Everycare (MK & Beds) Limited

Everycare (MK & Beds) Limited

Inspection report

6 Warren Yard
Warren Park
Stratford Road
Wolverton Mill
Milton Keynes
Buckingham
MK12 5NW
Tel: 01908 224820
Website: www.everycaremk.com

Date of inspection visit: 4,7& 8 September 2015
Date of publication: 17/12/2015

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?	Requires improvement

Overall summary

Everycare (MK & Beds) Limited provides personal care and support to people in their own homes. At the time of our inspection 111 people were receiving personal care and support from the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found the service's quality monitoring systems to drive continuous improvements were ineffective.

We found notifications in relation to concerning information were not always submitted to the Care Quality Commission (CQC). You can see what action we told the provider to take at the back of the full version of the report.

Staff had been provided with safeguarding training to protect people from abuse and avoidable harm.

There were risk management plans in place to protect and promote people's safety.

Staffing numbers were suitable to keep people safe. There were safe recruitment practices in place to ensure suitable staff were appointed.

The service had processes in place to ensure that people received their medication at the prescribed times. Staff had been trained in the safe handling and administration of medicines.

Staff received appropriate training to support people with their care needs. People were matched with staff who were aware of their care needs.

People were supported by staff to access food and drink of their choice. If required, staff supported people to access healthcare services.

Staff treated people with kindness and compassion and had established positive and caring relationships with them.

People were able to express their views and to be involved in making decisions in relation to their care and support.

Staff ensured people's privacy and dignity were promoted.

People received care that was appropriate to meet their assessed needs.

The service had a complaints procedure, which enabled people to raise complaints.

There was a culture of openness and inclusion at the service.

The senior staff team at the service demonstrated positive management and leadership skills.

Summary of findings

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

Arrangements were in place to keep people safe from avoidable harm and abuse.

Risks were managed to ensure people's freedom and choice was not unnecessary restricted.

The staffing numbers were suitable to keep people safe and to meet their needs.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective

Staff had been trained to carry out their roles and responsibilities.

The service acted in line with the Mental Capacity Act 2005 legislation and guidance.

People were supported to eat and drink and to maintain a balanced diet.

If required, people had access to health care facilities.

Good

Is the service caring?
The service was caring

People had developed positive and caring relationships with staff.

Staff supported people to express their views.

People's privacy and dignity were promoted.

Good

Is the service responsive?
The service was responsive

People received personalised care that met their needs.

People were provided with information on how to raise a complaint.

Good

Is the service well-led?
The service's quality assurance monitoring systems were not effective.

Notifications were not submitted to the Care Quality Commission in line with legal requirements.

There was an open, empowering and inclusive culture at the service.

Requires improvement

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 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 of Everycare MK & Bedford) Limited took place on the 4, 7 & 8 September 2015 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be available.

The inspection was undertaken 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 use this type of care service.

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 also contacted the local authority who has a quality monitoring and commissioning role with the service; and checked the information we held about the service.

During our inspection we undertook telephone calls to 13 people who used the service and 13 relatives. We also spoke with six care workers, one senior care worker, the registered manager and the provider.

We reviewed the care records of five people who used the service, three staff files and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe when the care workers visited them. One person said, "The girls themselves make me feel safe. They are absolutely lovely." A family member commented and said, "I am quite confident to go out when the carer is here as I know mum is safe. We have a board and they write things down if they need to." Another family member commented and said that the staff attitude brought their relative alive and made them feel safe.

Staff told us they had undertaken safeguarding training. They were able to describe the different types of abuse; and the procedure to follow if they witnessed or suspected an incident of abuse. A staff member commented and said, "We were given a card with information on how to report safeguarding incidents. It included the various telephone numbers of agencies we can contact if we witnessed or suspected an incident of abuse." Another staff member said, "If I witness an incident of abuse I would report it to the senior or the manager." The registered manager told us that staff knowledge on safeguarding was regularly updated and their competencies were regularly assessed. She also told us that safeguarding was regularly discussed with staff during supervision; and the outcome of safeguarding investigations was discussed with the staff team. This was to ensure lessons were learnt and measures were put in place to minimise the risk of recurrence. We were provided with evidence to demonstrate that staff had been provided with updated safeguarding training.

People and their relatives told us they had been involved with the development of their risk management plans, which had been put in place to protect and promote their safety. One person said, "I have a risk assessment in place for when the staff take me shopping. They follow it and put a cushion on the seat to make sure I get in and out of the car safely." Staff told us before people were provided with a service, risks to their safety were assessed. These included risks to the environment, skin integrity, moving and handling, alarm pendants, entering and leaving the home, as well as, safe handling and administration of medicines.

We found that staff provided re-ablement support to some people on their discharge from hospital. Therefore, information relating to people's safety was sometimes shared with other professionals such as, the occupational therapist. This ensured, if needed, people would receive the appropriate equipment, aids and adaptation to promote their safety and maintain their independence.

Staff spoken with were aware of people's identified risks and the measures which had been put in place to reduce the risk of harm and to enable people to maintain their independence. For example, a staff member was able to describe how they supported an individual who suffered with sore legs but wished to continue driving in order to maintain their independence. Another staff member was able to describe how they dealt with a potential trip hazard in a person's home to ensure their safety. The staff member said, "We make people aware of the risk and allow them to make an informed decision." We found the risk assessments within the care plans we looked at were personalised. They included information on what action staff should take to promote people's safety and independence; and were regularly reviewed to ensure they were current.

The registered manager told us that the service was not responsible for ensuring that the equipment used in people's homes, such as, hoists and wheelchairs were serviced; however, it was staff's responsibility to ensure they were checked before being used and any identified defects reported to ensure remedial action was taken. We saw evidence that staff had been trained in moving and handling to promote people's safety.

People and staff told us they were aware of how to contact the service in the event of an emergency, or out of office hours. The registered manager told us a senior staff member was always on call. The out of hours' telephone number was the same as the day telephone number. This eliminated the risk of people not remembering the emergency telephone number. We found that calls were diverted to the on call phone. The telephone system had been set up to ensure if the line was engaged the call would be diverted to the second on call phone; and reduced the risk of emergency calls not being dealt with in a timely manner.

People told us there were sufficient numbers of suitable staff to care for them and to meet their needs. They also said staff stayed for the allocated time and there were no missed calls. Staff confirmed that the staffing numbers were adequate. They told us they worked to an eight week rota, which was flexible, and they were provided with

Good

Is the service safe?

traveling time. Three staff members were rostered daily to look after four people. We found the rota was adequately covered and reflected the agreed staffing numbers. The registered manager told us that an electronic scheduling tool was used to assess if the staffing numbers available were sufficient and to ensure all calls were allocated to a care worker.

Staff were able to describe the service's recruitment practice. They told us before employment was commenced they had to complete an application form and attended two interviews, as well as provided two references, one of which was from their previous employer. They also had to provide proof of identity and a Disclosure and Barring Service (DBS) certificate. The provider told us if staff did not provide the required documentation the computer system would not generate a start date. We saw evidence In the staff files we examined that the appropriate documentation had been obtained.

People told us they received their medicines at the prescribed times. They also told us that staff ensured their medicines had been taken. One person said, "I have to take oxygen and if my levels are low, the staff ring the office and keep an eye on me." Staff told us they had received training in the safe handling of medicines; and their competencies had been assessed. The registered manager told us the district nurses were responsible for auditing some people's Medicine Administration Record (MAR) sheets. We looked at a sample of MAR sheets and found they had been completed appropriately and in line with current best practice guidelines.

Good

Is the service effective?

Our findings

People told us staff were sufficiently skilled and knowledgeable to meet their assessed needs. One person said, "My carer is very experienced and has been supporting me for six years. She does more than she needs to." Staff told us they had been provided with all the required training to enable them to perform their responsibilities. One staff member said, "My induction was very good and I am now working to achieve the care certificate. We all receive decent training." Another staff member said, "I can always ask for extra training if I feel the need to. For example, I recently had training in dementia as I did not feel confident in this area. I now feel more confident." This showed staff were provided with training to support them in their roles. The registered manager told us that training for staff was provided in-house. She also told us that staff were able to access e-learning and specialist training such as, Percutaneous Endoscopic Gastrostomy (PEG) feeding. (PEG allows nutrition, fluids and medicines to be put directly into the stomach, bypassing the mouth and oesophagus.)

People told us they were appropriately matched with staff who were aware of their needs. One person said, "I have the same carer. I trust her with my life, we are such good friends." A relative commented, "My [name called] refused to have a female carer and the office immediately provided a male carer. They get on very well together." Staff told us they were aware of the needs of the people they were supporting. They also told us that when a new care package was allocated, the senior carer provided them with information about the individual and made them aware of how their care needs should be met. One staff member said, "We are always reminded to read the care plan and we get time to discuss the clients' care needs amongst ourselves to ensure we work in a consistent manner." Another staff member commented, "We find out from each other what works best for the clients we support to ensure consistency."

The registered manager told us that staff undertook an induction training which lasted for four days. This ensured staff acquired the appropriate skills to meet people's individual needs. At the end of the induction staff competencies on the subjects covered were assessed. They were then allocated to an experienced staff member to be mentored, until they felt confident to work alone. During the shadowing period spot checks on the staff member's performance were undertaken to ensure they were working in line with best practice guidelines.

Staff told us they had received training on a variety of subjects, which included safeguarding, dementia awareness, health and safety, food hygiene, Reporting of Injuries and Dangerous Occurrences (RIDDOR), Controls Of Substances Hazardous to Health (COSHH), fire awareness, safe handling of medicines, moving and handling, privacy and dignity. We found there was a system in place to monitor the training staff had undertaken; and all essential training was up to date.

Staff told us they received regular supervision. This was confirmed by the registered manager who said that each staff member received three monthly face to face supervision, three monthly spot checks and a yearly appraisal. We saw evidence in the files examined that staff had been provided with regular supervision. Their practice was regularly monitored to ensure care was delivered appropriately.

We saw that the service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This was to ensure that people who could not make decisions for themselves were protected. Staff had a good understanding of MCA 2005 and DoLS and how it worked in practice. The registered manager said that at the time of our inspection no one using the service was being deprived of their liberty unlawfully. Staff told us they always asked for people's consent before assisting them with personal care. Staff also said that people signed consent forms to be supported with their care needs. In the files we looked at we saw agreement forms had been signed.

The registered manager and staff told us that people were supported with food and drink of their choice. Main meals consisted of microwave ready meals that required little preparation other than heating through. We found that some people were allocated extra support time. This was to enable staff to support them to prepare a cooked meal as part of their rehabilitation to re-establish their daily living skills. Staff told us people were left adequate amount of fluids and snacks to enable them to have sufficient amounts to eat and drink throughout the day. They also told us if people had special dietary needs they would support them to ensure they were met.

Good

Is the service effective?

Staff and the registered manager told us if people were at risk of poor food and fluid intake or had difficulty with swallowing they would be closely monitored. People also had access to specialist advice via the GP. We found there were systems in place for staff to obtain nutritional and dietary advice to support people if required.

Staff told us that people had access to healthcare services to maintain good health. We saw evidence that people's care plans included details of their GP. Therefore, if staff had a concern about a person's well-being they would be able to contact their GP. In addition we saw evidence which indicated staff provided support to people to access the services of various healthcare professionals such as, the continence advisor, chiropodist, occupational therapist and the physiotherapist. If required they would accompany people to hospital appointments.

Good

Is the service caring?

Our findings

People told us they had developed caring and positive relationships with staff. One person said, "The staff are caring and are like my friends. They will do anything and everything I ask." Relatives also confirmed that staff were caring; and their family members were fond of them because they went the extra mile. One relative commented and said, "My mum loves the girls. They are on first name terms. They make her day and know exactly what to do and get on with it."

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. One staff member said, "We support the clients in a kind and patient manner. We talk with them to find out how they like things to be done." Another staff member commented and said, "We build up a good rapport with the clients, which makes them feel able to trust us and at ease in our company."

People told us they were supported to express their views and be involved in making decisions about their care and support. One person said, "I choose what I want the staff to do. Sometimes it is jobs in the house or to take me shopping." The person commented further and said, "I choose my food for the week." Staff told us the support provided to people was based on their individual needs. One staff member said, "I give the clients choices and options on a daily basis. For example, I ask them what they wish to eat and what clothes they wish to wear. I don't assume as they have a right to change their mind." The registered manager confirmed that people's views were acted on. She said, "If a client request for me to visit them, or for a change of care worker, I comply with their request."

People and relatives told us that the staff provided them with information and explanations as and when needed. One person said, "If you ask for help, they try their best to accommodate." Family members echoed the same comments. One family member said, "I was concern about my [name called] and the staff were able to get help for me. I could not have coped without them."

The registered manager told us that she made people aware of the various advocacy services that were available to speak up on their behalf; and how they could be accessed. There was no one currently using the services of an advocate on the day of our inspection.

The registered manager said all staff were issued with a copy of the service's confidential policy. They were expected to read and sign it to confirm they understood the contents and would adhere to it. Staff confirmed they were aware of their responsibility to ensure information relating to people's care was only discussed in line with their duties and on a need to know basis. We saw there were systems in place to ensure records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to comply with data protection and the service's confidentiality policy.

Staff were able to describe how they ensured people's privacy, dignity and independence were promoted. One staff member said, "We address people by the name they wished to be called. We try not to be over familiar and give them time to talk and listen to what they have to say. We do not speak over them." Another staff member commented and said, "We know what people are capable of doing for themselves therefore, we do not rush them but support them to do what they can to maintain their independence." Staff also told us that when assisting people with personal care they ensured they were not exposed and the curtains were drawn to promote their privacy.

Good

Is the service responsive?

Our findings

People told us the care they received met their needs. They also said they were involved in their care assessment and the development of their care plans and how they wished to be supported.

The registered manager told us before people received care and support they and their family members were visited by the senior carer who would assess their needs and develop the care plan with their involvement. The care plan was discussed with staff to ensure they were aware of people's specific needs and goals and how they wished to be supported. For example, one person chose to manage their medication administration record sheet and to sign it themself. This showed people were encouraged to exercise control over their care and support needs.

Staff told us that people's care plans provided detailed information on how they wished to be supported with their care needs. We found the care plans were detailed, personalised and reflected people's specific needs. They included information on their personal histories, preferences and diverse needs.

People told us their care needs were kept under regular review. One person said, "Things change weekly with me. The care worker goes through the care plan and makes the necessary changes." The registered manager told us that people's identified care needs were regularly reviewed. We were told the frequency of reviews was being changed from yearly to six-monthly. This was to ensure changes in people's care needs were addressed in a reasonable timescale.

The registered manager told us that staff supported people to maintain links with the local community and to avoid social isolation. For example, the manager said that the staff team had observed a certain individual was becoming withdrawn. To prevent isolation, arrangements were made with the person's permission for them to be visited by a befriender. We found some people were supported with social calls. This involved accompanying them on shopping trips, visits to local garden centres or for a coffee. Where people attended day centres; staff visited them earlier to accommodate their attendance. If required staff remained with some individuals who attended day centres. This was to support them to re-establish their social skills and to maintain friendship with other people who shared the same interests as them.

People told us they knew how to make a complaint. Those spoken with said they had never had the need to make one. The registered manager told us that the service had a complaints policy and people were issued with a copy of the policy when they started to use the service. She also told us that lessons were learnt from complaints and they were used to improve on the quality of the care provided. We found complaints were recorded electronically.

Requires improvement

Is the service well-led?

Our findings

The registered manager told us she was aware of her responsibilities to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC), as required. During our inspection we found that the reporting of safeguardings were not always effective. We identified a number of safeguardings that had not been reported to CQC. We spoke with the registered manager about this and she told us that it had been an oversight on her part, because some alerts had not met the safeguarding threshold when she had made them to the local authority.

This was a breach of Regulation 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009.

The registered manager told us there were systems in place to check the quality of the care provided. We saw evidence that people had completed satisfactory questionnaires relating to the quality of the care provided and audits relating to medication recording sheets and daily record sheets were regularly undertaken. There were no action plans developed from audits undertaken to demonstrate how improvements to the quality of the care provided would be made when areas requiring improvement had been identified. We also found that the outcomes from complaints investigated were not recorded. Therefore, it was not clear if action had been taken to address people's concerns or how they had been addressed to ensure lessons had been learnt and to minimise the risk of recurrence.

People and their relatives told us that the culture at the service was positive, open, inclusive and empowering. They also told us that the service was well-led and they had been asked to complete questionnaires to comment on the care provided. One relative said, "The management and staff are outstanding. They do a good job."

Staff told us the culture at the service was open and transparent. They also told us that the registered manager was approachable and supportive. For example, one staff member said, "I can ring her anytime, day or night for advice and support and she does not mind." Another staff member commented and said, "I have frank discussions with the manager and director. They listen to me and do not get offended. If you make a suggestion, they act on it." We saw evidence to confirm that regular staff meetings were held and suggestions made by staff were acted on. For example, as a result of suggestions made by staff their working schedules had been reviewed.

Staff told us they were aware of the service's whistleblowing procedure and had been provided with training. They were confident if they had to use it they would be protected and supported by the management team to ensure there would not be any repercussions on them or the people who used the service.

Staff told us when mistakes occurred they were dealt with in an open and transparent manner by the management team. One staff member said, "I made a medication error once and reported it straight away. I was devastated. The manager was supportive and all the required actions were taken. A safeguarding alert was raised and I had to be re-trained." The staff member further commented and said, "Although I had done wrong the feedback I received from the manager was constructive. It helped me to be more careful to ensure the clients receive the care they deserve."

Staff told us that good management and leadership was visible at the service. One staff member said, "If you are experiencing difficulty in your day to day duties, the senior carer comes out and works with you to provide support. This really inspires us to deliver a quality service to the clients." All the staff we spoke with were enthusiastic about their roles and understood what was expected from them to ensure people received the support they needed.

The registered manager and provider told us that an incentive scheme was in place. This was to recognise staff if they went the extra mile and performed more and above their role. If staff recommended a friend to work at the service this was also recognised in the form of a bonus. This was only given if the staff member continued working at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered manager did not always comply with their CQC registration requirements by ensuring notifiable incidents in relation to safeguarding incidents were reported to the Care Quality Commission (CQC). Regulation 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009.