Everlasting Care Ltd

Everlasting Care Ltd

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We undertook an announced inspection at Everlasting Care Ltd on 11 December 2014. We told the registered provider two days before our visit that we would be coming. This was due to the nature of the service and to ensure people who used the service and staff were available to assist us with the inspection.

This was the first inspection at this location. A previous inspection undertaken on 11 February 2013 at the registered providers previous location found there was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found an issue with record keeping at the service. We said, "People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained." We said this had a minor impact on people who used the service. At this inspection we found that improvements have been made and the registered provider had rectified the issues identified.

The service is registered to provide personal care and support to people within their own homes; some of whom are living with dementia or related conditions,

Summary of findings

learning disabilities, mental health issues and/or a physical disability. At the time of our inspection there were 66 people using the service that received support and personal care.

The service had a registered manager in place who had been registered with the Care Quality Commission to manage the service. 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.

The registered provider had policies and procedures in place which were there to protect people from abuse. Staff we spoke with understood the types of abuse and what the procedure was to report any such incidents. Records showed staff had received training in how to safeguard adults. A whistleblowing policy was also in place. Staff we spoke with again demonstrated what process to follow when raising concerns.

Social work or healthcare professionals assessed the dependency level of people who used the service. They then decided the correct staffing needed to provide effective support to people. Records showed the registered provider had sufficient staff in place to meet people's needs.

Staff received training that was specifically designed to give them the correct skills for their role. Records and staff confirmed they had received the training required for their role. Staff received supervision and appraisal.

There was an effective recruitment system in place to ensure that those staff employed were safe to work with vulnerable people. Suitable checks were carried out for prospective candidates before they started working with people.

People's medicines were managed effectively and the registered provider had policies and procedures in place to provide staff with guidance in this area. Staff demonstrated a good knowledge of how to manage people's medicines safely.

Mental capacity was assessed by either social work or healthcare professionals and this information was shared with the registered provider who used them to develop care plans for people. Where people lacked capacity, decisions were taken in their best interests. Care plans included instructions on how they should be supported and included their needs, likes and dislikes.

People told us staff knew them well and had a good understanding of their needs. They said staff were respectful to them when supporting them. People's wellbeing was monitored and people were supported to access support from healthcare professionals such as, general practitioners.

The registered provider measured quality assurance by providing people with surveys to obtain their views on the quality of the service they received. The registered manager also monitored safety and quality at their head office and in people's own homes. The areas monitored included; health and safety, infection control and fire safety. We saw staff views were obtained during individual one to one supervisions and staff meetings and that these meetings were recorded.

The registered provider kept records including; care plans, risk assessments and staff files. These were well maintained and fit for purpose. We saw they were stored securely.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People who used the service told us they felt safe when being cared for in their own homes. Staff had received training in safeguarding adults and demonstrated what would constitute an abuse and how to report it.

Risk assessments had been completed which reflected people's needs. The correct level of staff were available to support people.

A system was in place to monitor accidents and incidents for people who used the service.

Good

Is the service effective?
The service was effective.

Staff received training that was specifically designed to give them the correct skills for their role. Records and staff confirmed they had received the training required for their role. Staff received supervision and appraisal.

Social work or healthcare professionals had completed assessments where people may lack capacity. This information was contained within people's care plans.

Staff supported to access healthcare professionals within the community when required.

Good

Is the service caring?
The service was caring.

People told us they were happy with the care they received. They said they were well supported by staff who cared for them in their own homes.

Staff monitored people's health using their care plans. They ensured people had access to a range of social work and healthcare professionals. Where people were ill they were often supported by staff to attend health appointments in the community.

People told us staff treated them with respect and dignity and that they maintained their privacy.

Good

Is the service responsive?
The service was responsive.

There were care plans in place that were based on people's needs and their likes and dislikes. They were regularly reviewed by senior care staff and amended when people's needs changed.

Social work or healthcare professionals completed assessments before people began to use the service and the service liaised closely with other agencies to provide people with the correct support.

There was a complaints system in place and people were provided with details of how to complain. The registered manager monitored complaints and responded to them within an appropriate time frame.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The registered manager completed audits of the service to monitor the quality of care provided and that the service was safe.

Both people who used the service and staff told us they were well supported by the registered manager. We saw evidence of good communication between the staff team.

People told us they had regular meetings with senior care staff and that they felt free to express their opinions or share any concerns with them. People felt their opinions would be responded to.

Everlasting Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 undertook an announced inspection at Everlasting Care Ltd on 11 December 2014. We told the registered provider two days before our visit that we would be coming. This was due to the nature of the service and to ensure people who used the service and staff were available to assist us with the inspection.

Due to the nature of the service this was an announced inspection which was carried out by an adult social care inspector. We visited the office of the service and completed telephone interviews with people who used the service and their relatives.

Due to an administrative error the registered provider did not receive or complete a Provider Information Return (PIR). The PIR asks the registered provider to give some information about the service including, what the service does well and improvements they plan to make. Further checks with the provider reveal a PIR was submitted and evidence was provided to confirm this.

We reviewed information we held about the service including; statutory notifications about incidents, accidents, safeguarding matters and any deaths. We also contacted other agencies who may have held information on the service including; Healthwatch, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. No comments were made that related to the safe operation of the service.

As part of the inspection we completed telephone interviews with people. We spoke with six people who used the service, four relatives and two social work professionals. We spoke with six members of staff employed by the service and were assisted with the inspection by the registered manager when visiting the office of the registered provider.

We reviewed records including, four care plans, risk assessments and clinical correspondence. In addition, we looked at the quality assurance systems the registered provider had in operation.

Good

Is the service safe?

Our findings

We spoke with people who used the service who told us they felt safe when staff cared for them. Comments included, “I know the girls (staff) and that makes me feel safe”, “There are no issues with safety. Staff are in and out all the time and I trust them” and “I have had care for two years and most of the girls (staff) are the same which is comforting.”

We spoke with two social work professionals who did not raise any concerns about people’s safety at the service. One social work professional we spoke with told us, “The people are safe who use the service."

We spoke with staff who told us what they would do if they had concerns about the safety of people. Staff we spoke with told us they would contact the local authority safeguarding team or the police if they suspected any type of abuse had taken place. The registered manager had a good understanding of safeguarding and how to report incidents. Records showed all staff had received training in safeguarding adults. There were policies and procedures in place for both safeguarding adults and whistleblowing. These documents are designed to provide staff with guidance on the correct action to take when presented with abuse.

The staff we spoke with were aware of the company’s whistle blowing policy. Staff told us they felt that any concerns raised would be taken seriously by the registered manager. We checked records and saw the registered provider kept a log of safeguarding incidents which they submitted to the local authority every three months.

People who used the service had individual care plans that contained risk assessments which identified the risks to their health and well-being. Areas of risk highlighted included; the potential for falls, risks to hydration and nutrition and the safety of the environment in people’s own homes. We saw these risk assessments were reviewed regularly and changed when people’s needs changed. For example, where a person had changed the layout of the furniture in their home.

The registered manager told us the staff team consisted of 39 care staff, including; the registered manager, two care coordinators, two supervisors and 34 care workers. We saw that the staffing levels were based on people’s dependency levels. Dependency levels were reviewed by social work or healthcare professionals who shared this information with the registered provider. The information was then used to determine the number of hours support people required.

We reviewed four staff files and saw their was a system in place to manage recruitment safely. Suitable checks had been completed before a prospective candidate commenced work including and enhanced check with the Disclosure and Barring Service (DBS). The staff we spoke with confirmed they could not start work until they had provided all of the suitable information information required by the registered provider and all checks had been completed.

There was a system in place to manage medicines safely. We saw some people who used the service were responsible for taking their own medicines and that some people required support. When this was the case it was recorded clearly in care plans so that staff provided support understood what their responsibility was in relation to the management of people’s medicine. Medicines were usually ordered by people who used the service or their relative and were stored in their own homes. Records held by the registered provider showed that all staff had received training in the safe handling of medicine.

Staff were trained in infection control and food hygiene. We saw this was monitored by the registered manager and care coordinator who completed unannounced visits at people’s homes and assessed the competency of staff in this area. Staff told us they had access to personal protection equipment and described to us when they would use this equipment. For example, when providing personal care to people. Staff understood how to manage waste effectively and described the correct procedure to follow when disposing waste.

Accidents and incidents at the service were recorded for both people who used the service and staff. The registered manager kept monthly records of accidents and injuries and monitored these to identify trends, patterns or possible causes of the incidents so that any issues could be addressed. For example, where a person had a high number of falls in their own home the environment would be reviewed and a risk assessment completed. This meant the provider had a system in place that identified risks to people who used the service.

Good

Is the service effective?

Our findings

People we spoke with told us they felt staff were suitably trained to care for and support them. Comments included, "The staff seem well trained" and "The girls (staff) know their job."

People were supported by staff who had the training and experience to meet their needs. Most training was provided by the service however this was supplemented by training provided by social work and healthcare professionals. We saw all staff completed an induction which lasted one week. Mandatory training was completed by all staff during this induction including; safeguarding adults, moving and handling, infection control, health and safety, safe handling of medicine, equality and diversity and basic life support. Following their induction, newly appointed staff were required to work some shifts where they would shadow more experienced staff. The registered manager told us the shadowing period was indefinite and depended on the ability of the staff member and how quickly they adapted to the role.

All staff were required to refresh their training. We checked records at the registered provider's office and saw that staff had completed training in all areas and where they had not, this had been scheduled. The service accessed training from external professionals such as social workers and nurses. They provided training in more specialist areas. For example, managing incontinence and Percutaneous Endoscopic Gastrostomy (PEG) which is where a person is fed by a tube through the abdominal wall.

We reviewed four sets of staff records which showed staff also received training in areas more specific to their roles. For example, dementia care in a domiciliary setting, equality and diversity, palliative care, mental capacity awareness and managing behaviour that may be seen as challenging. We spoke with staff about the quality of the training they received and they were positive about this. They told us, "The training is good. It is better than the last care company I worked for. I wanted to do end of life care and I have just completed it" and "The initial training is very good then you learn on the job from more experienced carers. If I want any additional training I email the office and they arrange it for me." Staff records showed training was monitored by the registered manager using a matrix. Records showed that the registered manager was a qualified National Diploma assessor and held an National Vocational Qualification level four in health and social care and the registered managers award.

Staff received regular supervision sessions and an annual appraisal. Supervision sessions are used to check staff progress, and provide guidance and to discuss any personal issues. We saw copies of supervision documents where staff discussed matters relevant to them such as further training and competency.

We saw the registered manager and staff had received training in the Mental Capacity Act 2005 (MCA). The staff we spoke with demonstrated good knowledge of the MCA. They understood the impact a lack of capacity had on people and described how important it was to enable people to make decisions for themselves. For example, helping people decide what to wear or how to have their hair on any given day. Records showed that where people lacked capacity this had been assessed fully by social work or healthcare professionals. We saw this had been recorded in people's care plans.

People told us they understood their rights and were asked for consent before staff provided any support. One person said, "The staff never do anything in my house without asking me first."

People told us they were supported to gain access to healthcare services. For example, people were encouraged and supported to attend appointments at clinics where chronic illnesses were monitored by a doctor. All of the staff we spoke with were knowledgeable about people's individual needs. They were able to describe in detail what each person they cared for needed and how they preferred to be supported.

Good

Is the service caring?

Our findings

People we spoke with told us they were well cared for by staff. People said, “They (staff) are very attentive and provide good care. They understand what I need” and “The care is good. The staff don’t push you. The care is all based around your needs.” People told us they were respected and were treated with dignity by staff. One relative said, “They (staff) are polite, they are constantly reassuring her.”

A copy of people’s care plan was kept in the head office of the registered provider and a copy was kept at people’s own homes. This was confirmed by people and staff. We saw staff updated care plans and signed them to say when they had visited the service and what care and support had been provided.

People were complimentary about the staff who cared for them and the quality of care provided for them. Comments included, “They read to me first thing which helps me in the morning. They then help me up” and “They are always happy which is important as it makes me feel better.” One person told us, “I had another company before this one and these are much better. The girls (staff) are excellent.”

We looked at people’s care plans and saw they were person-centred and based around people’s individual needs. These included how much care and support people needed. For example with moving and handling, personal hygiene, food and nutrition and their medicine. People’s needs were documented along with instructions for staff on how care and support was to be provided. People told us they were involved in developing their care plan. One person said, “When I first started using the service, (Staff) came out and went over everything I needed.” A relative told us, “We were involved in the care planning.”

The registered manager told us staff were asked to read people’s care plans and learn their needs before starting any care. For example, their likes, dislikes and the level of support required. The staff we spoke with confirmed this. They also told us that they kept daily records which described the care provided to people. We saw this was recorded in the care plans.

People had been provided with a service user guide which provided contact details of a variety of support organisations including the local authority safeguarding adults team and the Care Quality Commission. Where people required an independent advocate, the registered manager told us she would supply contact details of advocacy services. The care records we examined revealed where people lacked capacity, people were supported by a representative or a relative to help them make decisions on their care and welfare. The registered manager demonstrated a good knowledge of people’s rights relating to legislation. For example, lasting power of attorney (LPA) and the different types including health. She understood the implications on obtaining consent from the person holding the LPA when it related to health care.

Staff explained to us how important it was to spend quality time with people as they got to know them so that they could understand their needs. The staff we spoke with told us they tried to develop a relationship with people and learn about them as they worked. Staff told us, “When you get a new client, we get time to read the care plans first so we know what to do” and “You get the time to get to know people. Recently I had a new client and we were allowed the whole visit to sit with him and get to know him. It was good for us and it is what he wanted.”

We saw people’s health and well-being were monitored by staff and recorded in their care plans. For example, if people wanted to attend the dentist or the optician support could be provided to facilitate the visit. We saw evidence that care plans contained letters from consultants and other specialists, following attendance at hospital for reviews of care. These were recorded in people’s care files.

We spoke with a social work professional who specialised in palliative or end of life care. She was very complimentary about the care provided by the service to people who were in the latter stages of life. She told us, “The feedback from people who use the service is very positive”, and “They support people well.”

Good

Is the service responsive?

Our findings

People we spoke with told us they felt they were involved in making decisions about their care. Comments included, "We have reviews at home with the manager sometimes" and "I discuss my care with the staff".

We looked at people's care records. We saw the registered manager completed an assessment of people's needs before they started using the service We saw these records included assessments of what support and care people needed including areas such as, mobility, nutrition, personal care, behaviour and communication. People also had an annual care review which often involved their relative and a social work professional. Care plans included information about people's life history. We saw evidence that care plans were reviewed by the registered manager. And where changes in people's needs were documented they were responded to. For example, where a person had attended their doctor and their medicine had changed, this change had been recorded and the details passed on to staff.

We saw evidence that the service understood people's individual needs and responded to them when those needs changed. For example, one person took Warfarin, which is a blood thinning medicine. The service monitored the process closely and had care plans in place to manage the medicine. We saw when this person's doctor changed the dosage of the medicine this had been recorded and the care plans amended so that staff had the most current information available to them describing the change. In addition, we saw an example where staff noted a person was in a lot of pain. We saw there had been a prompt referral to their doctor and social worker and this had been recorded in their care plan.

People were positive about how the service responded to their needs. One relative told us, "They are incredibly pro-active. They (staff) immediately pass information on to a social worker or a district nurse if there are any problems. They (staff) recently found a bed sore, instantly contacted the district nurse, put a plan in place to manage the sore and adjusted the care." Another person told us, "I was invited to a wedding but could not go as there was no one to take me. As soon as they (staff) found out they arranged for someone to take me to the wedding. I had a lovely day and they go out of their way to help people." A social work professional said, "They (the service) are flexible and very accepting of all care. They were once asked to supply overnight support at short notice who needed palliative care and they responded quickly."

People were provided with a copy of the registered providers complaints policy when they first started receiving care. We reviewed the complaint records and saw that where complaints had been made, these had been recorded and acted upon. For example, one person who received care complained that they had too many hot meals in one day which were prepared by staff. We saw the nutrition plan for this person had been amended and had included a variety of cold meals. We spoke with people who used the service to see if they understood how to complain. Comments included, "The manager comes out to see me and we discuss everything. If I have any problems I just tell her" and "I have no complaints. The staff are always pleasant, just the way I like it."

We asked people about whether they had the same staff and knew who was coming. Opinions were mixed and comments included, "We never get a staff rota for the week ahead", "Sometimes I get girls (staff) coming who I don't know", "I have the same carers most of the time, it is lovely" and "I have the same regular girls (staff)." We spoke to the registered manager about this who told us that where possible the service tried to maintain the same care workers and for the care workers to be local to the person who required support but that it was not always possible. For example, where a staff member was on holiday or was off on sick leave.

We reviewed the records of the team meetings and looked at how the registered provider responded to their staff. We saw staff had asked that car drivers be compensated financially when they were requested to supervise less experienced staff. The registered manager told us this was under consideration and they were working out the best way to do this.

Good

Is the service well-led?

Our findings

People we spoke with told us they were very happy with the management of the service and how the service operated. Comments included, "We have good communication with the manager and the staff" and "I just have to ring them (staff) and they sort things out" and "I find the staff very approachable."

A registered manager was in post and was registered with the Care Quality Commission in line with legal requirements. Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). However, following checks of our records we saw this return had not been completed. The PIR asks the registered provider to give us information about the service including, what the service does well and improvements they plan to make. As a result, we did not have in advance key information about the service available when planning the inspection. We spoke to the registered manager about this who said that the return was not submitted initially due to personal circumstances. She then told us the PIR had been submitted on 10 December 2014 and provided evidence to confirm this.

The registered provider sent out satisfaction surveys to people who used the service and their relatives and we saw the last survey was sent out in August 2014. We reviewed responses to the surveys. The responses were positive and included, "Since (Staff) became my care worker, my everyday life in general is much improved for the better because peace of mind is so invaluable" and "Since receiving care from Everlasting Care, all tasks and requirements are carried out to a high standard." We saw that there had been 15 responses to the survey and five people had rated the care they received as good and 10 people rated the care they received as excellent to very good.

A staff survey was also completed in July 2014 but there had only been five questionnaires returned. One comment stated, "Have more staff meetings so staff are up to date and aware of issues." We spoke to the registered manager about this who told us staff meetings were now held every three months and a staff newsletter has been produced to keep staff informed of current information both professional and personal. For example, in the latest issue there was an article on staff fundraising for cancer care where staff had raised £595 and made a donation to charity. In addition we saw the registered manager had introduced a monthly award scheme for staff where £50 was awarded to staff for outstanding performance.

The registered manager told us she monitored the quality of the service by visiting people in their own homes and also by speaking to them on the telephone. She told us staff were encouraged to obtain feedback whenever they spoke to people and passed any comments on to senior staff who recorded the comments and acted on them. We saw that staff team meetings were held every three months and that these meetings were recorded.

We saw the registered manager monitored safety at the office and at people's own homes. She completed audits and looked at areas including; health and safety, infection control and the safe handling of medicine. We saw the registered provider had a disciplinary procedure in place for investigation into poor practice or misconduct. We saw no disciplinary action was recorded.

A previous inspection undertaken on 11 February 2013 at the registered providers previous location found there was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found an issue with record keeping at the service. We said, "People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained." We said this had a minor impact on people who used the service.

At this inspection we found that improvements have been made and the registered provider had rectified the issues identified. We reviewed records such as, care plans, risk assessments and safety records such as audits which the registered provider used within the service. We also looked at staff records and copies of meetings which had been documented. We found they were regularly reviewed and up to date. Records were detailed and fit for purpose. We saw they were regularly audited and reviewed by the registered manager. All records were kept securely.

We saw care coordinators and staff supervisors completed regular quality assurance visits to people's homes. We saw these visits were recorded in the care plans and individual staff files. We spoke to staff about how well they were supported in their role by the registered provider. Comments included, "The management are good. I had a personal problem and went to them. My manager sorted it

Good

Is the service well-led?

out and changed my shifts so I could manage the problem" and "We have supervisions and staff meetings. At the meetings they listen to you and I feel comfortable to speak out if I need to."