

Everycare (IOW & Solent) Limited

Everycare (Isle of Wight)

Inspection report

36 Union Street
 Ryde
 Isle of Wight
 PO33 2LE
 Tel: 01983 611390
 www.everycareiow.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

Everycare (Isle of Wight) is a domiciliary care agency providing personal care for a range of people living in their own homes. These included people living with dementia and people living with a physical disability or learning disability. The inspection was carried out over the 22 and 26 January 2015 and at the time of our visit the service was providing personal care to 60 people.

The last inspection of the service took place on 16 and 20 May 2014, where we identified a breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We set a compliance action

in relation to the management and storage of medicines. The provider sent us an action plan stating they would be meeting the requirements of the regulation by 15 July 2014.

This inspection, which was unannounced, was carried out on the 22 and 26 January 2015. During the inspection we found the provider had completed all the actions they told us they would take.

There was a registered manager in place at the service. 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 2008 and associated Regulations about how the service is run.

People using the service and their relatives told us they felt safe. However, not all risks relating to people's health and wellbeing had been identified, assessed and had strategies in place to support staff in mitigating those risks.

The recruiting practices were not robust and did not always ensure there was sufficient information available to prevent unsuitable staff from working with people who used the service.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) which applies to services providing care in the community. Although staff were aware of the principles of the MCA, they did not have access to sufficient information to enable them to understand the ability of a person living with dementia to make specific decisions for themselves.

Care staff developed caring and positive relationships with the people they supported and treated them with dignity and respect. People and their relatives described the care staff as understanding and affectionate.

There were effective systems in place for the management of medicines. Staff completed medicine administration charts correctly. There was a lack of clear guidance available to support staff with the administering of topical creams.

There was a quality assurance structure in place. However, the dip-check approach to auditing files and records adopted by the manager was not robust enough to ensure that errors and omissions were identified.

Staffing levels were based on the assessment of people's needs. However, the service was not always able to respond appropriately to cover short term absences.

Staff had completed the necessary training to enable them to support people. They were also supported through regular supervisions, which provided an opportunity to discuss any concerns and identify learning and development needs.

Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

People using the service and their relatives told us they felt the service was effective. People were assessed prior to commencing with the service to ensure the service was able to meet their needs.

Staff were knowledgeable about the people they supported and the things that were important to them, such as food preferences. They supported them to have enough to eat and drink.

When necessary staff liaised with other healthcare professionals, such as GPs, district nurses and chiropodists to ensure people received a consistent approach to their healthcare.

The provider had systems in place to promote an open and fair culture. There were structures in place to enable people and staff to comment on the culture of the service and become involved in its development.

The provider sought feedback from people using the service and their relatives in respect of the quality of care provided and had arrangements in place to deal with any concerns or complaints.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

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 not always safe.

Risks were not always identified and managed effectively.

The recruitment process was not robust and checks on staff did not ensure they were suitable to work with the people using the service. Staffing levels were based on the assessment of people's needs.

Medicines were managed appropriately. However, there was a lack of guidance to support staff administering 'as required' creams.

Staff were able to demonstrate an understanding of what constituted abuse and the action they would take if they had any concerns.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff were aware of the principle of the Mental Capacity Act 2005. However, did not always have access to information to help them understand the how to support people living with dementia effectively.

People using the service and their relatives told us they felt the service was effective.

Senior staff undertook a pre-assessment before the person started with the service to ensure they were able to meet their needs.

When necessary, staff liaised with other healthcare professionals such as GPs and district nurses.

Requires Improvement



Is the service caring?

The service was caring

Staff developed caring and positive relationships with people using the service.

People and their relatives were involved in planning their care. Staff used care plans to ensure they were aware of people's needs.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive

People and their relatives told us they felt the service was responsive to their needs.

People received care that had been assessed to meet their individual needs. Staff responded appropriately to people's changing needs.

Good



Summary of findings

The provider sought feedback from people or their families and had arrangements in place to deal with complaints.

Is the service well-led?

The service was not always well-led.

The quality assurance structure in place was not robust enough to ensure that errors and omissions were identified.

People and staff were provided with opportunities to become involved in the development of the service.

The provider was aware of their responsibilities to notify the Care Quality Commission of significant events affecting people using the service.

Requires Improvement



Everycare (Isle of Wight)

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. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available. The inspection was carried out by one inspector and an expert by experience over the 22 and 26 January 2015. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of working with and for older people receiving care.

Before this inspection, we reviewed the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send tell us about by law. We also gathered information about the service from the Isle of Wight Local Authority Adult Services team.

We spoke with 25 people who used the service or their relatives. We also spoke with six members of the care staff, a team manager, the deputy manager and the registered manager. We looked at care plans and associated records for seven people using the service, staff duty rota records, seven staff recruitment files, records of complaints, accidents and incidents, policies and procedures, and quality assurance records.

Is the service safe?

Our findings

Risks were not always identified and managed effectively. One of the care records we looked at did not contain any care or environmental risk assessments. Their care records showed the person had dementia and had had a fall. However, there was no falls risk assessment completed to assist staff in understanding how to support the person and keep them safe. In addition, their records showed they were taking a diabetic medicine. However, there was no information in their care plan or needs assessment to suggest they maybe diabetic. The registered manager told us they were not aware the person was diabetic. Therefore staff may not be aware of the risks relating to this person and the care they required to mitigate those risks.

The daily records for another person, who was living with dementia, identified that an incident had occurred which had placed a member of care staff at risk. However, following this incident there was no management plan or risk assessment in place to guide staff in how to support this person safely.

The lack of an effective system in place to identify and mitigate risks relating to the health and safety of people using the agency was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 12 (1) (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

A safe and effective recruitment process was not in place to ensure that staff who were recruited were fit to work with people using the service. Disclosure and Barring Service (DBS) checks were completed on all of the staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Where a DBS check indicated a potential risk the manager did not always follow up with risk assessments in a timely manner. We raised one example with the registered manager who told us they were in the process of completing a risk assessment for this person. We checked the duty roster and saw they were currently working unsupervised.

Four of the seven recruitment files did not have a full employment history for the members of staff. In addition,

one member of staff's employment history showed they had been dismissed from a previous care related job. There were no records to explain why this had occurred or a risk assessment to ensure people were kept safe.

The lack of a safe and effective recruitment process was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 19 (2)(a) (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

People using the service and their relatives told us they felt safe with the care staff who supported them. One person told us "I don't feel cut off although I am alone. My carer is the reason I would not change the Agency".

At our previous inspection we identified that people were at risk because the provider did not have effective systems in place for the storage and re-ordering of medication. During this inspection we found that the provider no longer stored medicines on the premises. The agency had a clear medicines policy and there were arrangements in place to support people with regard to their medicines management. We looked at seven sets of recently archived records including people's medicines administration records (MAR) and found they had been completed correctly. The MAR chart provides a record of which medicines were prescribed to a person and when they were given.

People's care files contained information regarding the medicines they were using, whether they were self-administered and included a risk assessment, a description of the medicine, its purpose and any side effects. However, these did not always provide clarity for care staff. For example, one person's record stated they needed full assistance with administering their medicine. However, the record also stated all medicines were administered by the person's relative.

The care plans and MAR did not contain any guidance or information to support the administration of 'when required' (PRN) topical creams. Two people, who were living with dementia, were prescribed topical creams, linked to skin viability, which were to be administered 'when required'. There was no guidance, in either person's care plan or on their MAR charts for staff to follow to help them understand when, where and how often these creams should be administered. One of the person's care plans stated 'cream as necessary'. The absence of clear

Is the service safe?

guidance to support staff administering PRN creams meant people were at risk of not receiving their PRN medicine in a safe and effective way. We raised this issue with the registered manager and on the second day of our inspection PRN guidance forms for prescribed creams were available to be placed in people's care plans.

There were not always enough staff to meet people's needs. The registered manager told us staff allocation was based on each person's needs. These were assessed, in conjunction with their care manager, prior to acceptance by the service. However, there was not a robust system in place to ensure there was cover available to respond to short term absences. The registered manager told us the provider had identified this as an issue and had recently deployed a new electronic duty management system. The new system detailed the staffing requirements for each day and provided a visual warning when there were shortfalls in service provision. These gaps were managed through the use of overtime and supervisory staff. There was also an out of office 'on-call' system providing 24 hour cover if

required. Staff said they generally had time between calls but sometimes traffic was a problem. People told us care staff were sometimes a little late but they still spent the required length of time with them.

Staff and the registered manager had the knowledge necessary to enable them to respond appropriately to concerns about people. The provider had a current safeguarding policy, which contained guidance for staff in respect of dealing with safeguarding concerns. Staff and the registered manager had received safeguarding training and were able to demonstrate their role and responsibilities in protecting people from abuse. They could also say what they would do if concerns were raised or observed. Staff files contained certificates and records confirming this training had taken place. Where safeguarding concerns were raised these were recorded and reported to the appropriate authority.

There were arrangements in place to deal with foreseeable emergencies. A contingency plan had been prepared to ensure care was still provided in the event of disruption to the service, such as in extreme weather conditions.

Is the service effective?

Our findings

People using the service and their relatives told us they felt the service was effective. One person told us the staff who supported them “are very understanding, good caring people, who treat me with respect and know my needs” and another person said “I would of course ring the agency if there were problems but so far I have had none. I am fortunate as they seem to be very nice people in the office”.

Before commencing with the service, senior staff undertook a pre-assessment with the person to identify their individual needs, their personal preferences and any risks associated with providing their care. This included their medical history, an assessment of their ability to communicate and information about their mobility needs. The pre-assessment gave the provider the opportunity to ensure they had the staff with the appropriate skills and experience available to meet the person’s needs. Senior staff meet with people on a regular basis to discuss their care needs and identify if there have been any changes. Staff told us that if they had any concerns regarding people’s care they would contact the office and request a review. Daily records of care showed that staff identified when people were unwell or in need of additional support. When necessary staff liaised with other healthcare professionals, such as GPs, district nurses and chiropodists to ensure people received a consistent approach to their healthcare.

The Mental Capacity Act 2005 (MCA) provides a legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant.

Staff understood their responsibilities in relation to the MCA. They were able to explain the principle of capacity and how it applied to people using the service. However, although people’s care records included a mental health assessment there was no information in the assessments of those people identified as living with dementia to assist staff in understanding the person’s ability and support needs to make specific decisions for themselves.

Where a person lacks the capacity to make decisions for themselves the court of protection can authorise another person to make decisions on their behalf through a power

of attorney. Power of attorney gives a person the authority to make decisions in respect of the person’s finances and property and/or health and welfare. One person’s records stated that a friend had a power of attorney. However, there was no information in the file to enable staff to understand which decisions they were authorised to make on the person’s behalf. We raised this with the registered manager as an area for improvement.

Staff received an induction into their role, which included the provider’s essential training, such as moving and handling, infection control and safeguarding vulnerable adults. The training was followed by a number of shifts shadowing an experienced staff member. Staff had also completed specific training to meet the needs of people they were supporting. Staff gave mixed feedback in respect of the effectiveness of the training they had received. However, discussions with them showed they were aware of how to use the training for the benefit of people. The registered manager maintained a record of the training staff had completed.

Staff had regular supervisions. Supervisions are a process which offers support, assurance and learning to help staff development. Senior staff had conducted competency checks in people’s homes to ensure staff were appropriately skilled to meet people’s needs. Staff files contained records of workplace supervisions carried out by supervisors, which included whether the member of staff had followed the agreed care delivery plan. Where issues were identified these was followed up with a personal action plan.

People’s views and decisions were respected. Staff told us they always checked with people before providing care. They were able to explain the action they would take if a person refused care. The daily records recorded when people had declined support and this was respected.

People were supported to have enough to eat and drink. Where people required support with their nutrition and hydration, this was documented in their care file. Staff were aware of people’s food preferences and how they liked their meals prepared. People who had their meals prepared for them told us they were happy with the level of support provided and that staff responded to their wishes. One person told us “even though they don’t cook my food they are always offering to make me a cup of tea”.

Is the service caring?

Our findings

People using the service and their relatives described the care staff who supported them as being: good, loving, and affectionate people. The comments by people included “wouldn’t know what to do without her, there couldn’t be a kinder person”, “carers really care” and “we have a chat and a joke”. One person told us “my carer is almost my best friend’. Care staff developed caring and positive relationships with the people they supported.

People also told us that they were always treated with dignity and respect, and their wishes regarding the gender of their care staff were respected. Several people said they did not know what they would do without their care staff. One person told us “They are very understanding, good caring people, who treat me with respect and know my needs”.

Staff used the information contained in the person’s care plan to ensure they were aware of people’s needs. They were able to explain the action they took to ensure people’s privacy and dignity was respected, knocking on people’s doors and identifying themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One member of staff said, “Basically, I ask people what they want, it’s their house and they call the shots”. Another member of staff

told us “when I am doing personal care, I shut the door and cover them with a towel. I explain what I am doing. I also speak with their husband or wife to make sure they don’t feel alienated”. One person, who had been receiving care for two years, told us the care staff involved him in all aspects of his care, from the administration of his medicine, his choice of food and when he wanted help with bathing.

People and their relatives had been involved in the planning and review of their care. The care plans also covered a number of areas of a person’s support needs, for example, nutrition and hydration, mobility, continence, sleeping habits, skin care and mental health. The records showed that people or where appropriate, in line with the Mental Capacity Act 2005 (MCA), their relatives had been involved in decisions about planning their care. Each person’s needs assessment and subsequent reviews had been signed by them or their relative if appropriate, acknowledging the content and agreeing the level of support being provided.

People using the service were given a service users’ guide which provided information about the service. It included an overview of the service delivery process, terms and conditions, and a list of the service’s policies and procedures. People were offered a copy of any policy they wished to see.

Is the service responsive?

Our findings

People using the service and their relatives told us they felt the service was responsive to their needs. One person told us they had once “called the agency on a Sunday, to find out what had happened to his carer, and although the office was closed, calls were diverted and he was able to speak to a supervisor who sorted out his situation”. Another person told us they found the service responsive and they were “always there”. They added “If I complained about anything I am sure I would get a helpful response. [The service] is well managed and I would recommend them”.

Each person’s care file contained personalised guidance, which provided care staff with detailed information of the exact care people required at each visit. The staff were knowledgeable about the people they supported and the things that were important to them in their lives. Their care file also contained information in respect of people’s interests, histories, and personal preferences.

People’s care plans were reviewed by a supervisor and changes agreed with the person or where appropriate a relative. For example one person’s care plan had just been reviewed and updated as ‘unchanged’. This review was signed by the person’s relative, who had permission from the person to act on their behalf and be the point of contact with the service, who commented they were “very happy” with the care being provided. This approach enabled decisions about care and treatment to be made by staff at the appropriate level. In addition, the regular review visits by a supervisor provided an opportunity for people to provide feedback on the service they had received and raise any concerns they had.

The provider sought feedback from people or their families through the use of a quality assurance survey

questionnaire. This was sent out to people every year seeking their views. We saw the results from the latest “service user satisfaction survey” which had been completed in 2014. The results of the survey, which were predominately positive, were analysed and where issues were identified these were documented and an action plan created. We looked at the action plan for the 2014 survey and saw the actions were either completed or on going.

People and relatives knew how to complain. The service had arrangements in place to deal with complaints. A service users’ guide, which had been updated in 2014 was provided to all people using the service or their relatives. This provided information on how to complain and included details of external organisations, such as the Care Quality Commission. Since our last inspection there had been four complaints. These had been investigated appropriately and the complainant updated with the result. For example, one person had complained that a member of care staff was continually late. This was investigated and the member of staff spoken with. An action plan was agreed and monitored. This resulted in improved timeliness. Cards and letters of appreciation were also recorded with copies placed on staff files.

There were arrangements in place to identify incidents and concerns over the quality of care provided were recorded, investigated and remedial actions identified. For example, the service had experienced a series of incidents and concerns for people relating to missed calls. This trend was identified by the management team, who carried out analysis of the problem. This resulted in a review of the staff deployment process and the introduction of new deployment software. The new deployment strategy has resulted in a reduction in the instances of missed calls.

Is the service well-led?

Our findings

People gave mixed views on whether they felt the service was well-led. People told us they were happy with the care and service provided and said they never had reason to complain. People were concerned with the high turnover of care staff. One person said, they felt there were too many bosses and not enough care staff. However, most of the people we spoke with told us they would recommend Everycare to their family and friends.

The registered manager provided the focal point for the quality assurance structure and was aware of the feedback from the quality assurance review in 2014, feedback from spot checks, complaints and compliments. Regularly audits of a number of aspects of the service, for example completion of care records, medicine administration records, and staff files were carried out. These audits were carried out on a dip check basis where random files were checked and medicine records were identified and audited. However, this approach to quality assurance may not be robust enough to ensure errors and omissions were identified, such as concerns in respect of people's health risks and problems with their recruiting practice, which may put people at risk. We raised this with the registered manager as an area for improvement.

The provider's vision and values were set out in the service user's guide. It was also included in a newsletter, planned to be sent to people and published on their website. There was an opportunity for people and their relatives to comment on the culture of the service and become involved in developing the service through feedback opportunities such as the care review process and quality assurance surveys.

Staff across the service were aware of the provider's vision and values and how they related to their work. Regular supervisions and staff meetings provided an opportunity for the management team to engage with staff and reinforce the provider's value and vision. They also provided an opportunity for staff to provide feedback and become involved in developing the culture of the service. We asked staff about the culture within the organisation

and received a mixed response. One member of staff told us "You are treated like a child by the manager. I have no confidence in her". Another member of staff said they weren't happy originally but had felt things had improved and they had become "more positive over the last four months". A third member of staff told us "I get lots of support from [the registered manager] whenever I ring the office". We saw an email from one member of staff thanking the registered manager for their support.

The registered manager told us they were aware that there had been problems at a strategic level in the past, with disruption to the management team. They were confident these had been resolved and both people using the service and staff would have seen an improvement over the previous few months. They said the provider was supportive and had arranged for a consultant to be available to support the management team as they moved forward.

The provider had systems in place to promote an open and fair culture. Staff had easy access to the provider's policies and procedures, which were appropriate for the type of service and available to people using the service. Where appropriate, policies and procedures contained information regarding external organisations where staff could seek support and advice. For example, the provider's whistle-blowing policy provided details of where staff could raise concerns if they felt unable to raise them internally. Staff were aware of the different policies and organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

Information from accidents, incidents and complaints was used to improve quality across the service through remedial action and additional training. There was an effective structure in place to obtain feedback from service users and their families. Where concerns were identified these were responded to and remedial action taken. The registered manager notified the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of their registration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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

Personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

People were at risk of receiving unsafe care because the provider did not have an effective system in place to identify and mitigate risks relating to the health and safety of people using the service.

Regulated activity

Personal care

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

The registered person had not taken proper steps to ensure there was an effective recruitment process in place to ensure that staff who were recruited were fit to work with people using the service.