them to help wash my back and legs". Another person said that staff understood that "it's important I keep my independence". A staff member told us that they "promote people to do what they can to be independent".

Good

Is the service responsive?

Our findings

The service was responsive. People's care plans were person centred and included details about people's likes, dislikes and preferences. For example, one care plan included details about where a person had worked, their family and interests that they had. A staff member told us "everyone is asked to read the information provided before seeing new clients, its useful to form a basis for communication". This meant that staff were able to engage with people about topics and subjects in which they had an interest. Staff completed daily records in people's homes and these were collected monthly by the supervisors, along with people's MAR records. We saw that daily notes were comprehensive and used language which was respectful and person centred. Daily notes and MAR were looked over and signed off when they were received back into the office which provided a further level of monitoring to ensure that all care plans reflected any changes to a persons' needs or wishes.

People and relatives told us that they had been involved in reviews about people's care plans and that changes had been made where required. One person told us that a "supervisor visits and reviews everything, they ask me about what the carer does for me, any changes I would like and goes through the folder to see if it's updated and correct". We looked at the care plans in people's homes and saw that where we had seen updates which had been made in people's care plans, the most recent copy of the care plan was available in people's homes. This meant that staff were able to access a current and relevant care plan for each person they supported.

People received regular rotas each week and told us that visits were at times which suited them. We visited one person who was unable to see their rota. The staff member told them who would be visiting next and at what time. The person also had a weekly calendar which staff used to record any events or appointments and also read this information to the person. We looked at the care plan and saw that staff had been requested to update the person in the ways described. One person said "I get a rota every week and they know the times I like". Another said they had "never known them to be late. If they are 5-10 min late which you must expect with traffic or weather, they always apologise. Office will ring if the carers come earlier than planned if they have had a cancellation". We observed a staff member calling into the office to advise about a road closure and that they would be late to a visit. The office manager took the call and promptly rang the person to let them know the staff member would be late. Another person said that they had needed to change the day of a visit and that the office had been accommodating with their request. A relative explained that their loved one attended an activity once a week and they had asked the office to move one morning call earlier. They said "they have made this days morning visit earlier so that it was not rushed. Very helpful".

People and relatives told us that they would be confident to complain if they needed to. One person said "If I wasn't happy I would be confident to let them know". Another told us "I'd raise any concerns with the supervisor or the office". The service had not received any complaints during the previous 12 months but we saw that there was a clear policy in place and a procedure to receive, investigate and respond to any complaints.

Feedback about the service was sought using phone call satisfaction surveys where the office rung people who were receiving a service and gathered their views about the staff and support they were receiving. We saw that satisfaction survey responses about staff were kept in their staff files and included details about whether staff arrived at the correct times, were professional in their attitude and courteous in their approach. People also had named supervisors who visited them weekly to check the accuracy in reporting and also gather feedback from people about how they felt about the support they received. We saw that some feedback about confidentiality had been received from a person and had been actioned in an informal meeting with the member of staff.

Good

Is the service well-led?

Our findings

The registered manager and director of the service were excellent role models and were focussed on delivering high quality care and developing and maintaining a stable staff team who reflected the values of the service in the way they supported people. Without exception, people, relatives and staff all spoke highly about the management of the service and told us that the office were easy to contact and the service was well run. One person told us the office was "always very helpful on the phone, very friendly to me and my relative". Another person told us "I am always able to get through and they are helpful on the phone". Another felt the service was well run because when they rung the office "straight away they have got my record in front of them and able to answer any questions". Another person described the service as "1st Class" and another said that they were "absolutely pleased with the service, I wouldn't be here in my home without them". One person explained that they had started to receive a service following a "recommendation from my relatives' friend" who had spoken highly about the service. Another spoke highly about the staff team and said "they would do anything for me, absolutely anything". People and relatives knew office staff by name and spoke with confidence about the organisation of the service. One relative said that the service had been "absolutely brilliant" in supporting their loved one. Staff spoke with pride about working for the service and one told us "If I had a choice, I'd choose Everycare again". Another told us that they would not hesitate to recommend the service to people. Staff told us that they were able to access support easily out of hours when they needed to.

Staff understood their roles and responsibilities and felt supported. The service was structured in a way which meant that staff had clearly defined roles. The office had two co-ordinators who arranged visit rotas and managed day to day enquiries. There was an HR manager who took a lead in recruitment and management of staff and other office staff had responsibilities for finance and training. The service had five community care supervisors who provided support for people, completed assessments, reviews and regular audits and had responsibilities for different areas of practice. For example, dignity, dementia and end of life care. One supervisor told us about training they had undertaken in their practice area and plans for them to cascade their learning by training other staff in the topic. Each person who received a service had a named supervisor and a person we spoke with told us that they would contact their supervisor if they had any concerns or queries. We saw that the supervisors were scheduled to provide some training to staff as part of their inductions in their relevant areas. One supervisor explained that they provided training in dignity for staff and explained that they took the role of a person receiving a service and staff used role play to support them to wash and dress. They told us that it helped staff to understand how to talk someone through what you are doing and how it feels for the person receiving the support. They explained that the registered manager had asked for staff interest in attending specialist training in dignity and they had volunteered for the role which they enjoyed. This demonstrated that staff were encouraged to further their own learning and there was a strong emphasis on person centred care and promoting dignity for people.

A staff member told us about working for Everycare(Wessex). They said "I love it here, they are so good, they look after you and look after the clients". They went on to say that they had been contacted by the registered manager over Christmas to thank them for covering some additional shifts which had made them feel valued in their role. Another staff member told us "They are very good to work for, very supportive".

Another staff member said "The only thing I can tell you is that if my parents needed help, they are the only agency I would recommend". Staff we spoke with had worked for the service for a number of years and enjoyed their role. Staff were helpful and approachable throughout our inspection, conversations with us told us that they knew the people they supported and staff extremely well. They were eager to tell us about how the service was organised and managed and we observed close team working between staff when we spent time at the office. We saw that staff surveys were also used and we looked at the results from a survey in April 2016 which 43 member of staff responded to. All responses were positive with all staff answering that they felt supported by management and found management approachable.

One supervisor told us about training they had been supported to attend and said "The experience had a profound and at times an overwhelming emotional impact upon me. It made me more aware of an individual's feelings when assisting with personal care, but also gave a greater empathy towards individual's receiving care by highlighting the frustrations of not being able to remember the tasks and skills essential for everyday living." They felt empowered by the learning and were imparting their learning to all staff they came into contact with to further drive the high quality care and ensure that peoples sense of dignity and individuality were supported.

The registered manager told us that they were working with a scheme called 'I care' to consider whether any staff wanted to become 'I care ambassadors' for the service. I Care…Ambassadors are a national team of care workers who visit schools, colleges and Job centres to talk about working in social care. The clinical lead for the service was going to speak with staff and promote the opportunity for staff to speak with groups of people to increase the profile of social care and possibly enrol new applicants who had an interest in social care.

Communication between staff and management was good. There were regular staff meetings which often included guest speakers in areas which were relevant for staff. Meeting minutes which included information about how end of life training was planned to be cascaded to all supervisors and then other staff. Another set of minutes included feedback from a supervisor about dignity training they had attended and we saw that this had been incorporated into the induction plans so that the information could be communicated to new staff starting at the service. A supervisor explained that they had access to a staff website where emails were circulated if there was information they needed to be aware of. They also received newsletters and were able to access training and provide details about their availability for work through the website. The co-ordinator explained that they planned diaries for staff in advance to allow time to accommodate any changes or manage any issues staff raised with their planned work. A staff member felt that this worked well and that when they had needed changes to be made, these had been actioned. This demonstrated that the service was supportive of and responsive to staff.

The registered manager spoke with us about some difficulties with office staff absence in 2016 and that this had highlighted the service dependence on the knowledge and experience of office staff and the computer system to ensure that people received a high quality service. The registered manager explained that had used the experience to identify where improvements could be made and had written to people in November 2016 to apologise for the temporary changes in service delivery. People we spoke with did not mention any change in the high quality of the service they received but the registered manager explained that they had recruited another co-ordinator and created a printable version of people's visits and rotas to ensure that they would be able to maintain the high quality service in incidences of staffing changes or loss of computer access. This told us that the service had a positive approach and had used the difficult situation to reflect and develop increased robust measures to ensure service delivery.

Staff were observed in practice on a regular basis and information used to ensure that high quality care was

delivered and areas for improvement actioned. Observations included whether staff gained consent from people before providing care and whether they followed correct infection control procedures. One staff file evidenced an observation where informal use of language when addressing a person had been highlighted by the observer. The use of the correct form of address had then been discussed with the staff member. This demonstrated a commitment to the delivery of high quality care.

The registered manager told us that they had regular support from the nurse advisor who managed compliance audits for the service, and from the local learning hubs which enabled them to discuss practice issues with other local registered managers. They also attended bi-annual conferences with the registered managers from the other franchises of Everycare which provided further opportunity for best practice discussions. They had links with several national organisations and received regular newsletters and updates, these included the Department of Health, Skills for Care and the National Skills Academy. The registered manager explained that the service was involved in a pilot scheme for implementing a national end of life framework in to homecare and two staff were involved in cascading learning and developing the scheme in the service.

The service had links with organisations to develop best practice. A supervisor told us about their work with the national Dementia friends scheme and the registered manager explained that they had offered to host a function to invite local businesses and cascade learning about Dementia friends to the community. They had also attended a seminar with South Western Ambulance Service NHS Foundation Trust (SWASFT) to look at how they were better able to manage the needs of people living in the community and reduce demand on emergency services. Work was also underway with Dorset Fire and Rescue to consider more robust risk assessments for people living in their own homes. This demonstrated that the service was committed to delivering high quality care and driving improvements.

We spoke with the nurse advisor who managed the majority of audits within the service. They explained that they completed audits of people's care plans and annual comprehensive audits of staff and people's documentation. We saw that an audit had been completed for one care plan and had highlighted that risk assessments had not been completed. This had been actioned and signed and we saw that the risk assessments were in the person's care plan as described. Annual audits were collated into summarised reports which highlighted any main areas for improvement. The nurse advisor explained that the service had a culture of wanting to improve and areas identified were used to plan actions to drive best practice at the service. For example, an audit of MAR had identified that documentation was not being completed properly in some cases. The service had implemented an audit system which was completed by supervisors to monitor medicines and although this had reduced the number of recording errors, work was still ongoing to ensure that there were no gaps in people's MAR. We spoke with one supervisor who told us that they had already identified a gap we had seen and informed the office. We saw one staff members file which showed that following a gap in medicines recording, a supervisor had reported the error and this had been followed up by an email to the staff member and they had also been booked to attend medicines refresher training. This told us that the service had taken steps to improve the effectiveness of their monitoring procedures.

The service had a statement of purpose which was included in the service user's guide and set out objectives which included ensuring services were of the highest quality and that staff had the necessary experience appropriate to the needs of each person. The guide also included information about the Social Care Commitment(SCC). The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. A supervisor explained that they had signed up individually and made their own commitment and the guide included details for people about what the service was doing to ensure that people received a high quality service. A staff member spoke about the values of the service and said that "they are strict about who they employ and have high standards and

quality of care". People and relatives we spoke with could not think of any areas on which the service could improve and one person told us "it's a first class service".

The registered manager had clear development plans to further improve service delivery. They told us about a planned supervisors meeting and had a range of topics to discuss including incorporating a screening tool from SAIL into their assessments with people. SAIL is a safe and independent living service and sign posted people to a range of advice and support in areas including maintenance of people's homes, links for social clubs and community activities and ensuring people had access to the correct benefits and income. The registered manager said that they were intending to use this with people at initial assessment or review to ensure that they had access to a wider range of support and were going to discuss implementation of this with the supervisors.