

Everyday Living Care Ltd

Evesham

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Evesham is a service providing personal care to people in their own homes. The service supports people with all types of needs. Ten people were in receipt of care at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People's safety was promoted by staff who knew how to help them to manage risks they may experience. This was done in ways which considered people's right to independence. People could rely on staff to give them the care planned. There were enough staff to care for people, who knew people's safety needs well. People's medicines were managed safely which helped them to maintain their health. Staff reflected on people's care and safety needs and took learning from any concerns, so risks to people were further reduced.

People were supported by a consistent group of staff who were considerate and kind. People had built strong bonds with the staff caring for them, and knew staff were interested in their well-being. Staff encouraged people to make their own choices. People and relatives told us staff were respectful and care was provided sensitively by staff, so people's dignity needs were met.

People were included in decisions about the care planned with them, which reflected their preferences, lifestyle choices and changing needs. This helped to ensure people's care was provided in ways which led to good outcomes for people. People confident if they made suggestions about their care they would be listened to. People benefited from receiving a service where learning was taken from any incidents, and systems were in place to manage any complaints.

Staff used their knowledge and skills to care for people, and to meet their assessed needs. People were supported by staff to access help from other health and social care professionals, so they would enjoy the best well-being possible. People's food and drink preferences were met. 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.

People, relatives and staff were complimentary about the way the service was managed, and how staff focused on people's needs. The registered manager and provider checked the quality of the care provided and worked with people, relatives and other organisations to drive through improvements to people's care. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 May 2016 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Evesham

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted 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 in the community.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 24 June 2019 and ended on 26 June 2019. We visited the office location on 25 June 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

During the inspection

We spoke with four people using the service and two relatives to ask about their experience of care. We

spoke with the registered manager and the provider's representative and three care staff.

We looked at three people's care records, multiple medication records and three staff recruitment files. We saw information relating to the quality and management of the service. This included minutes of staff meetings, complaints policies, compliments received, systems for managing complaints and incidents and surveys with people, to provide the registered manager with assurance people were receiving their care as assessed and planned.

Is the service safe?

Our findings

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

At this inspection this key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff assisted them to stay as safe as possible. This included ensuring systems were followed so people's homes were secured at the end of each care call.
- Staff were confident if they raised any concerns for people's safety these would be addressed by senior staff.
- Staff knew how to recognise and report abuse, if this was identified. Staff were confident if any concerns were raised for people's safety these would be addressed.

Assessing risk, safety monitoring and management

- People told us staff discussed their safety needs with them. One person said risks to their safety when moving around their home often changed. The person told us, "They [staff] ask me what I need, it varies, and they work at my pace."
- Staff understood people's individual safety needs and supported people to reduce their safety risks. This included working in ways which promoted people's skin health, where they experienced increased risks, and making sure people had the equipment they needed to hand. One person said, "They are gentle when they help transfer me from my bed and take time with me."
- Senior staff also spent providing care to people and used this to check people's safety.

Staffing and recruitment

- People and their relatives said staff provided the care agreed at the times planned. One person told us, "They [staff] come at the times they should and stay the full time." One relative said, "You can rely on them, they're as regular as clockwork."
- There were sufficient staff to care for people and to increase the care provided if people's needs changed. One staff member gave us an example of additional time being allocated to care for a person when their needs changed.
- Staff were not allowed to care for people until checks had been made to make sure they were suitable to work with vulnerable adults.

Using medicines safely

- People were positive about the support they received to manage their medicines as prescribed. One person said, "Staff pick up on it if my medicines have changed."
- People were receiving their medicines when they should. The registered manager made checks on the medicines administered by staff, so they could be assured people received these as prescribed.
- Staff recognised some people like the independence of managing their own medicines.

Preventing and controlling infection

- Staff had been given the guidance they needed to promote good hygiene practices to prevent infections. Staff were supported to do this through the provision of protective equipment required to reduce the likelihood of the spread of infections.

Learning lessons when things go wrong

- Systems were in place to take any learning from incidents and accidents, or near misses.
- Staff reflected on the care provided to take any learning from any incidents or near misses, through discussion with the registered manager and provider.

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.

At this inspection this key question was rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs and preferences were identified by staff before care was provided. One relative said, "[Staff] talked to us both." The relative told us because of this their family member's care was provided in a sensitive way from the start of their support.
- People's assessments considered their safety, communication and sensory and physical and mental health support requirements and wishes.

Staff support: induction, training, skills and experience

- People told us staff knew how to care for them. One person said, "They [staff] are doing a good job." One relative said of staff training and skills, "I can honestly say there's no issues regarding [family member's name] care, they get everything they want and they are happy."
- Staff received training which matched the needs of the people they cared for. This included training to meet people's individual support needs, such as dementia awareness training.
- New staff were supported through induction and induction training programmes. One staff member explained, "The induction and training were really helpful and included mandatory training and shadowing [working with more experienced staff]. It meant I felt more content and knew what to do and how to help people."

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

- People were supported by staff to have enough to eat and drink, where they wanted. One person told us staff always encouraged them to choose what they wanted to eat. The person said, "Staff always make sure I have got a drink by my side and by my bed."
- The registered manager gave us examples of additional support provided so people would be encouraged to have the food and drinks they needed to remain well. This included encouraging staff to include offering to prepare food and drinks for people's families. This helped to ensure eating and drinking was still enjoyed as a social event by the people they cared for.

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

- People were supported to see other health and social care professionals when required. One person explained they had been supported by Evesham staff, who had worked with occupational therapists, to ensure they had the equipment they needed to remain well.
- One person told us they had complex physical health care needs. The person told us staff helped them to manage this and said, "I am confident they [staff] would contact my GP or the emergency services, if

needed."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Systems were in place to support people where required, to ensure any decisions which may need to be made were undertaken in people's best interests.

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

At this inspection this key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were considerate, sensitive to their needs and kind. People said they had formed strong bonds with the staff caring for them. One person told us, "Care staff are nice, I always ask about their families, and they always ask about mine."
- People said staff were interested in them and they knew they were valued by staff, who marked important events, such as birthdays. One person told us staff always checked they would have company on Christmas day, so they would not feel isolated.
- Relatives said staff knew their family members well. One relative told us, "They [staff] keep [person's name] company and spend time with them. If [family member's name] is down, they never leave them down. They know they love their garden and chat to them about this."
- Staff knew people well and told us how much they valued the relationships they had built with the people they cared for. One staff member explained they got to know what was important to people by checking their care records and chatting to them. Another staff member said, "It's so nice when clients ask for you by name, it means you are making a difference to them."

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

- People were involved in decisions about their care and made their own choices about their day to day care, such as what they wanted to eat and drink, what they wanted to wear and what order they wanted their care to be provided in. People and their relatives told us staff acted their decisions.
- Staff knew people's care needs and preferences and understood these varied over time. Staff gave us examples showing how people's planned care was adapted as these changed, so people's preferences would continue to be met.
- The registered manager also occasionally provided care to people and used this time to check people continued to choose what care they wanted.

Respecting and promoting people's privacy, dignity and independence

- People told us staff understood their right to independence, dignity and privacy. One person told us, "Staff get me in and out of bed with dignity."
- One relative highlighted how sensitively their family member was supported by staff. The relative said, "Staff know the boundaries, but are friendly and treat [family member's name] with dignity and respect. Staff are gentle and know [family member's name] lacks confidence. Staff treat them nicely and so they are not embarrassed."
- Staff gave us examples of how they worked with other agencies so people's independence was promoted, through the provision of aids and adaptations.

- People's right to confidentiality and privacy was respected, with people's private information securely stored.

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as good. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives were involved in planning and reviewing their care. One person said, "I drew up my care plan with the company." The person went on to say their needs had changed and they had been involved in planning what additional care and support they needed to meet their needs as they changed. The person told us, "Evesham and occupational therapist worked together with me to adjust my care plan." The person said this had helped them to reduce risks of them falling and helped them to remain safe and independent.
- Another person gave us an example of changes they had requested to their care plan, as they were becoming more independent. The person told us staff had acted promptly to make the changes they wanted.
- Staff said their suggestions for adapting people's care plans were listened to. One staff member told us they had identified one person required additional support, after a stay in hospital. The staff member said the registered manager had responded by increasing the care provided, so the person could access additional care they wanted.
- The registered manager gave us an example of how they had identified one person's cultural and spiritual needs and supported the person to continue to enjoy connection with their faith, by responding to their specific food choices.
- People's care plans provided staff with the information they needed to care for people. For example, care plans contained detailed information for staff to follow so people would be supported to maintain the equipment they needed to continue to enjoy good health.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been considered when their needs were assessed, and their care planned. Staff gave us examples of alternative ways they communicated information to people to support people to make decisions about their care, when required. This included working in specific ways to meet people's sensory needs, and providing a reading service for key documents, when people wanted this.

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

- People and relatives told us staff took time to chat to about what was important to people. One relative said, "They know how to talk to [person's name], and always check they have their hearing aid in." Another relative said their family member had previously been quite isolated, but now "They look forward to them [staff] coming."

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to complaints, and to take any learning arising from them, to improve people's care further.

End of life care and support

- People had opportunities to discuss their end of life care preferences with staff, so these would be based on their wishes.
- The registered manager was further developing systems to ensure views of people, relatives and other health and social care professionals would be considered when planning and responding to people's needs at the end of their lives.

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.

At this inspection this key question has been rated as good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us the service was managed well. One person said, "It a new company, and they may be just starting out, but they're doing good, it's a 100 percent." Another person told us "The service is managed well. They [staff] talk to each other and let us know what is going on. If there is anything they need to tell me, they will tell me. They are marvellous."
- Relatives said staff were guided to provide good care to their family members. One relative told us because of this, "[Family member's name] loves them and is very happy with them." Another relative told us, "[Registered manager and provider names] are brilliant at their jobs."
- People and relatives told us communication with the staff was good and told us they were encouraged to make suggestions for developing their care and the service further. People and relatives were confident any suggestions they would raise would be listened to.
- Staff were positive about their roles and enjoyed working for the service. One staff member said because the senior team wanted them to focus on the needs of the people using the service, "It is going really, really well, they are really nice to work for and I am happy to work for them." Another staff member told us, "[Registered manager's name] wants the best for clients and will do things to make the clients happy, they come first."
- The registered manager told us, "Our priority is to provide a bespoke care service which responds to client's needs. No two clients are the same and people are allowed to change their mind. We are passionate about clients having choices."
- The registered manager knew they needed to support people in an honest and open way in the event of any mistakes in the care provided, and to notify important events in the service to the appropriate agencies, including The Care Quality Commission.

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

- The registered manager understood their responsibilities to improve people's lives through the provision of individualised care, which was based on best practice standards. The registered manager kept up to date with best practice through research, learning from other registered manager's experiences and attending meetings with other health and social care professionals.
- Staff knew how they were expected to care for people through one to one meetings with their managers, staff meetings and regular communication with senior staff. One staff member told us, "Staff meetings are useful, [as] we get to talk about any concerns and reflect on issues and compliments which have come in."

- Another staff member said they were supported to provide good care to people through effective communication with the senior team. The staff member said, "If I have a problem I can just drop them a text, they come back to me quickly."
- The registered manager understood their responsibilities to advise CQC and other agencies of important events which may occur at the service.

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

- The views of people and their relatives were incorporated into quality monitoring and assurance arrangements, through their individual reviews, which were complimentary about the service provided.
- Senior staff checked people received the care they wanted. This included checks people received their medicines as prescribed and checks on the care provided by staff. One staff member told us, [Registered manger and provider's name] come out and do spot checks. They always give us feedback."
- Where further opportunities to enhance the care provided were identified, action plans were put in place and action taken to develop the service further.
- The registered manager and staff had received many compliments from people and relatives which highlighted the service provided had led to improved health and well-being for people.

Working in partnership with others

- People were supported to receive the care they need through joint working undertaken by staff with other health and social care professionals. Staff gave us examples showing how this joint approach had led to improvements in people's mobility, independence and well-being.