

Everycare (MK & Beds) Limited

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Inspection report

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17 November 2017

20 November 2017

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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

Everycare (MK and Beds) Limited provides personal care to older people in their own homes. They also provide shorter term personal care to people with re-ablement needs within their own homes. The service was providing care to 125 people.

At the last inspection in September 2015 the service was rated Good.

At this inspection we found the service remained Good.

There was a registered manager in post.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. Risk assessments were in place to manage risk within a person's life.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions.

People's consent was gained before any care was provided.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

The provider had systems in place to monitor the quality of the service and had a process in place which ensured people could raise any complaints or concerns.

The service notified the Care Quality Commission of certain events and incidents, as required.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service was good.

Everycare (MK & Beds) 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 checked 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.

This inspection took place on 15, 17 and 20 November and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with twelve people who used the service, five support workers, a care assessor, the registered manager and the director. We reviewed six peoples care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service.

Is the service safe?

Our findings

The people we spoke with told us the staff supported them safely. One person said, "Yes the staff are very good, I have never felt unsafe receiving any care from them." All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report abuse. We saw that all staff had received training in this area.

Risk assessments were formulated to ensure that risk was managed across every aspect of a person's life. These included environmental assessments of people's homes, moving and handling, nutrition and personal care. The people we spoke with were happy that assessments reflected the risks that were present in their lives, whilst remaining positive and allowing them to maintain independence. Risk assessments were reviewed and updated regularly.

There were enough staff employed by the service to cover all the care required. One person said, "I don't get left out, someone always comes." The staff told us that there were enough of them to cover all the calls that were needed, and that any shortfalls were picked up as overtime by staff members.

The service safely supported people with the administration of medicines. People we spoke with confirmed that they received support from staff and they were happy that this was done safely. The staff completed medication administration records (MAR) clearly and accurately, and staff were sufficiently trained in this area. The service supported people across two local authority areas, and complied with the standards that each local authority had set out in relation to medicines management.

People were well protected by the prevention and control of infection. One staff member said, "I have plenty of gloves and aprons, we are always well stocked. We saw that staff members had all received training in infection control and food hygiene. All the people we spoke with were happy that staff were hygienic in the care that they gave.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. We saw that no incidents or accidents had recently occurred within the service, but that a recording and reporting procedure and policy was in place should they be required. We saw that updates on people's care was regularly shared within the staff team to enable learning and improvement around people's safety. The staff we spoke with felt that the sharing of information was good, and enabled them to learn and stay up to date about people and their needs, to support them safely.

Is the service effective?

Our findings

People's care was effectively assessed to identify the support they required. The service had a care assessor whose role was to visit people and assess the care they would require before receiving a service. They carried out a detailed assessment of needs, likes and dislikes with family members present to support when required. Follow up reviews would then take place to make sure people had settled in to receiving their care and address any problems.

Staff had the skills, knowledge and experience to support people effectively. One person told us, "They (staff) know what they are doing. I think they must be very well trained, I've no complaints." The staff we spoke with felt that training enabled them to confidently carry out their roles. One staff member said, "Shadowing was a part of my induction, there was no set time, I just shadowed until was confident to go out on my own. I had plenty of time." We saw that regular training was provided to make sure staff had the right skills to provide care. This included training in safeguarding, manual handling, dementia and equality and diversity.

People could receive support with eating and drinking when required. Most of the people we spoke with said that either they or family prepared meals for them, but staff did help sometimes. We saw that information around food preferences was recorded in people's files so that they could be supported correctly. Food and fluid monitoring was recorded when required for health monitoring.

The service worked and communicated with other agencies and staff to enable effective care and support. One staff member said, "We have a good relationship with other health professionals such as the G.P and the District Nurse. We can make contact and get help for people when we need to." We saw that contact with other professionals was documented within people's files, as well as all required health and medical information.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection.

People told us that staff sought their consent before carrying out any care. Consent forms had been signed and placed within people's files.

Is the service caring?

Our findings

People we spoke with told us that they felt well cared for by staff, and had the opportunity to build positive relationships. One person told us, "[staff name] comes three times a week. She is lovely, we get on like a house on fire." All the staff we spoke with confirmed that they were usually able to see the same people, and therefore get to know them and what they liked best.

People were able to express their views and be involved in their own care. All the people we spoke with told us they felt in control of what happened when staff went in to their home, and that their views were respected. One staff member said, "We give people the time they need. If something is taking longer, I don't rush it, I just inform the manager that the next call might be delayed, or someone else might need to do it." Nobody using the service required the use of advocacy services, but the service was able to source information for people should they wish to use them.

People confirmed that the staff respected their privacy and dignity when providing care. One person told us, "They are always respectful, I'd soon let them know if they weren't." All the staff we spoke with understood how to respect a person's privacy and dignity. One staff told us that they would always cover people with a towel when carrying out personal care, and make sure curtains were shut. Care plans we saw listed care tasks in a way that reminded staff to respect people's dignity, remembering the things that they could do for themselves and what their preferences were.

Is the service responsive?

Our findings

People received care that was personalised to their needs. We saw that care plans outlined what people's likes, dislikes and preferences were. Staff we spoke with valued this information and understood its importance in providing good care. One staff member said, "We always make sure that people are ok before leaving. One person is religious and we always ensure she has her beads and the things she needs to pray, before we leave."

Staff gave people the time they needed to receive care in a personalised way. Staff used electronic login systems when arriving and leaving each person's home. This enabled the service to monitor each call, make sure people were receiving care for the correct time, and evidence any required changes to care visits where people's needs were changing.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given .

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. One person said, "I happily speak to the girls (care staff) if anything is wrong, and they sort it." We saw that some complaints had been recorded, and they were responded to promptly to the satisfaction of the person making the complaint.

Is the service well-led?

Our findings

The service had a clear vision and strategy to provide positive care for people. The registered manager, director and senior staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. The staff we spoke with were happy that they had the right support in place to do their jobs, and felt positive about working for the service. One staff member told us, "Communication is very good from management and the whole team. The management are flexible with me." During our inspection, we spent time at the office of the service, and saw that several staff dropped in to speak to management, and it was clear that they were welcomed and encouraged to come in. The service displayed their CQC as required.

The service had a registered manager in post. 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. The registered manager was aware of the responsibility to submit notifications and other required information.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

The people using the service and their family were able to feedback on the quality of the service. We saw that quality questionnaires were completed for people in an easy to read format which enabled them to record feedback. We saw that feedback collated and analysed by management. Responses were given to people when necessary.

Quality assurance systems were in place to help the service continually learn and improve. Staff within the management team completed extensive audits of the information coming in to the office and files in general. We saw that the call monitoring system was regularly audited, as were medication administration records and people's files. We saw that when mistakes were found, actions were promptly taken to rectify them.

We saw that the service was transparent and open to all stakeholders and agencies. The service supported people across different local authorities, and worked openly with them in monitoring their work with people. This included raising safeguarding alerts when appropriate, to ensure people's safety. Feedback we received from the local authority was positive.