

Eveready Carers Limited

Eveready Carers

Inspection report

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Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Insufficient evidence to rate

Is the service effective?

Insufficient evidence to rate

Is the service caring?

Insufficient evidence to rate

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Insufficient evidence to rate

Summary of findings

Overall summary

About the service

Eveready Carers is a domiciliary care service providing personal care. The service provides support to people living in their own homes. At the time of our inspection there were 2 people in receipt of personal care, but this was later reduced to one person.

People's experience of the service and what we found:

People were safe using the service and staff were caring and treated them with dignity and respect. However, the provider was not clear about the circumstances in which they were required to notify CQC of safeguarding incidents. As a result, the provider failed to report a safeguarding concern. People's care and risk management plans were clear and comprehensive. Staff received regular training, supervision and the provider checked their competency.

The provider had appropriate infection prevention and control measures in place and staff supported people with their medicines appropriately. There were appropriate procedures for responding to and learning from accidents and incidents. There were enough staff to meet people's needs and the provider operated safe recruitment processes. Staff communicated with people effectively and gave appropriate support with their nutritional needs.

There was a clear complaints policy and procedure in place and there were systems in place to monitor the quality of the service. People and staff were asked to give feedback about the service. The service worked in partnership with other professionals to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 8 December 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of people's health conditions. This inspection examined those risks.

You can see what action we have asked the provider to take at the end of this full report.

Recommendations

We have made recommendations relating to the provider's care planning and in relation to submitting notifications.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We did not have sufficient evidence to rate the safety of the service.

Details are in our safe findings below.

Insufficient evidence to rate

Is the service effective?

We did not have sufficient evidence to rate whether the service was effective.

Details are in our effective findings below.

Insufficient evidence to rate

Is the service caring?

We did not have sufficient evidence to rate whether the service was caring.

Details are in our caring findings below.

Insufficient evidence to rate

Is the service responsive?

We did not have sufficient evidence to rate whether the service was responsive.

Details are in our responsive findings below.

Insufficient evidence to rate

Is the service well-led?

We did not have sufficient evidence to rate whether the service was well-led.

Details are in our well-led findings below.

Insufficient evidence to rate

Eveready Carers

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff. Inspection activity started on 3 November 2023 and finished on 4 January 2024.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 48 notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at all the information we held about the provider including information related to the incident. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 1 relative of a person who used the service, but were not able to speak to either person using the service. One person was no longer using the service during the course of our inspection. We spoke with the registered manager and 2 care workers. We viewed a range of records. This included 2 people's risk management plans and care records. We saw 4 staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including medicines support records, audits, meeting records and procedures. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. We did not have sufficient evidence to rate the safety of the service.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- The relative we liaised with told us they felt their family member was safe with carers and there was a clear safeguarding policy and procedure in place.
- Care workers demonstrated a good understanding of their responsibilities to keep people safe from the risk of abuse. Their comments included, "Currently and in the past I haven't had any concerns about people being abused", "I feel my client is safe. I would talk to my manager if I had any concerns though". Care workers confirmed they had received safeguarding training and this was repeated annually.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- The provider conducted comprehensive risk assessments for different areas of people's needs. These identified the risks related to people's health and safety, the level of risk as well as what actions care workers were required to take in order to mitigate these. For example, we saw specific risk assessments for people's health conditions. We noted the provider monitored these health conditions, and took appropriate notes of their observations to make sure people were not at risk.
- However, we saw there were minor errors in two support plans as they included directions for staff to take actions where these were no longer required. The registered manager agreed there were errors in the support plans and agreed to correct these as soon as possible.

We recommend the provider review their care plans to ensure the contents are accurate.

- The provider also conducted risk assessments of people's physical environments to ensure they were safe. These concluded people's home environments were safe, but the registered manager confirmed if there were any issues, they would resolve these in consultation with people.
- Care workers demonstrated a good understanding of the risks to people's care and demonstrated an understanding of people's health conditions and the risks associated with these. One care worker told us, "For [the client] she is very much alert and fit and strong. However, she is at risk of falling. She moves around with her zimmer frame, but I have to be aware of this".

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- We reviewed the rotas for the week of our inspection and saw there were enough staff scheduled to support people. Care workers told us they felt there were enough people scheduled to work and a care

worker told us "I care for my client on my own and this is appropriate. I work in accordance with the care plan and this says she only needs one person caring for her- my experience is this is correct. She doesn't need two people around. We work really well together". The necessary pre-employment checks were completed for new staff.

Using medicines safely

- People were supported to receive their medicines safely.
- The provider had clear medication care plans in place which specified the level of support people required with their medicines. Care workers supported both people with their medicines and made a record of administration after doing so. We reviewed MAR charts for the week of our inspection and saw these were legible and clearly recorded that people had received their medicines as needed.
- Care workers demonstrated a good understanding of their responsibilities to check, administer and record people's medicines administration accurately. They had received training in medicines administration and had their competency to do so checked.
- The provider had a clear medicines administration policy and procedure in place that reflected current guidelines.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Care workers demonstrated a good understanding about their responsibilities to ensure people were safe from the risk of infection and that they followed safe practices. They confirmed they received enough personal protective equipment ("PPE") to do their roles.
- There was a clear infection control policy and procedure in place and the provider had a clear contingency plan if a member of staff contracted COVID- 19. The manager told us if someone contracted COVID they would remove the person from working straight away and put someone else in place.

Learning lessons when things go wrong

- At the time of our inspection there had been no accidents or incidents. However, care workers demonstrated a good understanding of the actions they were required to take in the event of an accident or incident. Their comments included "In the event of an accident or an incident, it would depend on what it was, I might have to call the emergency services and then report this to everyone" and "I haven't had any accidents or incidents, but I would call the emergency services if I needed to".
- The provider had a clear accident and incident policy and procedure in place and the registered manager was clear about his role in investigating and reporting any issues.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. We did not have sufficient evidence to rate whether the service was effective.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- The provider conducted a range of assessments when people started using the service and sought information from health and social care professionals for planning their care. People's assessments and care plans were completed with people and their relatives to ensure their choices informed the assessments. The manager said "We speak with the client and ask them questions. We also speak with the family and look at their health history too. If they have just come out of hospital, we look at discharge letters for any information regarding the client's health situation".
- The provider delivered care in line with current standards. We saw people's risk assessments in areas such as their skin integrity, followed guidance in these areas and were completed in consultation with people's healthcare professionals. We saw the provider included information guides within their care records to assist staff in their care of people.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff completed an induction and training programme when they first started, which included shadowing shifts prior to any lone working. Training was focused around the Care Certificate, which sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Staff told us they felt prepared for their roles when they started. One care worker told us "I've done an induction and this included manual handling and medication and other mandatory subjects. I felt ready to work on my own at the end. If I needed other training, I would ask for this".
- Staff received annual training in a number of areas which included safeguarding adults, infection control and skin integrity among others. Records indicated that staff had received regular supervision sessions with their manager since joining the service. Supervision records showed staff were asked a variety of questions to ensure they had no additional needs. Staff confirmed they were well-supported since joining the service and felt comfortable asking for extra support if needed. One staff member told us "We have supervision meetings every three months and appraisals every six months. We also have unannounced spot checks. It's all very useful- it's let me know that the company cares about the quality of work that is being done for the safety and benefit of the client".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- People's care plans were clear about people's nutritional requirements and these stated that food was

supposed to be provided at each visit in line with people's preferences.

- People's daily notes contained information about the food that was provided to people and care workers demonstrated a good knowledge about people's needs and preferences in relation to their food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- We saw contact details for healthcare professionals involved in people's care were recorded within their care records. The registered manager told us care workers would contact the GP or district nurses for advice if needed during the course of people's care and the relative we contacted confirmed this happened. We saw records to demonstrate care workers sought such advice and made a note of the advice or instructions given.
- People were supported to live healthier lives, access healthcare services and support.
- People's care records included information relating to their health conditions and information about how these affected people. This included details about what medication they were taking for their conditions as well as an explanation of what the conditions were.
- Care workers demonstrated a good understanding about people's health conditions as well as how it affected them.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

- The provider demonstrated an understanding of the Mental Capacity Act and had systems in place to assess people's capacity in line with the Act.
- People using the service had capacity to consent to their care. The provider had a good level of understanding to ensure care was provided in line with their valid consent. The registered manager confirmed neither person using the service had fluctuating capacity, however, he would contact their GP in the event of any signs this was changing.
- Care workers demonstrated a good level of understanding about the importance of providing care in line with people's valid consent. A care worker told us "I absolutely make sure my client is consenting to her care. An example is her meals. Whenever I come for her calls, I always ask her what she would like to eat and also acknowledging the fact that her choice is important for her. I don't just come in and make decisions on anything. I ask her".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. We did not have sufficient evidence to rate whether the service was caring.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported.
- The relative we contacted was positive about the attitude of care workers and said they found them kind and caring. The provider tried to ensure continuity of care with regular care workers, which the relative confirmed.
- The provider had an awareness of the importance of ensuring people's equality and diversity was respected and promoted. People were asked whether they had any specific cultural or religious needs and neither person using the service had expressed any needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care.
- People were involved in making decisions about their care. Care workers told us they prioritised people's choices in relation to their care. One care worker told us the person was "very much aware and alert and capable of making decisions for [themselves] and I encourage this. I think this is also about [their] dignity- [they are] mentally aware and I want to respect and encourage this".
- The registered manager told us they prioritised people's views in relation to their care and sought this during spot checks and reviews.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff had a good understanding of the importance of respecting people's privacy and dignity. This was covered as part of the induction and discussed in team meetings. A care worker told us "If I give my client personal care, I make sure she is covered and only exposed when she needs to be."
- Feedback also confirmed people and their relatives felt staff supported them to be as independent as possible and were encouraged to do as much as they could to keep them active. We saw people's care records prompted staff to support people in areas such as their personal care, whilst also encouraging people to be as involved as they could.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service. We did not have sufficient evidence to rate whether the service was responsive.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Care was scheduled flexibly according to people's daily priorities and these included healthcare appointments. A care worker told us "If my client had an appointment, we would reschedule any care. We are flexible and plan care around people's needs and preferences".
- People's care records included personalised information about their needs. They included clear instructions about the support people needed at different times of the day and these included a range of personal care and domestic tasks.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had an awareness of the requirements of the Accessible Information Standard.
- The provider had put systems in place to ensure people's communication needs were considered at the point of initial assessment and on an ongoing basis. At the time of our inspection people did not require information to be provided in an accessible format. However the provider confirmed they would work with people to develop communication strategies if required
- The provider could provide information in alternative formats if needed, but at the time of our inspection, this was not necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to follow some of their interests. People were limited to their home environments because of their health conditions. However, we saw people's care plans included instructions for staff to engage people in conversation and ensure they were mentally stimulated.
- Care workers told us they ensured people had access to things that were important to them and they developed good relationships with them. One care worker gave detailed examples of how they interacted with the person they cared for. They spoke fondly of the person, knew their interests and told us they had bonded over shared interests.

Improving care quality in response to complaints or concerns

- The provider had a clear procedure for monitoring and acting on people's complaints. The provider had a complaints policy that specified the process and timeframes for responding to complaints.
- At the time of our inspection, the provider had not received any complaints. The relative we contacted was confident their concerns would be listened to.

End of life care and support

- The provider asked people about their end of life wishes as part of their assessment of their needs. At the time of our inspection, neither person was in receipt of end of life care and did not have any specific end of life instructions for the provider in the event that their needs should change.
- The registered manager was clear about how they would support people with their end of life needs should they be required to do so. They told us they would ensure staff received training in this area and would work collaboratively with other agencies as needed.
- The provider had a clear end of life policy and procedure in place that stipulated their responsibilities.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service. We did not have sufficient evidence to rate whether the service was well-led.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- At the time of our inspection, the provider had not needed to report any matters to the CQC, however, the registered manager demonstrated an understanding of his obligation to do so.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was not fully clear about his role and responsibilities. Although he was clear about his responsibility to manage risks related to people's care, he was not clear about the circumstances in which they should notify the CQC about safeguarding concerns. He was aware of his obligation to notify the CQC of other matters in line with the legislation.

We recommend the provider review the Care Quality Commission (Registration) Regulations 2009 to ensure they are aware of the circumstances in which they should notify the CQC of safeguarding incidents.

- We questioned care workers about their understanding of their roles and responsibilities and found they had a clear understanding of their roles. They gave various examples about their understanding of their responsibilities and what they felt was important to people in the provision of care. One care worker told us "My job is to support people to be as independent as possible."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- The provider promoted a positive culture that achieved good outcomes for people. Care staff spoke positively about the registered manager. One care worker told us "I am very happy working for the service" and another care worker said "It is a good organisation. I am given what I need and I can speak openly at any time".
- People's relatives told us they felt confident their family member was being taken care of and they were contacted when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were involved in the running of the service and fully understood and took into account

people's protected characteristics.

- Care workers gave good feedback and told us they were involved in the service. Their comments included "We are listened to and involved in the running of the service. Any report I make to management is acted on straight away. This could be to do with [the service user's] prescription... or whatever. They act on these things straight away" and "We do have team meetings. They are useful. Everybody comes with their own experience about how to provide care. We talk about how we apply our trainings and what else can be done to support people and increase the quality of care to the client". "The manager listens to me and asks for my feedback".
- The provider confirmed they conducted regular team meetings with staff and valued their feedback, which they acted on. The relative we spoke with confirmed they could speak to staff when needed.
- The provider conducted audits to identify issues and ensure they were meeting their responsibilities. We saw monthly audits of people's medicines as well as monthly care record reviews were conducted. The checks we saw did not identify any issues.

Working in partnership with others

- The provider worked in partnership with others.
- The provider worked with other agencies in the provision of people's care when needed. The registered manager confirmed they worked with people's healthcare professionals if needed.