

Everliving Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Everliving Services Ltd is a domiciliary care agency providing personal care to two people 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 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.

Staffs care, and support helped make people feel safe and reassured. Staff understood their duty to report any concerns they had about poor care and potential harm to people. Staff had information and prompts about how to monitor and reduce people's individual risks. Staff made referrals to external specialist health professionals to seek advice on promoting and maintaining people's well-being.

Staffing levels met the needs of the people using the service. Trained staff who had their competency to do so checked, safely managed people's medicines. Staff completed an induction and training to make sure they were competent and confident to deliver safe and effective care and support to people. Staff were able to develop their skills and knowledge by completing further qualifications. Staff had supervisions and competency checks to monitor their skills and knowledge.

Staff supported people to maintain their independence. Staff promoted people's food and drink intake, and respected people's privacy and dignity. Staff knew the people they supported well. People had developed caring relationships with staff who understood their support needs and wishes.

People told us staff were kind. People's personal information was kept confidential. People were involved in discussions and reviews of their care. Staff knew how to promote good infection control practices to reduce the risk of cross contamination.

Trained staff supported people when the person was at the end of their life. The registered manager told us they had already identified the need to document people's end of life wishes as a guide for staff.

Complaints were investigated and resolved to the complainant's satisfaction, where possible. Compliments about the care and support people had experienced had been received. Information was available in different formats such as a pictorial easy read format. This helped aid people's understanding.

Staff felt supported by the registered manager and other staff colleagues. Audits were carried out to monitor

the service and address any improvements required. The registered manager notified the CQC of incidents they were legally obliged to notify us of.

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

Rating at last inspection

The last rating for this service was requires improvement (report published 10 November 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Everliving Services Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted to be sure there would be staff available to speak with us.

Inspection activity was carried out on 25 October 2019 when we visited the agencies office.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including one of the registered managers, the safeguarding lead and training director, an administration assistant, a senior support care worker, and a care support worker.

We reviewed a range of records. This included one person's care record. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to robustly assess the risks relating to the safe recruitment of staff to support people. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Checks were completed on potential new staff to make sure they were suitable to support people. A staff member confirmed the checks carried out, "I completed an application form and had a face to face interview. I had a DBS [criminal records] check as you can't work before this and two references from where I worked before. [Identity checks carried out] included showing my passport, letters of address and driving licence."
- People's needs were assessed to determine how many staff were needed to support them safely. There were enough suitably trained staff to assist people with their care and support needs.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood their duty to report allegations of poor care or harm. A staff member said, "We've got the whistle-blowing policy and I would report [concerns] to [named providers safeguarding lead] and the registered manager. If a manager was involved you can go to the CQC, and the [local authority] safeguarding board."
- People told us the support they received from staff gave them reassurance. One person said, "If I had a concern I would happily contact the office."

Assessing risk, safety monitoring and management

- People had risk assessments in place based on their individual needs including fire safety risks.
- People were supported to take positive risks, and these were documented and respected by the staff supporting them. These documents gave staff information on how to recognise and monitor people's risks.
- Risk assessments were reviewed to make sure they met people's current needs.
- A referral for assistive technology to support a person's safety and well-being had been made because of changes to their support needs.

Using medicines safely

- Staff managed people's medicines safely. Trained staff supported people with their prescribed medicines and had their competency to do so checked by a more senior staff member.

- People had no concerns around their medicines support by staff. A person told us this assistance was, "going well."
- Staff had to seek approval from managers to give people 'as and when required' medicines. The registered manager told us this was to make sure there was no over administration of these medicines.
- Care records showed the level of support a person needed with their prescribed medicines from staff. Medicines administration records were accurate with no gaps in the recording.

Preventing and controlling infection

- Staff had training in the prevention of cross contamination, infection control and food hygiene.
- Staff said there was enough personal protective equipment (PPE) such as aprons and gloves to use and these were single use items only. One staff member told us, "PPE? I have it to protect [people] re bacteria and to protect myself...there is plenty of PPE."

Learning lessons when things go wrong

- The registered manager explained how lessons were learnt when things went wrong or there was a near miss. They explained how an internal management review had taken place after a series of near misses involving a person they supported. Action had been taken to put checks in place to support this person with their agreement. This promoted their safety, without affecting their independence.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Prior to people using the service an assessment of their care and support needs were reviewed by the provider. This was to make sure staff had the necessary skills to be able to provide individual, effective care and support to the person.
- The registered manager confirmed that the service had joined an external organisation that specialised with support to make sure policies were up to date with current legislation. The company also gives advice to services on how to meet these standards.
- Everliving Services Ltd received email alerts from the CQC that update providers on best practice guidance and legislation changes. This was so the registered managers and staff were working to and had knowledge of up to date guidance.

Staff support: induction, training, skills and experience

- Staff, completed an induction that included training until they were competent and confident to deliver effective care and support to people. A staff member said, "I have worked through the care certificate." The care certificate is a nationally recognised induction for health and social care employees.
- Staff members' skills and knowledge were developed through a mandatory training programme and spot checks on their skills and standard of work. Staff also had supervisions to review their progress. Staff developed their skills through undertaking further qualifications.

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

- Staff supported people to eat and drink enough. A person told us, "Staff cook me what I want and ask them to cook."

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

- Staff made referrals when needed to external health professionals such as occupational therapists to promote people's well-being.
- Staff had guidance on and prompted people on how maintain their health and well-being without compromising people's independence.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had training on the MCA and DoLs. A staff member said, "[Person] has [mental] capacity mostly to make decisions. We support [person] even if they make unwise decisions... There is a monitoring chart in place for staff to complete regarding [named incidents]."
- The registered manager confirmed that a recent application had been made to put some legal restrictions in place. This was for a person who was assessed to lack capacity to understand certain risks. In the meantime, certain aspects of care and support were being carried out in the persons best interest.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 gave positive comments about the care and support provided to them by staff. One person said, "I think things are going well."
- Staff knew the people they supported. Staff assisted people in accordance with the persons wishes and their individual care plans and risk assessments.

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

- People were asked to give their views and agree on how they would like staff to support and care for them.
- People told us they were involved in making decisions about their care and support needs. One person confirmed that, "Staff discuss care decisions with me and involve me."

Respecting and promoting people's privacy, dignity and independence

- People's personal information was kept confidential in the service's office.
- Staff supported people to maintain their independence and stay in their own homes.
- A staff member told us how they were working with a person and through prompts and advice were supporting the person to understand why it was important to maintain their privacy and dignity during personal care support.
- A person told us when asked if staff respect and promoted their choices and treated them kindly, "yes."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us that they felt involved in conversations around the care and support they needed from staff and how they would like this to be given.
- Staff were given guidance within people's care records of the importance to respect people's individual choices and how people wished to be supported by them.

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.

- The registered manager told us, and we saw that information such as the service user guide was available to people in different formats such as a pictorial easy read format.

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 using the service did not need support to follow their interests. Care records documented people's hobbies and interests as guidance for staff to help get to know people.

Improving care quality in response to complaints or concerns

- Compliments about the care provided by staff had been received by the service since the last inspection.
- Complaints received both verbally or written were investigated thoroughly. Concerns were resolved with the complainant wherever possible.
- People told they felt confident to contact the management team if they had any concerns.

End of life care and support

- Nobody using the service was on end of life care and support. Staff had training to support people with dignity and respect when the time came.
- The registered manager told us they had already identified that people's care records had limited information about people's end of life wishes. They told us they would make improvements in this area.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager encouraged feedback from people, their relatives and professionals who worked with the service. Feedback received was positive. The registered manager told us they would act upon less than positive information received to improve the service.
- The registered manager and the management team supported staff and staff told us they felt listened to. Staff told us when they needed support out of regular hours the on-call telephone would always be answered. A staff member said, "Staff meetings are monthly. They are useful, and we talk about any changes."
- Staff told us there was a clear expectation for them to deliver a good standard of care to people. A staff member said, "Management are working really hard to provide staff with what we need regarding support and training."

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

- The registered manager notified CQC of incidents that they were legally obliged to.
- The previous CQC inspection rating was displayed in the agency's office and on their website for people to refer to.

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

- The registered manager was clear about their responsibilities. They showed us the new computer software they had invested in to make sure their governance [checks and measures] and as such oversight of the service provided was more robust.
- Staff understood the importance of their roles and responsibilities and what was expected of them.

Continuous learning and improving care

- Audits were carried out to monitor the quality of the service provided.
- Actions were taken where improvements were needed in areas such as people's care records and staff files.

Working in partnership with others

- The registered manager worked in conjunction with external health professionals such as occupational therapists.