

Everycare (East Surrey) Limited

# Everycare (East Surrey) Ltd

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected this service on 13 January 2016. The inspection visit was announced.

Everycare (East Surrey) delivers personal care to people in their own homes. At the time of our inspection, 152 people were receiving the service. The service predominantly supports older people and can support people with complex and specialist support needs.

This was the first time we have inspected this service. The service was registered with CQC in January 2015.

On the day of inspection we met the 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. On the day of the inspection visit, the provider supported this manager to explain how the service operated and was managed.

During this inspection we made one recommendation.

Despite people and relatives agreeing that the service was managed well there was a lack of robust quality assurance systems in place to help drive up standards and improve the service. This could have an impact on the support delivered to people. Some people raised concerns with us regarding inconsistent support over the weekend. People said that they did not know who was coming to support them and the quality of support was not as good as in the week. We have recommended that quality assurance systems are put in place to ensure support is consistent.

People told us they felt safe with the staff that came to their home. Staff were trained in safeguarding and understood the signs of abuse and their responsibilities to keep people safe. Recruitment practices were followed that helped ensure only suitable staff were employed at the service. Risks of harm to people were identified at the initial assessment of care and their care plans included the actions staff would take to minimise the risks.

People were supported in a timely manner and staff did not feel rushed. Staff were recruited safely. Staff were trained in medicines management, to ensure they knew how to support people to take their medicines safely to keep accurate records.

Staff received the training and support they needed to meet people's needs effectively. Staff felt supported by management team and were encouraged to consider their own personal development.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People made their own decisions about their care

and support.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient nutrition and hydration. Staff referred people to healthcare professionals for advice and support when their health needs changed.

Staff were caring. People told us staff were kind and respected their privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's wishes and preferences.

People and relatives said that the service was responsive to their needs. The service assessed people's needs so people received needed support.

People received person centred care from a service that had a flexible approach and was responsive to unforeseen circumstances. People knew how to complain and were confident any complaints would be listened to and action taken to resolve them.

The service had a positive and support culture. Staff knew and understood the organisational values which were reflected in the support we observed. Management understood the service being provided. Staff and management talked about the open door policy in place, which made the management team approachable.

## 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 protected from harm. Staff could identify and minimise risks to people's health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

The service had arrangements in place to ensure people would be safe in an emergency.

People were supported by sufficient number of staff who supported people regularly and who were recruited safely.

Medicines were managed and administered safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and training to support people's needs and staff felt supported.

The requirements of the Mental Capacity Act (MCA) were met and staff had a good understanding of the MCA and Deprivation of Liberty Safeguards.

People's nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being.

### Is the service caring?

Good ●

The service was caring.

Staff understood the importance of building caring relationships with the people they supported.

The service understood what is important to people and took this into account when requests were made to change support times.

People told us staff were kind, respected their privacy and dignity and encouraged them to maintain their independence.

### Is the service responsive?

**Good** ●

The service was responsive.

People's needs were assessed and reviewed to ensure they received appropriate support.

People's care was person centred and care planning involved people and those close to them.

Staff were responsive to the needs and wishes of people.

People and relatives knew how to make a complaint and were confident any concerns they had would be acted on.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led as it lacked robust quality assurance systems to highlight short falls of service delivery.

The service ensured there was a positive culture that was person centred, open, inclusive and empowering for people who used the service.

Staff knew and understood the organisational values which were reflected in the support we observed.

The registered manager understood their responsibilities.

# Everycare (East Surrey) Ltd

## 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 was 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 took place on 13 January 2016 and was announced. The provider was given 24 hours' notice. This was because the location provides a domiciliary care service and we needed to be sure someone would be available to meet with us. This inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has specific experience in the type of care and support being provided. The inspector visited the office and spoke to staff. With consent the inspector visited people who received support. Follow up calls to people, relatives and staff were made by an expert by experience and the inspector.

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 reviewed the information we held about the service. We looked at information received from relatives, social workers and commissioners. We looked at the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law. We received pre inspection surveys from 20 people, four relatives and two community professionals.

During our inspection we spoke with the provider, the registered manager, nine members of staff, 17 people and five relatives. We also received feedback from a health professional.

We reviewed six people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

# Is the service safe?

## Our findings

People said they felt safe receiving support from Everycare (East Surrey). One person said, "I feel perfectly safe." Another person said, "I feel safe with the support." A comment from a satisfaction questionnaire stated, 'Staff help keep me safe.'

People were supported by staff who were able to describe different types of abuse and knew how to report suspected abuse. All staff had received safeguarding training and had good working knowledge of safeguarding procedures. One member of staff said, "It's our job to make sure clients are looked after properly. Any issues need to be reported. We are there to support and protect." Information about raising concerns was made available to people in their support files, which were left in their house. The registered manager had raised safeguarding alerts with the local authority when they had any concerns and the service had taken steps to address any risk of harm.

Staff were able to identify and minimise risks to people's health and safety. When potential harm had been identified, risk assessments had been put in place to keep people safe. A variety of risks had been identified that included moving and handling, malnutrition, dehydration and risk of falls. Staff were aware of risks and what they needed to do to keep people safe from harm. One person smoked. Staff had worked with the local fire service to ensure measures were in place to keep them safe. These measures included linking the smoke detector with the person's mobile phone so calls were made automatically when needed and by using fire retardant bedding.

Where a person's health had changed it was evident that staff worked with other professionals to manage risks. We saw that staff worked with appropriate health professionals when needed, including district nurses and the occupational therapist (OT). We saw that staff had worked with an OT to ensure moving and handling guidelines were safe for people. This guidance highlighted risks and how people should be supported. The OT said, "Everycare's moving and handling is to a high standard, which is fundamental to safe and effective care."

Staff understood how to keep people safe in their own homes. Assessments had been completed to identify and manage any risks of harm to people around their home. People had health and safety checklists, which staff completed and which were reviewed and updated when things changed. When a member of staff noticed there was a trip hazard in someone's house they discussed this with the person and their relative and a safe outcome was achieved. We also saw that staff ensured that salt was put on the pathway outside a person's house to reduce the risk of falling and slipping on ice.

Staff had a clear understanding of what they needed to do to make sure they left people safe when they finished a call. We observed staff asking if people needed anything else before the support call finished. A person who was at risk of falls had a call bell alarm system. They said, "Staff always check I am wearing my alarm."

Although not many accidents and incidents happened they were recorded and monitored by the provider so

they could identify any patterns or trends and take action to prevent further incidents. Staff had completed first aid training and helped people if they had an accident.

People would be protected in an emergency. Arrangements were in place to manage people's safety. These arrangements included a contingency plan, which highlighted that the service had local teams covering local areas to minimise the risk of potential missed calls and the impact on people if something were to disrupt service delivery, such as bad weather.

The registered manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care. People's needs were regularly assessed and reviewed and staffing levels were planned around needs highlighted. People generally told us that staff arrived at the agreed time and supported them for the allocated time. One person said, "Staff are pretty much on time." Staff told us there was enough of them to support people and that, "The office don't encourage us to rush and don't cause stress to us." There had been no missed calls and there was an on call system in place to reduce the risk of calls being missed.

People were protected by staff employed that had undergone safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People received their medicines in a safe way. People were supported with their medicines by staff who had received medicine training and an annual medicine competency assessment. Staff were trained in how to administer medicines including how to use a nebuliser. A nebuliser is a drug delivery device used for people with respiratory diseases and disorders.

Staff either prompted or administered medicines to people. When needed, people had written protocols in respect for receiving medicines on an 'as needed' (PRN) basis. These protocols detailed when staff should administer these medicines, the dosage and time. Depending on people's needs staff ensured medicines were being stored in people's homes in a safe way. There were systems in place to dispose of medicines safely.

Regular audits of medicines were undertaken. These however failed to pick up that medicine administration recording (MAR) charts did not always show all prescribed medicines signed as being taken when people were supported. When we spoke to people about their medicines they were all positive saying staff supported them safely in this area. One person said, "Staff are very careful with my tablets. Staff give them when they are supposed to." Another person said, "They will check that I have taken my medication." Due to this feedback we judged that people are getting their medicines on time but staff were not always recording this properly.

When medicine errors occurred people were supported appropriately to ensure their health and wellbeing was not adversely affected. There had been three medicine errors in the last year, which had all been fully investigated. Staff had received increased training and supervision following these errors.



## Is the service effective?

### Our findings

People and relatives said that all regular staff had the right skills and knowledge to give them the care and support needed. A community professional who completed the pre inspection survey said, 'The management have always been very supportive of their staff, ensuring that their training needs and skills are kept up to date.'

The provider told us management meet any potential applicant before they apply for a job with Everycare (East Surrey). They have an informal chat and a shadowing session are arranged. The potential applicants are encouraged to apply for a position if feedback is good. The registered manager said they do this to, "Ensure they employ the right type of person."

Staff induction was centred around the staff member's needs. The induction focused on policy and procedures, expectations of the role and mandatory training, such as safeguarding, moving and handling and first aid. Once the mandatory training was completed a new member of staff would start their shadowing sessions. We were told by the registered manager there were no time scales to each stage of induction. The registered manager said, "It depends on the staff members ability and support needs."

New staff were supported to complete the Care Certificate. The Care Certificate is a qualification that aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. All staff said they received appropriate training to carry out their roles effectively. The management team actively encouraged professional development with the offer of diplomas in health and social care.

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. These gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. When a learning need was identified coaching and training was put in place to support staff to meet the expectations. For example, one member of staff had extra focused supervisions when a development area was recognised. We saw from records that support was put in place to ensure this member of staff gained the skills and the confidence needed to fulfil their role and support people effectively.

We looked to see if the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

A member of staff described mental capacity as, "The ability to make decisions safely." People had the capacity to make decisions about their care and support. The registered manager said, "Everyone we

support has the capacity to consent to their support." We saw that when a person was refusing care the provider worked with the local authority to carry out a mental capacity assessment. The outcome was this person had capacity so staff were working with the person to come up with ways to engage with them.

Staff understood the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. A member of staff said, "We ask for consent before we support someone." A person agreed and added that, "I get choice." We observed staff asking people for consent before supporting them.

No one's freedom had been restricted to keep them safe. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this for domiciliary care services and supported living schemes are called the Deprivation of Liberty Safeguards (DoLS). Although at the time of the inspection no one was being deprived of their liberty the registered manager understood the implications of The MCA and DoLS on the people they support.

People were supported to ensure they had enough to eat and drink to keep them healthy. People's special dietary needs were recorded in their care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. Such information came from guidance from the speech and language team (SALT).

People were supported by staff who ensured they were eating and drinking enough to stay healthy. A person said, "I buy what I want and staff cook it for me." Another person said, "I just tell them what I fancy for lunch and they will cook it for me." We observed two people having their lunch when we visited them. The meals were varied and the portions were a good size. Staff encouraged people to eat but at the same time did not rush them.

People were supported to maintain their health and wellbeing. People's care plans included their medical history and current medical conditions, so staff knew the signs to look for that might indicate a person was unwell. Where people's health had changed appropriate referrals were made to specialists to help them ensure they received the most effective support, this included referrals to the district nurse team. A person who developed a pressure wound in hospital was effectively supported. This outcome came about by effective partnership work with the district nurse team. Another person was supported to make a GP appointment when they were unwell. Someone else was referred to the community mental health team when concerns were raised.

# Is the service caring?

## Our findings

People said that they were well cared for by staff. One person said, "Staff are very good. I love them coming." Another person said, "I look forward to seeing them every day." A comment in the pre inspection survey read, 'I consider myself as very lucky to have Everycare look after me.' A health professional said, "They communicate to their clients and appear to have a good working relationship." Written compliments described staff as, 'So understanding and dedicated,' and, 'Very thoughtful.'

People were supported by passionate staff who understood the importance of developing positive relationships with people, their families and other people who were important to them. The registered manager explained they had some very long standing care packages, they had supported one person for more than 18 years. The registered manager explained that, "It's like they are a member of our family."

Staff told us they read people's care plans before they started working with them. The language used in care plans, for example, 'encourage' and 'prompt', promoted people's independence, by reminding staff to support and enable people rather than 'look after' them. Daily notes and what staff said to us reflected this approach.

People were supported to express their views and be actively involved in decision making about their care. People and relatives were involved in planning people's care. People said that close relatives and people who were important to them, were involved in planning and reviewing their care, if they wanted them to be. Support needs highlighted in their assessments had been carried through to their care plans. People told us that support was being offered in line with care plans.

We observed positive and friendly conversations and caring interactions between people and staff. This highlighted that people were clearly confident and comfortable in the company of staff. One person we visited was seen laughing and joking with staff. The person was heard to say, "I love you girls," to two care staff. Comments from people who had completed a recent satisfaction questionnaire were positive. One read, 'Interaction with carers is great.' Another stated, 'Having a while to chat is good.'

Staff saw people as individuals and took time to celebrate this. One person told us that they were in hospital for their birthday. They said they were 'surprised' when staff came in with balloons to celebrate it with them. Staff went over and above to ensure people were cared for. One person was in hospital and was anxious about who would look after their cat. Staff decided to go around to their home and feed the cat, which the person was grateful for.

People's privacy and dignity was respected. All of the people we spoke with told us staff treated them with respect and dignity. People told us that staff always respected their private space and encouraged their independence. One person said, "I feel I am treated with dignity and respect." When asked about how they respected people's dignity a member of staff said, "We never rush. If we are running late we never try and make up time." The member of staff explained that this approach gives staff enough time to support people properly.

During the inspection information about people being supported was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character. Staff knew people's background history and the events and those in their lives that were important to them. During the inspection staff were observed giving each other updates on people's support in a confidential and professional manner.

# Is the service responsive?

## Our findings

People and relatives said the support received from Everycare (East Surrey) was responsive. A comment from a person in a recent satisfaction questionnaire read, 'The service is 100% great. No complaints here.' Another one said, 'Nothing to change – everything is good.' A community professional who completed the pre-inspection survey stated, 'They ensure that they deliver person centred care and always ensure the individual is placed at the centre.' A health professional said, "They provide a high standard of care, which is holistic and client centred."

On receiving a referral, an assessment of the person's needs was carried out. This ensured staff had sufficient information to determine whether they were able to meet people's needs before support started. Needs highlighted in assessments were reflected in care plans and the support we observed. Care plans were focused on the individual needs of people. A member of staff said, "The care plans are very detailed."

People told us staff were responsive to their needs and preferences. People's choices and preferences were documented and staff were able to tell us about them without referring to the care plans. Staff had an overview of the person, their life, preferences and support needs. For example, a member of staff explained that brushing a person's hair made them less anxious and distressed. We saw that people's wishes were respected. One person liked to sit having a view of their garden. When we visited they were sat in a position which allowed them to see the whole garden area.

The service had a flexible approach, which was centred around meeting the needs of people. If there was a need staff would extend support calls. A relative said that if their loved one was unwell, "They will arrange an extra visit in the evening."

People and relatives told us that staff were responsive to the changing needs of people. Staff were coached and trained to pick up, notice and respond to changes of people's needs. People's needs were reassessed to ensure they were receiving the best possible support for them. A person said, "We have a review. I feel involved." We saw that the registered manager had a plan in place so staff could respond effectively to a person's changing health needs. This included providing specialised training in percutaneous endoscopic gastrostomy (PEG) feeding to continue to meet their needs. A PEG feed is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

People were supported by staff who were responsive to unforeseen situations. The registered manager had arranged a responsive review on someone's support. This happened after a relative had raised concerns that the person's health needs had significantly changed overnight. The registered manager explained this was completed to ensure staff continued to support the person in the best possible way. This review happened on the same morning as the concerns came in. The service also had an out of hours on call service that meant that staff could respond to people's changing needs out of hours and on the weekend.

People were made aware of their rights by staff who knew them well and who had an understanding of the

organisations complaints procedure. People and relatives knew how to raise complaints and concerns. Each person had information about how they can make a complaint in their support files, which were kept in their house. There had been three complaints in the last year. When received, complaints and concerns were taken seriously and used as an opportunity to improve the service. When a person complained about a member of staff leaving their house in an inappropriate condition the registered manager arranged a spot check and addressed this in the member of staff's supervision. Improvements in this area have been made.

## Is the service well-led?

### Our findings

People, relatives and care professionals spoke of Everycare (East Surrey) positively. The majority of people spoken to said they would recommend the service. A health professional described the manager as, 'Very good'. The service had a rating of 9.7 out of 10 on the website [homecare.co.uk](http://homecare.co.uk). This is a website people and relatives can post reviews. A review from a relative read, 'The management are very competent and always willing to help, whilst many of the carers went above and beyond the call of duty to offer extra support when needed. I would have no hesitation in recommending Everycare to others and I am very grateful for all their help and assistance.'

Despite this the service lacked managerial oversight in some areas. Quality checks were in place for daily notes, health and safety and medicines. Although the checks ensured that tasks were completed on time there were limited systems in place to review and assess the quality of this work and to make improvements. For example the medicine audits failed to pick up on recording errors. The registered manager ensured that a satisfaction survey was completed each year however the results of the last survey completed in September 2016 had not been collated, so the information was not being used to improve the service. Although the impact on people was low the registered manager agreed that improvement needed to be made in this area.

Some people were concerned about inconsistencies when it came to the support they received at the weekend. Six people we spoke to said the service was not of the same quality during the weekend. People said they were unclear of who would support them during weekend support calls, one person described this as a 'Lucky dip.' A comment in the pre-inspection survey read, 'I'm not very happy with some of the carers who deputise for my regular assistants.' One person went as far to say, "The service is not well managed over the weekend." Despite this the majority of people who raised concerns over weekend cover were generally satisfied with the overall support from Everycare (East Surrey). Their concerns however could still put them at risk of not receiving the care and support they needed. When we spoke to the registered manager about this she said that weekend staff have the same training and support as staff that predominately work during the week. She said that no one had raised this as an issue with her. She went onto explain she was putting together a plan to carry out spot-checks to ensure support is consistent and people are happy.

We recommend that robust quality assurance systems are put in place to ensure people receive consistent care.

The manager told us about the service's missions and organisation values of providing the best quality care to ensure people's independence was maintained. Staff we spoke with understood and followed these values to ensure people received person centred care to aid their independence. One member of staff said, "We're about encouraging independence, well-being, good communication and ensuring the environment is safe and happy."

The management team and staff were passionate about the care provided. There was a culture that was person-centred, open, inclusive and empowering. Management and staff talked of the 'open door policy'

that was in place. This made staff feel they could approach management for support when needed. Staff felt supported by management. When asked about the managerial support a member of staff said, "I can approach the manager any time." The registered manager said, "Staff are positively encouraged to come into the office." A member of staff said, "Any problems I will come into the office. We are always given time and support."

The management team were approachable and people and relatives benefited from this. The manager and care coordinators worked regularly with people. A health professional said the registered manager has, "A good understanding of client needs. We trust her judgement."

Within the team there was a shared understanding of the key challenges, achievements, concerns and risks, which were highlighted in their provider information return (PIR). For example, one of the aims was to enhance the existing training program so staff were offered level 3 diploma in social care. We saw that training and support were available for staff who wanted to develop and drive improvement within the service. Several members of staff had either completed or were working towards their diploma in social care, which they said they were being supported by the provider to complete.

Staff were involved in the running of the service. Team meetings were used in an effective way to concentrate on important themes when they arose. The minutes of the meetings were recorded and made available to all staff. Best practice guidance was discussed during these meetings. Staff were given the opportunity to raise concerns in these meetings and there was a response from the management team in the minutes.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned, which ensured CQC can monitor and regulate the service effectively.