

Everycare (Medway/Swale)

# Everycare (Medway/Swale) Limited

## Inspection report

Suite 1 Delta House,  
Culpeper Close  
Laser Quay  
Rochester Kent  
ME2 4HU  
Tel: 01634 295630  
Website: [www.everycare.co.uk](http://www.everycare.co.uk)

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. Everycare (Medway/Swale) is a domiciliary agency registered with the Care Quality Commission (CQC).

There were 71 people using the agency when we inspected and care and support was delivered to people

# Summary of findings

in their own homes. The agency provided personal care, support with medicines and some complex care and support to people with higher dependency levels. For example for people with acquired brain injuries, people who have had strokes, suffer from epilepsy, mental illness and physical disabilities.

The agency had a manager who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the agency and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the last inspection in May 2013, we asked the provider to take action to make improvements to the way they sent notifications about incidents affecting people who used the service to CQC. The manager sent us an action plan telling us how they would make improvements. At this inspection we found that the managers had kept CQC fully informed and were meeting the regulation.

Managers assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Risks were assessed to protect people who received care and for the staff. Managers ensured that they employed enough staff to meet people's assessed needs. People's comments included, "The service is very safe" and, "I feel very safe with nice carers". All of the community nurses and care managers who fed back to us believed the agency provided safe care.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place. Staff reported that they had confidence the registered manager would respond appropriately to any concerns they raised. Managers had access to and understood the safeguarding policies of the local authority.

Managers ensured that they could continue to meet people's care needs in the event of foreseeable emergencies occurring, such as during periods of extreme weather. The agency took account of the Mental Capacity Act 2005 when planning and delivering care and support.

The agency had robust recruitment policies that had been followed. This ensured safe recruitment practices. Staff backgrounds were checked prior to them starting work. Staffing levels were kept under review and were adjusted according to people's assessed needs.

People told us that staff met their assessed needs. People told us that they received care and support in a timely manner. People told us that they received their care from staff who were aware of their individual needs on a regular basis. Some people were cared for by their own teams of carers led by a team leader who oversaw the delivery of care.

Managers encouraged people to get involved in how their care was planned and delivered. They respected people's right to write their own care plans and direct their own care and support. The agency demonstrated that where appropriate they involved other people who were important to individuals receiving care; for example close relatives. This enabled them to appraise people's likes, dislikes, skills and life experiences. Managers informed people of their rights about making complaints.

People and their families, had been involved in planning their care. Where required, the agency supported people to maintain their health because staff ensured people had adequate intake of food and drink.

People received care from staff who had been trained to meet their individual needs. People told us that staff were well trained. Managers encouraged staff's professional development and provided training to meet the needs of people who received care. People said, "I feel the service is really good and the carers are trained effectively to support our disabled son" and "Lovely service, the carers are all trained well and staff in the office support the training and have been very professional".

People told us that staff were caring. The agency provided guidance and training to staff to ensure they understood how to deliver care with respect and compassion.

People told us that managers were approachable and listened to their views. The owners and managers of the agency provided good leadership. This was reflected in the positive feedback given about the agency by the people who experienced care from them.

# 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 care was safe.

People told us they felt safe. Procedures were in place to prevent abuse and these were followed by staff when needed. Staff were aware of their responsibilities in ensuring that people were protected from any kind of abuse. Managers understood how to protect people's rights because they knew when and how to apply the Mental Capacity Act 2005.

Before care was delivered general and individual risks were assessed by staff. Risks were reviewed and managed so that people were protected from harm.

There were enough staff employed to manage people's care safely. Robust recruitment procedures were in place which ensured that candidates were suitable for the job.

Good



### Is the service effective?

The care was effective.

Staff competencies and skills were developed and updated through regular access to training. Managers provided the supervision and support staff needed to ensure they understood how to meet people's individual needs.

People's health and personal care needs were supported effectively. Staff had followed people's assessed care needs so that people maintained their health and wellbeing. Their nutritional needs were assessed and professional advice was obtained and acted on when people needed it.

Good



### Is the service caring?

The care was caring.

People were listened to, valued, and treated with kindness and compassion in their day to day lives. People were encouraged to direct how their care needs were being met and their views were recorded.

People could be confident that information about them was treated confidentially. Staff protected people's privacy and dignity. Staff encouraged and supported people to remain as independent as possible.

Good



### Is the service responsive?

The care was responsive.

People's individual assessments and care plans were reviewed regularly and updated. When people's needs changed this was recorded. Staff ensured that the care they delivered met people's most up to date needs.

People were encouraged to tell the agency what they had experienced from the care delivered. Their views were taken into account in planning the service. There was a complaints procedure and people knew who to talk to if they had any concerns. The service obtained people's consent to the care and support they provided.

Good



# Summary of findings

## Is the service well-led?

The care was well-led.

The agency was led by experienced managers and the directors of the company visited the agency frequently. They offered support and provided leadership for staff and people using the service. The staffing and management structure ensured that staff knew who they were accountable to and where to obtain support.

The agencies quality assurance systems were effective. Managers were proactive in looking for ways to develop and improve people's experiences. Also, managers promoted the development of an open culture where people could provide feedback about their experiences.

Good



# Everycare (Medway/Swale) Limited

## Detailed findings

### Background to this inspection

This inspection took place on 22 July 2014 and 14 August 2014. The inspection team consisted of an inspector and an expert by experience. An expert-by-experience was a person who had personal experience of caring for someone who uses this type of care agency.

At the last inspection in May 2013 we found that the provider was not meeting all of the regulations we inspected. Our findings from this inspection about this are recorded under the well led domain.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR enabled the provider to give some key information about the agency, what they had been doing well and the improvements they planned to make. Before the inspection we reviewed the PIR, previous inspection reports and all the information we held about the agency.

We were unable to observe the care being provided because this happened in people's own homes or in the local community. However, we sent questionnaires to people and received 61 responses and we collated people's views. This included 42 people who used the service, 14 staff and five community health professionals. We spoke with 20 people during the course of the inspection. This included people who used the service, relatives and staff.

We looked at the agency's policies and procedures, complaints records and quality auditing systems. We viewed ten files that related to staff recruitment, training and supervision. We checked the health and safety systems used by the agency. We looked at ten care plans for people and we looked at what people told us about their experience of receiving care from the agency prior to the inspection. We considered information that the agency had sent to CQC prior to our inspection. For example notifications required under the Health and Social Care Act 2008.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People overwhelmingly expressed experiences that indicated they felt safe. People said they trusted the carers and felt comfortable with them providing care. One person said, “The service is very safe”. Other people said, “I feel very safe with nice carers” and “It’s a brilliant service and we’ve landed on our feet”. All of the community health care professionals who fed back to us believed the agency provided safe care.

People’s comments about the agency were positive. One person said, “I have two carers and can’t fault the service I get”. Another said, “I am happy with everything it’s all good”.

There were a range of policies and procedures that guided staff about safety. The registered manager and staff considered the risks that people may face when care and support was provided. This started with people’s general health and safety for things like the environment. Anything preventing staff being able to move people using equipment such as hoists safely were removed.

There were also systems in place so that people’s continuity of care was protected. If staff went off sick at the last minute or they were not available because of annual leave or training, other staff were made available who already understood the person’s needs. We checked this with people and they were satisfied that their care would be covered if their regular carer was not available. This was reassuring for people and enhanced their feelings of being in safe hands.

Not all of the care provided was in people’s homes. The agency enabled people to access their local community too. The risk of this was covered by assessments intended to keep people safe. We saw some good examples of this. Staff had taken steps to minimise the risks when people with certain conditions, such as epilepsy were supported in the community. They had done this by ensuring that staff with them knew how to respond to emergencies relating to their condition and by making sure that key people such as life guards at the swimming pool understood what they needed to do if there was an emergency.

Managers demonstrated that they sought specialist input to keep people safe. For example, some people had benefited from individualised moving and handling risks assessments written by occupational therapist. These assessments needed to be carefully constructed because

the people they were for faced particular difficulties due to their physical disabilities. Doing this was a clear indication that people with more complex needs were protected by guidelines written by health professionals.

Accidents and incidents had occurred from time to time during the delivery of people’s care but these were fully recorded and used by managers to improve safety. Staff were encouraged to report these and had clearly recorded what happened and reported it to a manager. Incidents were reviewed and collated by a manager so that they could see if any patterns were forming or if changes were needed to the way people’s care was delivered.

Before the agency provided care and support, people had been asked to express their lifestyle choices. For example what their spiritual and religious needs were. The agency’s managers were able to describe situations where the Mental Capacity Act 2005 would apply in relation to the people they provided services to. For example, if people were no longer able to consent to the care being provided. The registered manager ensured that staff were aware of the provider’s policies that covered non-discriminatory practices.

Protecting people from abuse was a key aspect of the way staff were trained and delivered care. Staff spoke confidently about the types of abuse people might face and about some of the tell-tale signs they may come across that may indicate abuse has happened. For example unusual bruising. Staff were clear about what they would do if they suspected abuse was occurring and how they would protect people. For example they were aware of the provider’s policies about whistleblowing. They told us they would use whistleblowing if necessary. This gave staff an option to speak to people outside of the agency such as care managers or the police if staff felt their concerns needed to be disclosed in this way. Having this option made people safer because abuse or suspected abuse could not be ignored.

Backup systems were operated so that people’s care would continue in the event of an emergency which affected the provider’s office or the ability of staff to get to people. For example, during periods of severe weather or if there was a fire at the office. The provider had considered what impact these things may have and they had produced a procedure that informed staff what to do should an emergency like this occur. This had been put to the test because there had been a water leak and subsequent flood in the office which

## Is the service safe?

meant they had to move out. However, the procedures worked well and people's care continued with minimal disruption. There was an out of office hours on call system which people felt worked well. Staff were confident that the on call system was good, One commented "The on call system is excellent and responsive to staff, there is truly 24 hour support".

People had been protected from the possibility of being cared for by staff who were not suitable to work in a care setting. This was underpinned by reliable recruitment

procedures that were followed by managers. When being recruited staff had completed an application form with their full employment history. Gaps in employment histories were checked so that the registered manger had an explanation for gaps. New staff had to provide evidence of good character through written references, proof that they had the right to work in the UK and they were subject to checks against the disclosure and barring service records.

# Is the service effective?

## Our findings

People said, “I feel the service is really good and the carers are trained effectively to support our disabled son” and “Lovely service, the carers are all trained well and staff in the office support the training and have been very professional”.

People felt that their care was well planned and that staff were reliable. This included situations where new staff were being introduced to people. One person told us how the care was organised so that new staff understood their needs. They said “We have two carers, if they need to change one of the staff they always let me know and new staff arrive early so that they can get to know my needs before they deliver care”. This was reassuring for people because they knew that staff coming to provide the care would understand their needs.

People’s needs were assessed by staff, and their care and treatment was planned and delivered in line with their individual care plan. Care workers were familiar with the assessments that had been carried out and they followed what was written in people’s care plans. They also checked with people before delivering care that it was okay to continue. People expressed views that the care provided was effective. Comments from external health professionals included, ‘I have found both Everycare support workers and management extremely competent and they have supported service users in a person-centred way’.

Care plans were comprehensive and included information about what people enjoyed. People’s choices were respected by staff. People with more complex needs and who would find it more difficult to cope with changes in staff had their own staff teams. These teams became specialised in the interest of the person they were supporting. For example, they had their own team meetings and specialist training. This indicated that people were treated as individuals with their specific needs being put at the centre of the care provided. Staff talked confidently about how they met the assessed needs of the people they cared for.

People had been provided with a care plan in their homes which they could look at and see what staff were expected to do when they were with them. Staff recorded the care they had provided in these care plans which people could follow. This helped people keep track of their care.

Providing continuity for people with the same staff was important to the registered manager and they planned people’s care to ensure this happened. When we asked people about this they told us about their experiences. People said, “I am very satisfied with the service, I have had the same carer for three years and I’ve never had a problem” and “We have two carers and they are fantastic”. We found that staff were punctual and consistent.

New care staff were introduced to people before they started to provide care so that people were not left with new staff they did not know. Also, new staff did not work alone with people before they had completed a number of shifts with more experienced staff; this allowed them to get to know people’s needs.

Information about the agency, what services they provided and how to contact managers was given to people when they started using the agency. People told us that they knew how to contact the agency’s staff and out of hours services.

Staff benefited from on-going supervision, training and appraisal which they found useful as it supported them in their work. There was a training plan in place for all staff. Staff received training such as in the administering of medicines, first aid and infection control. Staff confirmed that their training was reviewed and that they attended refresher training. Staff told us that the agency provided extensive training and regular updates to ensure the care and support staff were matched appropriately to the needs of people they supported.

The registered manager supported the development of the staff team to meet people’s needs. For example, people told us about how the service had become specialised in caring for people with acquired brain injuries (ABI). ABI could be as a result of suffering from a stroke or following serious accidents.

Senior staff told us that they had the opportunity to develop their skills. Others were complimentary about the training they received. Staff told us about acquiring their National Vocational Qualification (NVQ) while in employment and about other training opportunities they



## Is the service effective?

had access to. For example, one person had been supported to start nursing training. We saw from records and staff feedback that staff received an induction. Managers had ensured that staff reached a satisfactory level of competence before their induction was completed. This had been verified by managers who had gone out to work alongside staff, met with staff to discuss their work and attend calls without staff being made aware in advance to check their performance. These were known as spot checks.

People were protected from malnutrition and de-hydration because the risks of this had been assessed. Staff had

received training in nutrition and food hygiene. When hydration and nutrition had been identified as a risk, staff provided support to people who needed assistance to maintain their diet and drink fluids.

Agency managers and staff worked in partnership with other health care agencies so that people's care was delivered in a joined up way. In certain situations staff would speak to district nurses or other health professionals to ensure that people's health and welfare was maintained. For example, we saw that staff had reviewed a person's diabetes management care plan with a district nurse. The actions staff should take were recorded in people's assessments when they had concerns about people's health.

# Is the service caring?

## Our findings

People had good things to say about their experience of the care provided. People said that staff were caring. People described staff in a positive way. One person said, “All the carers have great personalities and I am really happy with the service provided”. Another person said “I live independently but could not easily manage without the assistance I get from Everycare, they have become like friends to me and I value them”.

People told us that they believed Everycare staff were compassionate and caring. One person said, “I am always treated with friendliness, courtesy and at all times as a valued human being”. Another person said, “Everycare have been such a positive, affirming experience”. Others told us that they had used other community care services, but that Everycare staff were more caring than others.

People were encouraged to express their views so that they felt valued and that staff understood their needs. People’s views, likes and dislikes, were included in their care plans. Records demonstrated that people were involved in making decisions about their care and support. For example, care plans showed that staff understood how to

support people with different communication styles so that they led their care. In one case the care plan had been produced in pictorial format. Another instance was a person who communicated by using body movements, such as turning their head to one side to agree or disagree. These were examples of staff respecting people as individuals and taking the time to learn how to communicate with them in a way the person was most comfortable with.

Relatives felt that the staff were a great support to family members, not just the person they were there to support. One person said “I would be lost without them as I feel they support all of us”. Others said “I have found Everycare to be a helpful and caring organisation at all times”.

The agency had policies to guide staff in relation to maintaining people’s privacy and dignity. Also, people were protected from discrimination by the agency’s policies about equality and respecting people’s rights. Staff were asked to sign to acknowledge that they understood people’s care plans and the agency’s policies. The feedback we had from people about their experiences of the agency indicated that staff followed the agency’s policies.

# Is the service responsive?

## Our findings

People said, “I have regular contact with the managers in the office and they come to visit us, any problems we have get sorted out” and, “If I have a problem I call the manager in the office and he sorts things out, I am really happy with the service” Another person said, “You get great support, from managers at the end of the phone”.

People told us how they were supported to participate in activities for example getting out to clubs and social events. People were complimentary about how Everycare was helping them maintain their independence. One person said, “Now I live independently and could not easily manage without the assistance I get from Everycare”.

People were encouraged to provide information about themselves so that staff understood their needs well. For example people had a “Book about me”. This was important because it helped staff to appreciate people as individuals, what they liked or did not like, what they had done in their lives and the people who were most important to them. The care provided was based on information that took account of people’s life stories, needs and aspirations. Many of the people cared for had been given the opportunity to direct their own care. Staff could use this information to understand how to respond to people. We noted that when appropriate family members had contributed to people’s life stories and the development of care plans. People’s experiences of the agency’s responsiveness were good.

The care people received had been tailored to their needs. Some people had their own small teams of care staff who had been trained to meet people’s specialist care needs. For example, where people had an acquired brain injury. Staff assessed people’s communication needs and recorded these in a communication passport. Learning how people communicated was key to being able to

understand and respond to their aspirations. Understanding how people communicated demonstrated the agency’s inclusive approach to care as it supported people to make decisions about their own care.

When people’s needs changed staff responded promptly. For example, staff had identified people who required respite care and managers had made relevant referrals. People’s care was kept under review and staff were aware of people’s most up to date care needs. Managers told us how they ensured that people’s care plans were kept up to date. Care plans and risk assessments were reviewed if any changes occurred or every six months. We could see that when people’s care plans and risks assessments had been updated that staff recorded the review date. People told us that they had been involved in reviews of their care plans.

Managers promoted a culture within the agency that encouraged staff to report any concerns to managers. Staff told us that concerns they raised were listened to. Managers were able to demonstrate that they had responded to concerns raised to minimise risk. For example, concerns had been raised about how staff were moving people. Because of this, risks assessments had been reviewed and managers implemented changes in staff practice.

The agency had a robust complaints policy and people were informed of their rights to complain. Complaints about the care agency were responded to appropriately. People were satisfied with the service they had experienced and had not felt they needed to complain about anything. However, one person told us they had complained in the past, they told us that they were pleased with the way the complaint had been looked into and resolved. This backed up the view expressed by the registered manager that they viewed complaints positively and were keen to get these resolved to people’s satisfaction.

# Is the service well-led?

## Our findings

At our inspection in May 2013 we found that the provider had failed to formally notify us about an allegation of abuse as required by the Health and Social Care Act 2008. We asked the provider for an action plan telling us what they would do to ensure notifications were sent to the commission. At this inspection the provider demonstrated that they understood when they should notify us of incidents affecting people who used the service.

The registered manager, and other senior staff provided good leadership in overseeing the care given and provided support and guidance where needed. Feedback about the agency was indicative of a well led service. People spoke positively about the agency and felt that it was well led. People told us about how managers from the office kept in touch with them. People said, “The managers from the office check in with us and they visit too.”

Finding out about what people thought about the care they received was important to managers. They sent out satisfaction surveys twice a year to people asking their views of the agency. We saw a sample of the most recent surveys which gave positive feedback. People had given an overall satisfaction rating of 99 percent. People’s comments included, “Keep up the good work”, “We are very satisfied with the care provided” and “We are highly impressed by the staff”. The manager showed us how information from the surveys was collated and people were responded to in writing when required.

Managers were proactive in keeping staff up to date with changes in social care legislation and practice. For example, they utilised training provided by the local authority, attended conferences and provided staff with guidance about hygiene and infection control. Staff welfare was also at the heart of the team culture which promoted better care for people in general. For example they were setting up a quit smoking group and discussed help staff could get to promote their mental health.

Our discussions with people, relatives and staff showed there was a positive and open culture in the care agency. People felt that managers made themselves available and approachable in that people were confident that calls to the office were either answered straight away or were

returned promptly. People experienced care from what they called a ‘Switched on Company’ where managers and staff did their utmost to help people live as independently as possible within their local communities.

Community professionals and care managers who had been involved in joint working with the agency were complimentary about the way the care was planned and delivered. Their comments included, “The team are always very knowledgeable and are encouraged to access training to increase their knowledge base”. And “They always update social services with any changes to clients, and ‘go the extra mile’ with clients allocated to their care”.

Managers encouraged staff to deliver good quality care and support. Staff with supervisory responsibilities monitored staff performance and the quality of the care provided. The owners of the agency were often in the office. They were very experienced in organising care packages for people in their own homes and they provided support and backup to the management team.

Managers met with staff to get their views about the service. These meetings, whether group or individual, gave managers and staff the opportunity to discuss issues affecting their work. This promoted a better understanding of staff job roles within the care teams. Staff that were not performing as required were set clear actions and standards they needed to meet. Staff told us that they felt their opinions were valued. Managers provided staff with a range of opportunities to identify their training and development needs.

We noted that managers had implemented good audit systems that enabled them to identify issues and take action to improve quality. For example, where staff had not completed records properly, which had been highlighted by an audit of documentation. This had been investigated by the registered manager, discussed with staff and the registered manager had checked to make sure performance had improved.

Our discussion with the manager confirmed there were systems in place to monitor and review any concerns about abuse, accidents, incidents and complaints. Accident audit reports provided an analysis of accidents and identified any themes. Audits included responsive actions and lessons learnt.