Everycare (Central Hants) Ltd

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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?	Good

Summary of findings

Overall summary

This inspection took place on 17 November 2016. We gave the registered manager short notice as we needed to be sure she would be present to assist with the inspection.

Everycare (Central Hants) Limited provides domiciliary care support to 85 people in the community living in their own homes.

The service had a registered manager as required to manage its day to day operation. 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.

People felt the staff were caring and kind and supported their dignity and privacy effectively. Staff involved them in making decisions about their care and encouraged them to do what they could for themselves. The registered manager involved people in regular reviews about their care. Staff always sought people's consent before providing personal care support.

Staff knew how to keep people safe and to respond to and report signs of possible abuse. Staff were confident the registered manager would respond appropriately to any issues raised and one member of staff confirmed this had been the case when they had passed on a concern.

The service had a robust recruitment process which helped to ensure staff had the skills and were suitable to care for vulnerable people. Staff received an appropriate induction and core training. More recent recruits completed the Care Certificate induction process. A programme of ongoing training was provided although some staff needed to attend refresher training. The registered manager had identified this and was taking steps to address any overdue training.

Staff care practice was monitored periodically through spot checks, carried out by management to observe their care practice. Staff received ongoing support through supervision meetings and appraisals. Not all staff had attended supervision within the provider's parameters. This had been identified and supervisions were going to be planned into people's daily call schedules to ensure they took place. Team meetings were infrequent but staff felt well supported through regular contact with the office and described the management team as supportive.

The service had a complaints procedure. Complaints were investigated and action was taken to address them. People's views about the service had not been sought recently by means of a survey. However, their views had been sought in other ways and they felt management listened to their views. The feedback we obtained from people as part of the inspection was positive and where any issues had been raised they had been addressed.

Further developments were planned to monitoring systems, once the records had been fully transferred to the new computerised system. The registered manager and providers monitored and reviewed the operation of the service and changes had been made where issues were identified.

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 felt safe and well cared for when supported by staff.

Staff understood how to keep people safe and were aware of the types and possible signs of abuse. They were confident the management would address any concerns.

Appropriate risk assessments were carried out to maximise the safety of people and staff.

The service had a robust recruitment process to check potential staff were suitable for their role.

The process for managing people's medicines on their behalf was appropriate.

Is the service effective?

Good

The service was effective.

People said the service met their needs and staff were skilled and conscientious. Some told us they had not always had consistent staff.

Staff received a good induction and core training. A programme of training updates was in place to catch up with identified gaps in training.

Staff protected people's rights and ensured that appropriate consent was sought before providing care.

Staff were supported through a programme of supervision, appraisal and spot checks of care practice. Informal support was also available if they needed it.

Appropriate monitoring and support was provided where people were identified to be at risk of malnutrition or dehydration.

Is the service caring?

Good

The service was caring.

People felt the service and staff were caring and treated them kindly.

Staff were kept up to date with information about people's needs.

People felt their dignity was maintained well by staff in the course of providing their care and they were treated with respect.

Is the service responsive?

Good

The service was responsive.

People felt the service was responsive to their needs and that staff and management listened to their views.

People were happy that any complaints or issues raised had been addressed. People who had not raised any concerns also felt confident management would respond positively if they did so.

The service was introducing new systems to help ensure staff were always updated about any changes in people's needs or their care plan.

Is the service well-led?

Good

The service was well led.

People knew how to contact the manager and many had met her during spot checks or when she had stepped in and carried out care visits.

People had been asked their opinion informally by the registered manager during conversations, care visits, spot checks and reviews. A survey was being prepared for issuing in the new year.

Staff were aware of the vision and values of the service and the expectations upon them.

Staff felt more team meetings would be beneficial but felt well supported in general, by the management.

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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.

We last inspected the service on 09 September 2014. At that inspection we found the service was compliant with the essential standards we inspected.

This inspection took place on 17 November 2016.

The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure the necessary people were present to assist us. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help with the inspection. Prior to the inspection we reviewed the records we held about the service, including the previous inspection report, details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

We spoke on the telephone to eight people who were receiving a service and five staff, to obtain their feedback about the service. During the inspection we spoke with the registered manager and the registered provider. Prior to the inspection we contacted the local authority to seek their views. No concerns were raised about the service.

We reviewed the care plans and associated records for five people, including their risk assessments and reviews. We examined a sample of other records to do with the service's operation including staff records, meeting minutes and monitoring and audit tools. We looked at the recruitment records for the two most recently recruited staff.

Good

Is the service safe?

Our findings

All of the people we spoke with felt safe when being supported by the staff. One commended staff for their competence with using the hoist as an example of why they felt safe. Other comments included, "They look after my safety", "Oh yes I feel safe" and "Yes, very safe", when asked. One person also commented, "The company is choosing [staff] very well."

Staff demonstrated awareness of their role in safeguarding people from abuse. They were aware of the different types of abuse and the possible indicators. Staff were confident management would take any concerns seriously and act on them. One staff member told us the management had responded appropriately to some welfare concerns they had raised. Staff had either attended a safeguarding course or were currently being updated through an on line course. Some were doing this training as part of their Quality Care Framework (QCF) training.

Where safeguarding issues were raised, the registered manager had taken appropriate action.

Risk assessments were completed to identify any potential risks to people's wellbeing or to staff associated with people's households. The service had promoted free fire safety and smoke alarm checks by the local fire service to the people it supported and some had taken these up. Health and safety, infection control and food hygiene training had until recently been provided as part of staff induction. The service was introducing ongoing training in these areas via a recognised online training provider in the new year.

The registered manager said staff turnover and recruitment could, at times, be an issue due to the high cost of living in the locality as well as local competition from other employers. The registered manager was clear the service only took on the level of work for which it had staff to cover. Where shortages arose at short notice, she or one of the providers also undertook care calls. This was confirmed by some of the people we spoke with about the service.

The provider followed a detailed recruitment process flowchart when recruiting new staff. The recruitment records for two recently recruited staff demonstrated a suitably robust process of pre-employment checks. These included the take up of references, a criminal records check, a health questionnaire and confirmation of identity. Potential staff completed an application form and provided a full employment history. The service sought explanations for any gaps in employment.

As part of the service's ongoing improvement strategies the recruitment process had moved away from paper records to an electronic system. Required documents and forms were now scanned on computer records and filed electronically. The system used provided management with an effective tracking system for the recruitment process to help ensure appropriate staff were recruited.

The service had an appropriate system to provide the level of support needed by people with their medicines, where they could not do this themselves. The support offered could be from checking the person had taken their medicines to full administration and suitable recording systems were used. Staff received

medicines training from one of the providers who had been trained to deliver it.

Although competence was not yet formally assessed, newly trained staff observed experienced colleagues on at least two occasions before administering medicines themselves. New staff will have their competence assesses as part of completing the nationally recognised Care Certificate, which required assessment through observation and the completion of a workbook. The benefit of using the same competencies to assess existing staff was discussed with the registered manager.

Four medicines errors had been identified by the service in the previous 12 months. Appropriate action was taken in each case and steps were put in place to reduce the risk of recurrence.

The service had a detailed business continuity plan in place describing the response to a range of foreseeable emergencies. Records were being moved to a computer-based system and were already accessible off site, should the business not have access to its office base. A four wheel drive vehicle was available to help ensure staff were able to attend calls in inclement weather.

Good

Is the service effective?

Our findings

People felt the service was effective. Their positive comments included, "They are on time and very willing", "If staff are running late, they usually call me", "They are an excellent agency" and "It works for me". Three people felt the service could sometimes provide more consistent staff to meet their needs. One said there were, "…some carer changes, [and new staff were] not always introduced". Another told us, "Familiar staff is best and mostly they do [provide this]." People were happy with the support provided by staff. One told us, "They are on the ball". Another said, "The carers are marvellous." One person told us, "They have a good reputation, locally." Feedback from the local authority was also positive with a representative commenting, "There have been no concerns regarding the quality or safety of the service provided by Everycare."

People felt staff had the skills and training they needed to support them. One explained the staff were, "… competent with the hoist." The service had purchased a standing aid to be used by staff as part of their practical moving and handling training at induction, to ensure they were familiar with the equipment.

Staff all received an introduction to the agency and had a basic training in key areas. New staff completed the nationally recognised Care Certificate induction. Four longer term staff were undertaking the national Quality Care framework (QCF) course. One of the company directors was an accredited trainer to enable him to deliver core training courses to the staff as part of their induction. The service had also signed up to a recognised on line training service to provide ongoing training updates via the completion of externally assessed study booklets.

The training records showed the service had made good progress with safeguarding, first aid, moving and handling and medicines training updates. However, there was a need to provide periodic updates to food hygiene, infection control and health and safety training. There was no evidence of negative impact on the people receiving support. These training units were scheduled to begin in the new year via the computer-based on line training provider. Some staff had already begun completing these units on their own initiative and completion was monitored online.

Staff were happy with the initial induction and some felt they had sufficient training. Some felt there was a need for additional training in some core areas to ensure they remained up to date. One said their, "Induction was very good but training has fizzled out a bit." Another told us there was some e-learning, videos and discussion, although some of the videos were, "...a bit outdated." Staff explained how they had also shadowed more experienced staff as part of induction but had not always previously been introduced to people, before having to support them, particularly when changes were made at short notice due to sickness.

In response to staff wanting additional information ahead of visiting people they had not previously supported, email updates were being sent by the office to provide this. In future this information would be available to staff via their smart phones as part of the new computer-based record system. Some staff felt the amount of travel time provided for between care visits was sometimes insufficient, especially at certain times of day or in busy areas.

Attendance at some care visits, funded by the local authority, was monitored by a system of logging in and out. In the last 12 months the provider's monitoring had identified four visits which had been missed. The management had taken appropriate action to address each event and to reduce the risk of recurrence. A new system to monitor care visits was about to be introduced by the management. The system worked via staff logging in and out and recording their completion of the care plan via their smart phone. The process will be live monitored in the office providing alerts of any arrival delays or the non-completion of tasks. Once established, this system will enable any issue to be addressed in a timely way without reliance on a call from the person or their relative to alert the office.

The registered manager told us they aimed to provide staff with two supervisions, a spot check and an annual appraisal each year. However, she acknowledged this had not been achieved for all staff. The record showed this was the case. For example, new staff had not always had either a spot check or supervision within their first three months. This had been identified as an area requiring improvement so staff had more regular scheduled opportunities to discuss their work. Some staff also identified this issue and felt more frequent supervision would be beneficial. Others said they could contact the management any time informally to seek advice or support and felt that overall support was good. The registered manager said that progress had been made on staff appraisals, but around seven staff remained slightly overdue for an appraisal at the time of inspection. Examples of supervisions and appraisals showed they addressed relevant areas and offered staff the opportunity to raise any issues they might be experiencing.

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.

People told us staff always sought their consent before providing care. Staff described clearly how they did this and said it was something they always did. One staff member said they did so, "Every time" and another explained they, "…always asked and talked through what they were going to do."

The majority of people had capacity to consent to their day to day care plan and their signature had been obtained on the contract/consent form. The form was potentially ambiguous and required more than one signature. This had been raised by some people and the provider was planning to redesign the form to simplify the consent process. In a small number of cases relatives without power of attorney had signed care contracts on behalf of people who lacked capacity. It was not clear due to the wording of the form whether they were also consenting to the care plan by doing so, for which they had no legal authority. The provider agreed to raise this with the owner of the care franchise to clarify the legal position and the wording of the form. The registered manager said no best interest decisions were in place at the time of inspection.

The service provided positive support with regard to monitoring all aspects of people's health and wellbeing. Some people supported have identified risks around nutrition or hydration. Where necessary, intake or output is recorded and monitored. We saw an example of this. The service had referred one person to the GP to obtain support with swallowing issues. Where a need for nutritional or fluid monitoring is identified in future, the service will provide staff with appropriate visual reference tools to support effective monitoring of people's wellbeing.

Good

Is the service caring?

Our findings

People felt the agency and its staff were very caring and treated them with kindness. People's comments included, "Very considerate", "Very thoughtful and helpful", "All of the staff are pleasant and go out of their way to help" and "Lots of good, practical support."

The provider had identified technology to support staff to provide effective care.A phone application which provided staff with reminders of the right care approach had been made available to staff . As yet the registered manager had not monitored how many staff had begun using it, but they planned to do so. The office also sent information updates to staff about changes in people's needs to help keep them up to date, pending the update of care plans.

Staff were clear about the expectations upon them in terms of their approach to care and respect for people's individuality and dignity. One staff member said the service was, "...good at dignity, they do promote it." Another said they were, "...aware of the need to check people were happy with regard to cross-gender care".

Staff consistently described the ways in which they maximised people's dignity, including keeping people as covered as possible and ensuring doors and curtains were closed. Staff also explained how they always explained to the person what they were going to do next and checked they were happy for them to go ahead. Staff said they involved people in their care and supported them to do what they could for themselves. The agency had advocated for people with other services to help them obtain support.

People were happy with the way staff supported and maintained their dignity. One person said, "They certainly do look after my dignity" and another confirmed they did this, "Very well." People all said the staff approach was respectful and staff and the management were all very caring.

People's confidentiality was safeguarded by the way the service managed sensitive information and kept their records.

People's care notes indicated a positive and respectful approach by staff. They recorded where people had been assisted with aspects of their care, which confirmed what people had told us about the approach of staff.

Good

Is the service responsive?

Our findings

People felt the service was responsive to their needs and to any issues they raised. Where they had raised any concerns people told us the service had addressed them to their satisfaction. People who had not had cause to raise any concerns also felt the management would respond positively if they did so. People had been fully involved in planning their care and told us their needs were regularly reviewed with them.

Each person had an initial assessment completed with them by the registered manager or care coordinator in the person's own home wherever possible. From this an initial care plan was prepared, discussed and agreed with the person supported or their representative. The registered manager told us care plans were reviewed every six months or when required. Care plans were supported with detailed risk assessments where necessary. We saw copies of recent reviews of care on people's files.

A report form had recently been introduced for care staff to pass on any changes in people's needs they noted or had been told about. This enabled the knowledge of care staff to be used to inform the review process and identify where an early review might be needed. Having identified some instances where tasks had been missed, the registered manager recently introduced checklists to help ensure the core care plan duties were completed on each visit. This would be superseded by the computer/smartphone based system which was about to be introduced. This will provide staff with an online checklist which will need to be completed before the visit is signed off.

One care plan did not contain a lot of information about how the identified tasks should be carried out, to identify the person's wishes. However, others contained significantly more of this detail. For example they described how to prepare the person's breakfast or the process of supporting them to shower or dress, in some detail. The registered manager said the new computerised care planning system being introduced, will include additional person centred information to address any shortfalls. Care plans identified the person's overall goals for receiving care. People were given a weekly planner with their visits listed together with the names of the staff who would be coming. This was only changed when necessary although some people said they were not always told about changes in advance.

The service's complaints procedure was noted in the statement of purpose and the care contract given to people. The process was also discussed with people initially and again after two weeks as part of checking that the care plan was working. The service had a single contact number for everyone for simplicity and there was someone on call 24 hours a day. The statement of purpose also included contact details for the local authority, Care Quality Commission and the Local Government Ombudsman, so people could report any concern outside the organisation.

The level of complaints and incidents was low. They were not part of monthly monitoring because management all shared the same small office and were fully aware of any issues. The new computerised system would enable this to be centrally monitored, once established.

The service had received feedback from one person about new staff not understanding how their complex

needs were met. In response, an initial shadowing visit had been introduced so any new staff became familiar with the details of the person's care.

Where complaints or concerns had been raised, they had been followed up and resolved satisfactorily. The service had also received numerous positive comments and compliments about the care provided. For example, one person had asked management to, "Thank them for their many kindnesses.". Other comments included praise about prompt and responsive service at short notice and thanks for the professionalism and kindness of staff.

Good

Is the service well-led?

Our findings

People felt the service was well managed. They knew how to contact the registered manager and described her as approachable. People said the manager was, "...easily contactable", "...leads by example" and, "...sorts things out quickly." The registered manager and other senior staff had carried out care visits on occasions and people's experience of this had been positive. People confirmed she also carried out spot checks to monitor the staff.

Staff were positive about the management team. One commented that, "They do care [visits] too", and said they found this, "...very inspiring." Another staff member said the registered manager was, "...supportive re personal matters." Staff confirmed that management carried out periodic spot check visits to observe care practice.

Staff felt the management team made their expectations, vision and values clear and explicit in a number of ways. They felt this supported them to do a good job. They had access to policies and procedures, had a good induction and training and received an induction handbook to provide guidance. The handbook described the history of the service and spelt out the expectations regarding care delivery and principles, such as independence and social inclusion. It provided details about other aspects of care including dignity, advocacy and autonomy and people's rights as well as practical guidance for staff on how to provide respectful care. A staff member commented, "They encourage the QCF and I know what they expect". Others told us the management issued, "A code of conduct" and "Their visions are promoted well." The management team were preparing an updated list of values to be issued to the staff team to supplement the information given within the induction handbook.

The organisation has signed up to the national Social Care Commitment" and planned to implement this through its staff. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. The providers enable medical students and trainees to work at the agency to complete the care element of their training and are negotiating other possible links.

Staff did comment that they did not have the chance to meet colleagues often enough and felt more frequent team meetings would be positive to enable the sharing of ideas. One commented they, "...rarely get to meet colleagues" and others said they, "...don't get to meet all the other carers". When asked about team meeting attendance they said, "Not yet this year." The registered manager had identified this as an area for improvement and it was included in the service's improvement plan. A staff website had been set up for staff to share information but the providers acknowledged it had not yet been used to its full potential.

The registered manager carried out spot check visits to monitor the care practice of staff and help ensure they acted in accordance with the principles of the service. There were plans to further expand this process and the regularity of these checks to regularly monitor staff performance.

The management used recording systems which enabled on-screen monitoring of the performance of the service. At the time of inspection, limited records of the results of their monitoring process were available.

Once the new computerised system was fully operational they planned to develop more performance monitoring and measuring tools which would show the process.

The providers were moving towards all records being held on computer supported by an off-site back-up server. Key records were going to be accessible to staff via their smart phones. Call arrival and care delivery were going to be recorded in the same way, with live alerts provided to the office should a planned call not be completed as scheduled. This would help ensure all care requirements were met and that alternative staff were provided in a timely way should a staff member not be able to attend a call as planned.

Three people had received a survey from the service, seeking their views but most recalled having been asked about it informally by management. All of the people we spoke with knew how to contact the registered manager or one of the providers and felt happy to do so if they ever needed to. Some people knew the registered manager because she had carried out one or more of their care calls in the past. The service had created an online feedback process earlier in the year but this had not been utilised by many people as the majority did not have access to a computer. The provider told us they planned to carry out service user and staff surveys in 2017. The service user survey had been drafted in readiness for this.