

Everycare West Kent Limited

Everycare (West Kent) 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

The inspection was announced and was carried out on 14 and 15 April 2015 by one inspector and was supported by an expert by experience who telephoned people and relatives for their views.

Everycare (West Kent) Ltd is a domiciliary care agency providing personal care to people in their own homes in and around the Tunbridge Wells area. Some people using the service are older people including people who may live with Dementia, or with learning and/or physical disabilities.

There was a registered manager in post. 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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns. People told us, "I felt safe from day one; It's a relief having them around".

Risk assessments were centred on the needs of the individual. They included clear measures to reduce

Summary of findings

identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of re-occurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs and travel time was taken into account to reduce lateness of visiting calls. The manager followed safe recruitment practices.

Staff were trained in the safe administration of medicines. Records relevant to the administration of medicines were monitored to ensure they were accurately kept and medicines were administered safely to people according to their needs.

Staff knew each person well and understood how to meet their support needs. People told us, "They are well aware and respectful of my specific needs". Each person's needs and personal preferences had been assessed before care was provided and were continually reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

Staff had completed the training they needed to care for people in a safe way. They had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal to ensure they were supporting people based on their needs.

All care staff and management were trained in the principles of the Mental Capacity Act 2005 (MCA) and were knowledgeable about the requirements of the legislation.

Staff sought and obtained people's consent before they provided care. When people declined, their wishes were respected and staff reported this to the manager so that people's refusals were recorded and monitored.

Staff provided meals when appropriate and ensured they were well balanced to promote people's health. Staff knew about people's dietary preferences and restrictions.

People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were satisfied with how their care and treatment was delivered.

Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs when they had visual impairment.

People's privacy was respected and people were assisted with their personal care needs in a way that respected their dignity.

People were referred to health care professionals when needed and in a timely way. Personal records included people's individual plans of care, likes and dislikes and preferred activities. The staff promoted people's independence and supported them during activities. They encouraged people to do as much as possible for themselves.

People's individual assessments and care plans were reviewed regularly with their participation or their representatives' involvement. People's care plans were updated when their needs changed to make sure they received the care and support they needed.

The provider took account of people's complaints, comments and suggestions. People's views were sought and acted upon. The provider sent questionnaires regularly to people to obtain their feedback on the quality of the service. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued under the manager's leadership. The manager notified the Care Quality Commission of any significant events that affected people or the service. Quality assurance audits were carried out to identify how the service could improve and the manager had an action plan for making the improvements.

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.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

Thorough staff recruitment procedures were followed in practice. Medicines were administered safely.

Good



Is the service effective?

The service was effective.

All staff had completed essential training to maintain their knowledge and skills.

The provider was meeting the requirements of the Mental Capacity Act 2005.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

People were referred to healthcare professionals promptly when required.

Good



Is the service caring?

The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

Information was provided to people about the service and how to complain. People were involved in the planning of their care and support.

Staff respected people's privacy and dignity.

The staff promoted people's independence and encouraged people to do as much for themselves as possible.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed before they moved into the service. People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted on.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There was an open and positive culture which focussed on people. The manager sought people and staff's feedback and welcomed their suggestions for improvement.

Staff had confidence in the manager's response when they had any concerns.

There was a system of quality assurance in place. The manager and senior staff carried out audits of every aspect of the service to identify where improvements to the service could be made.

Everycare (West Kent) 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.

The inspection was carried out on 14 and 15 April 2015 and was an announced inspection. Notice of the inspection was given because we needed to be sure that the managers and staff we needed to speak to were available.

The inspection was carried out by one inspector over two days. An expert by experience supported the findings of the inspection by contacting a number of people who received care from the agency to gather their feedback. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise included caring for older people. Forty-six people received care from the agency at the time of our inspection.

Before our inspection we looked at the Provider Information Return (PIR) that the provider had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well

and what improvements they plan to make. We looked at further records that were sent to us by the registered manager or social services to inform us of any significant changes and events. We reviewed our previous inspection reports and the service's improvement plan.

We spoke with 11 people and eight of their relatives to gather their feedback. We also spoke with the registered manager, the care supervisor, the care coordinator, the customer supervisor, the director who had the responsibility for supervising the management of the regulated activity, and six members of staff. We accompanied care workers when they visited two people's homes to provide care, with people's consent.

We consulted one local authority case manager, one health assessment officer and two district nurses who oversaw people's welfare while they received support from the service. We obtained their feedback about their experience of the service.

We looked at records that included nine people's care plans and reviews, risk assessments and medicines administration records. We consulted seven staff files, staff rotas, staff training records, satisfaction surveys, quality assurance checks, audits and sampled ten policies and procedures.

At the last inspection on 10 December 2013 no concerns were found.

Is the service safe?

Our findings

People told us that they felt safe when staff provided care and support. People said, “I feel safe with these carers, very definitely; I trust them, there’s no uncertainty about that”, “I felt safe from day one; It’s a relief having them around” and “I feel 100% safe with them”. A relative said, “Even though the care worker does not administer medicines, he always checks if we have enough in stock and tells me when a prescription needs ordering – so reassuring”.

There were sufficient staff on duty to meet people’s needs. There were 35 care workers deployed to visit people in their homes. The registered manager, a care supervisor, a care co-ordinator, a customer supervisor and a director attended the office daily. The registered manager told us, “We definitely have enough staff to ensure people’s needs are met in the community”. Travelling time was taken into account when staff visits were scheduled. A care worker told us, “We are given enough time to get from one person to another, for example today I need to go to the next town and I have half an hour travelling time in between visits to make sure I don’t arrive late”. When care workers were late in reaching people’s home due to unforeseeable circumstances such as heavy traffic, people were informed promptly.

People said, “I get a weekly rota in advance so I know exactly who is coming and at what times”. The care coordinator showed us the staff rotas that confirmed staff absence was covered by their colleagues to ensure continuity of care and people’s safety. They told us, “We never cancel a call, and will always arrange cover”. People told us, “They always use and send their own staff, I have had the same carer for ages and it is great to know I can rely on this”. This ensured that staffing provision met people’s need for the continuity of their care.

The customer supervisor reviewed the care needs for people whenever their needs changed to determine the staffing levels needed and increased the number of staff accordingly. People told us that when they needed two care workers this was provided. This ensured there were enough staff to meet people’s needs.

People’s medicines were managed so that they received them safely. The service held a policy for the administration of medicines that was regularly reviewed and up to date. Staff had received appropriate training in the recording,

handling, safe keeping, administration and disposal of medicines. This ensured people’s medicines were administered by knowledgeable and skilled staff. People’s needs relevant to their medicines were assessed before the care began so care workers were aware of these needs at the onset. People’s care plans included clear guidance for staff to follow which the staff understood and used in practice. This included how and when to administer medicines that were prescribed to be taken ‘as required’. A relative told us, “The workers give the medicines in the evening; they keep records and communicate with me by telephone if need be”.

Staff signed individual Medication Administration Records (MAR) to evidence that people had taken their medicines. Appropriate coding was used to indicate when people refused, were absent or too ill to take their medicines. MAR sheets were returned to the office every four weeks and were audited by the care supervisor to check that they were accurately completed. Checks had highlighted an omission and prompt action had been taken to remedy this. The registered manager had informed the person’s G.P. and legal representative, and the care supervisor had ensured the member of staff attended a refresher course in the administration of medicines.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff had made appropriate referrals to the local authority when they had been concerned about people’s safety. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse and they knew how to use the whistle blowing policy should they have any concerns. One member of staff said, “I have used the procedure once and this was fully addressed by the registered manager to ensure people’s safety was maintained”.

Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people who required personal care. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a

Is the service safe?

probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks to people and appropriate guidance for staff. For example, a risk assessment had been carried out for a person who was at risk of falling. The need to use specific equipment to assist them to move around safely had been identified and recorded to reduce that risk. Staff used the equipment to keep these people safe. Another risk assessment for a person whose skin was at risk of damage had been carried out. The need to reposition this person in bed using two care workers and specific equipment had been identified to reduce that risk. Staff followed the relevant guidance in practice.

Accidents and incidents were recorded and monitored daily by the registered manager. If people had experienced a fall, their environment and the care they received were re-assessed to ensure hazards were identified and reduced. The registered manager audited all accidents and incidents monthly to check whether there were any common triggers that could be further avoided.

The provider ensured that the office premises was secure. Access to the premises was secured with an entry pad system and a close circuit camera. Fire drills were practised twice yearly and all fire protection equipment was regularly

serviced and maintained. Evacuation plans were clearly displayed in the office. All staff were trained in first aid and fire awareness and they knew how to respond appropriately to keep people as safe as possible.

Assessments of people's environment were carried out in their homes before the staff started to provide care. These included checking the access and exit of properties, and identifying potential hazards such as those associated with stairs, floorings and kitchen appliances. People were referred to appropriate services when they wished to have a safe keeping system for their keys. All equipment that assisted people in their home was checked each time people's care was reviewed. This included checking that the equipment used for helping people move around was in good working order, serviced regularly and that the correct size of slings was used.

The provider had an appropriate business contingency plan that addressed possible emergencies such as extreme weather and epidemics. The registered manager was in the process of establishing a priority list based on people's needs to respond to them in case of an emergency. This referred to people who needed the most urgent care and which people staff would attend to first.

When people had expressed their wishes regarding resuscitation, staff were made aware of where to locate the relevant document in people's homes in case of emergency. There was an out of hour's system to respond to people, managed by the office staff in rotation. This had been used to ensure people's safety when out of hour's staff had called emergency services appropriately on a person's behalf.

Is the service effective?

Our findings

People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. People told us, "They are well trained and knowledgeable", People told us, "I have been more than pleasantly surprised; they are unflappable and so efficient". People's comments were very positive about the service's effectiveness and staff efficiency. One person said, "They listened to what we wanted and delivered it". People commented on how well the staff communicated with them. They said, "They always communicate well and let us know straight away if the workers may be running late or if there are any changes", and "The communication is excellent".

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Records showed that all essential training was provided annually, was current and that staff had the opportunity to receive further training specific for the needs of people they supported. This included dementia care, diabetes awareness, catheter and stoma care, and how to help people who may have a surgically inserted tube in their stomach. A care worker we interviewed expressed the wish to receive specific training about Huntington's disease. The registered manager was planning to provide this training.

The staff we spoke with were knowledgeable about the specific needs of people they cared for. A member of staff told us, "A person who experienced severe mood swings due to grief and bereavement needed additional support and this was discussed at our team meetings so we all became aware of this person's emotional needs". The needs of another person who chose to hoard possessions were well understood by staff. One care worker said, "We know how to address this, this was explained to us and we know how to present options yet respect people's choice about living that way". The ways to provide this additional support were included in the person's care plan and daily records indicated these were used in practice. Staff were supported to gain qualifications in health and social care.

One member of staff told us, "They are definitely encouraging us to qualify further and get to a higher diploma in health and social care, and we get time to study".

All members of care staff received one to one supervision sessions every two months, or sooner if needed. All staff were scheduled for an annual appraisal. Two members of staff told us, "We get well supported and can discuss anything with the supervisors or the registered manager" and "My supervisor used to do my job so she really understands the role and the problems I sometimes face".

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. A system was in place to assess people's mental capacity for decisions, for example whether or not to accept assistance with personal care or the administration of medicines. A system was also in place to hold best interest meetings to make decisions on people's behalf when appropriate. Staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. During our inspection, the care supervisor and the customer supervisor had participated in a meeting with the local authority when a decision had to be made in a person's best interest. This followed an assessment of the person's mental capacity regarding this specific decision. A local authority case manager told us, "They are very good at representing the people's view at meetings as they understand people's perspective".

Staff sought and obtained people's consent before they helped them. One person told us, "The staff are very respectful; everything they do is in agreement with me". People's refusals were recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes. Ongoing refusals for support with care needs were monitored by the

registered manager to identify whether further assessments of their needs and wishes were needed. These further assessments ensured that people's wishes were respected when they had changed their mind.

Is the service effective?

When staff prepared meals for people, they referred to their care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about

what to eat and drink as staff offered options. A member of staff had checked the contents of a person's fridge and freezer, offered different options of meals for the day and ensured the safe disposal of leftovers. The person told us, "The care worker is ever so good. I feel I am always in charge; I prefer the ready-made meals to be re-heated for lunch but he always does something freshly prepared in the evenings and makes sure I eat sensible things". The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink.

People were encouraged to have a balanced diet that promoted healthy eating, for example staff made recommendations about purchasing 'five a day' when they escorted people shopping for groceries. Staff were given written instructions to carry out additional checks during hot weather to ensure people were not at risk of dehydration. We visited a person who was at risk of choking who told us, "The workers always take precautions and only give me food I can swallow safely". The care workers followed guidance provided by a speech and language

therapist. A person whose appetite had declined was encouraged to eat by staff and was provided with fortified drinks. The staff had notified their G.P and the person had been referred to a dietician

People were involved in the regular monitoring of their health. Some people were recovering from an illness or injury and received short term care and support. A health assessment officer who oversaw the care of a person in the community told us, "They are very good and reliable; they refer back to us when people's health changes so their needs can be re-assessed". When people had a fall, they were referred to their G.P. who referred them to an occupational therapist to re-assess their needs for aids and equipment. A person who experienced anxiety and a depressive state had been referred to a specialised mental health team with their consent. When staff had concerns about people's health this was reported to the office, documented and acted upon. The customer supervisor told us, "The care workers are very good at reporting concerns to the office and recording them in people's care plans". A care worker came in the office to report some concerns about a person and this was followed up with a re-assessment of the person's needs. This system ensured the delivery of people's care and support responded to their health needs and wishes.

Is the service caring?

Our findings

People told us they were satisfied with the way staff supported them. Comments included, “They are first class, more like friends or members of my family”, “They are very good; couldn’t be better; I really can’t fault them”, and “The care workers are kind and patient and there is also humour at times”.

Positive caring relationships were developed with people. Two people told us “I have had the same care worker for the past nine months and we know each other quite well by now” and, “It is always the same faces which is reassuring”. Staff told us they valued the people they visited and spent time talking with them while they provided care and support. One member of staff said, “It is a privilege to be doing this job and be a positive part of people’s lives”. Another told us, “People can feel isolated sometimes and we are always pleased to see each other”. A district nurse who visited people who received care from the agency told us, “Any customers of Everycare are always well looked after, they do a good job”.

Staff were made aware by senior staff and the registered manager of people’s likes and dislikes to ensure the support they provided was informed by people’s preferences. All the care plans that we looked at included people’s individual preferences, likes and dislikes. For example, when they preferred to go to bed, what they liked to eat, which activities and outings they enjoyed, and particular routines to follow during personal care.

Information was provided to people about the services available, the cost and how to complain. A brochure was given to people before care started and was available in a larger print format to assist people with visual impairment. It included information about what to expect from the service and who to contact if they needed to call the office at any time. People had a folder in their home which contained an updated care plan, daily notes, medicines administration records, and who to contact if the care worker had not arrived within ten minutes of their expected arrival. One person told us, “They are ever so good at keeping me informed about any changes, and my care plan that is in my home has all the information I need in it including who to call if I have a problem”.

Explanations were provided by staff to people appropriately. For example, when care workers helped a

person move from their armchair to their bed. They kept talking with the person and explained every step of their intervention beforehand. They counted out loud from ‘one to ten’ during the procedure as this is what the person had requested. A person told us, “They always tell me what they’re going to do and ask me what I would prefer”. This caring approach ensured people were involved in planning their care and support and that explanations were provided.

The staff held information about advocacy services and followed guidance that was provided by the local authority. A system for referring people to advocates was in place. An advocate can help people express their views when no one else is available to assist them. There had been no cause to use this service since our last inspection.

People’s privacy was respected and people were assisted with their personal care needs in a way that respected their dignity. The staff had received training in respecting people’s privacy, dignity and confidentiality. People described to us how staff ensured their privacy and dignity was respected. One relative told us, “They always keep my family member covered up when giving personal care” and a person said, “They are very respectful and mindful of my dignity”. The staff had access to policy on dignity and respect, confidentiality, social media and networking that had been updated in July 2014. Staff had signed an ‘undertaking of confidentiality’ when they started work and were reminded at team meetings of the importance of protecting people’s information. This meant that people were assured that they were cared for by staff who respected confidentiality and discretion.

The staff promoted people’s independence and encouraged people to do as much as possible for themselves. Some people received support during outings, such as going shopping, going for walks or ‘for a drive’ of their choice. A person told us, “I am independent and do my own shopping but they help me with getting the meal together”. All the people we spoke with told us they were encouraged to do as much for themselves as they wished. A person was encouraged to participate with the washing of their body, and another with the planning of activities.

Staff had received training in end of life care. The registered manager and senior care workers had attended advanced training provided by the local hospice. It included how to provide support during the management of pain or discomfort, awareness of loss and grief, and the role of care

Is the service caring?

workers in time of death. As availability to this training was limited, the registered manager had scheduled in-house training sessions to share the knowledge she had acquired

during this training with all care workers. A district nurse told us, “The care workers from this agency are very compassionate and caring; they understand well the needs of people and their families when giving palliative care”.

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. People told us, “They are well aware and respectful of my specific needs”, “When I needed an earlier morning call, they changed it to accommodate me” and, “They listened to what we wanted and delivered it”. A relative told us, “When our family member had to attend a hospital appointment, they planned to arrive earlier to get him ready. One one occasion we had transport delay and didn’t return home until very late but the care workers still came – they’re so good”. People’s and their relatives comments showed that the staff responded to their needs and changed their plans to met those needs.

A customer supervisor carried out people’s needs and risk assessments before the care began. This included needs relevant to their mobility, health, communication, likes and dislikes and social activities. The staff were made aware of these assessments to ensure they were knowledgeable about people’s particular needs before they provided care and support. Within two days, these assessments were developed into individualised care plans. The customer supervisor telephoned people after one week to ensure their care plans were meeting their needs, and updated them if necessary.

People’s care was planned taking account of their preferences and what was important to them, such as the goals they wished to achieve. Care plans were developed with people’s involvement and included specific requests from people about how they wished to have their care provided. A person had expressed the wish to have only male workers. Another had requested specific routine to be followed during their evening care. These requests had been responded to and were respected in practice by staff.

People’s individual assessments and care plans were reviewed every six months or sooner if people’s needs changed. They were updated appropriately to reflect changes. People or their legal representatives were involved with these reviews and were informed in advance when the reviews were scheduled. This ensured people were able to think in advance about any changes they may wish to implement. A relative said, “We are involved and everything is planned and reviewed by a manager with us and our family member”.

A care plans had been updated when a person had recovered from an illness to recommend a reduction of support. Two other care plans had been updated to reflect an increase of care for people who needed longer term support. A review of a person’s care highlighted their need for increased support and equipment. Daily reports showed these recommendations were followed in practice as staff were providing this support.

People’s care was reviewed when sudden changes occurred in people’s needs. For example, after a fall or when people returned home after a period of hospitalisation. A member of staff told us, “People have a re-assessment as soon as they are home again from hospital”. An additional care worker had been allocated to a person’s care when they needed this support for transferring from their bed to their chair. Updates concerning people’s welfare were appropriately and promptly communicated to staff. This showed that people’s care plans were updated and people’s health needs were met in practice responding to people’s changing needs.

The provider had a complaints policy and procedure that had been updated in July 2014. People were aware of the complaint procedures to follow. One person told us, “I only had a minor complaint about the hours of my calls so I called the office and they changed the hours without question”. The service had received one complaint over the last twelve months and this had been addressed promptly and resolved satisfactorily.

People’s views were sought and acted upon. People’s feedback was collected one week after the provision of care had begun and every six months when their care was reviewed. People were also able to add comments about their care when they signed staff rotas to confirm the staff had attended. Some comments included, “Best carer ever, so efficient”. People were assisted with expressing their views in writing when they requested it. Additional comprehensive questionnaires were sent annually to people seeking their views on the service. The registered manager told us that new questionnaires which people should find easier to use, were being designed and that these will be sent twice yearly to people. New questionnaires for staff were also being designed and staff’s views were collected at each team meeting. The last satisfaction survey for people had been carried out in March 2014 and a current one was in progress. We noted that people were satisfied with the quality of care provided.

Is the service responsive?

Some of people's comments about staff's travelling time had been noted and as a result, staff's travelling time had been taken into account in their rotas. This meant that people's views and suggestions were considered and acted on.

Staff escorted people and provided transport when this had been agreed during the planning of their care. This meant that people had access to facilities in the local

community, such as leisure centres, garden centres, parks, tea rooms, pubs and shopping malls. A person was accompanied to visit their family. Another person was accompanied to their weekly group physiotherapy sessions. A member of staff told us, "We are there to help people so they can get the support they need when they go out for any activities". This ensured people's social isolation was reduced in the community.

Is the service well-led?

Our findings

Our discussions with people, their relatives, the registered manager and staff showed us that there was an open and positive culture that focussed on people. People told us, “They are properly organised and well-run”, “I am very satisfied – no improvements needed. They are careful who they employ; the care workers are obviously well selected and this is the mark of a thoughtful organisation”.

Members of staff were welcome to come into the office to speak with the management team at any time and we saw that they approached them in the office several times during the day. Members of staff confirmed that they had confidence in the registered management. They told us they found the manager “Spot-on”, “Very approachable”, and “Easy to talk to, she listens to us”, and “We have such a great team, we are all united and it feels like a family”.

Staff had easy access to the policies and procedures that had been reviewed and updated in January 2015. Attention was paid to changes ahead of new legislation that could affect the service. All staff had been informed when updates had taken place. This system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

Staff were encouraged to make suggestions about how to improve the service. All the staff we spoke with told us they were encouraged to discuss practice issues during team meetings and invited to comment on how the service was run. A member of staff had suggested scheduled times to be altered in order to improve the efficiency of some care packages and this had been implemented.

The registered manager held monthly meetings with staff and weekly meetings with senior care workers. Records about a team meeting showed us that issues about travelling time had been discussed as a response to people’s satisfaction surveys. The registered manager told us, “We communicate well throughout the day and hold daily meetings to discuss the service and anything of concern”. New information was promptly distributed to staff by emails and text messages on their mobile phones. We observed the management team sharing and discussing ideas and saw that people were placed at the heart of the service.

A system of quality assurance checks was in place and implemented. Staff practice was monitored through regular unannounced ‘spot checks’ that recorded staff’s timeliness and performance. When shortfalls were identified, action was taken. For example, when a spot check highlighted a member of staff did not wear personal protective equipment, this had been followed up and the member of staff had received additional monitoring.

Audits were carried out to monitor the quality of the service and identify how the service could improve. These included regular audits of the records related to people’s care and the running of the service to ensure that all care plans and risk assessments were appropriately completed and maintained. Spot checks were audited to identify any need for additional staff training. All staff training was monitored to check they attended scheduled training and refresher courses. The registered manager monitored and audited any accidents and incidents to identify how further risks could be reduced. All satisfaction surveys and people’s complaints were audited by the manager to identify how the service could improve. An audit has led to travelling times being considered when planning staff rotas. There had been one complaint over the last twelve months that had been appropriately addressed as per the service’s complaint policy and resolved.

The registered manager had carried out improvements in the way the service was run. For example, they had increased the induction period for staff, and had introduced ‘bite-size information’ about people’s medical conditions that was provided to care workers with their rota. This ensured that staff gained additional knowledgeable about people’s health needs.

A reward system had been introduced to maintain good morale amongst staff. For example, a ‘Carer of the quarter’ and a ‘Carer of the year’ were identified according to their performance and people’s feedback. The registered manager spoke to us about her philosophy of care. They told us, “I aim to ensure our service is of the highest quality and person-centred, to meet people’s needs. We are continuously improving”. There was an improvement plan in place that highlighted action to be taken in the coming months to improve the service further. This included changes to the format of some templates used by the service to make them easier to read by care workers.

Is the service well-led?

The director spoke to us about their vision and values about the service. They told us, “We want the business to grow but at a manageable rate to ensure staff are in sufficient quantity, trained appropriately and be absolutely sure we can meet people’s needs; people come first”.

The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service. Records indicated the manager took

part in safeguarding meetings with the local authority when appropriate to discuss how to keep people safe, and kept people’s families involved in decisions concerning their family members’ safety and welfare.

People’s records were kept securely. Archived records were labelled, dated and stored in a dedicated space. They were disposed of safely. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.