Eveshel Care Limited

Eveshel Care Limited

Inspection report

Queens Court
9-17 Eastern Road
Romford
Essex
RM1 3NH

Tel: 01708388239
Website: www.surecare.co.uk/places/surecare-havering

Date of inspection visit:
12 January 2017
13 January 2017

Date of publication:
14 February 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 12 and 13 January 2017 and was announced. The service had not been inspected since it first registered in 2014. It changed its name and registration in September 2016.

Eveshel Care, also known as Sure Care (Havering), provides personal care to people in the London borough of Havering. On the day of our visit there were seven people using the service but this number fluctuated up to 20 regularly as the service was currently providing end of life and palliative care packages.

The service did not have a registered manager. However, a manager had been employed and was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

There was a shortfall in the systems in place to review care plans and ensure that staff stayed for the contracted visit times. People, their relatives and records we reviewed confirmed that people did not always receive care for the contacted time. This impacted on their individual preferences as some aspects of care were either missed out or not completed in accordance with people's preferences.

People told us they felt safe and trusted the staff that looked after them. They were supported by staff who were aware of the procedures to protect them from abuse. Staff were enabled to support people effectively by means of supervision, training, appraisal and regular spot checks.

People told us that they were supported to eat and drink sufficient amounts according to their tastes and preferences. Staff were aware of the procedures in place to refer people to other healthcare professionals when required.

Staff were aware of the procedures to follow to ensure that medicines were handled safely. Risks to people and the environment were regularly assessed in order to protect people from avoidable harm.

There were robust recruitment checks that included the necessary criminal checks to ensure that staff were suitable to work in the health and social care environment.

The service ensured that there were enough staff available to cover for emergency, absences and other leave in order to ensure that there were no missed visits.

Staff demonstrated an understanding of how they would obtain consent to care. They had an awareness of how the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs) applied in practice.

People told us that they were treated with dignity and respect and that their wishes were respected. They

were aware of how to make a complaint and thought that their complaint would be listened to and resolved by the registered manager.

Quality checks were completed by the managers in order to monitor and improve the quality of care delivered.

The service had a positive culture that was open and inclusive. People and staff thought the management team were approachable and open to suggestions made in order to improve the quality of care delivered.

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. People and their relatives told us they felt safe and trusted staff that delivered care. Staff were knowledgeable about the procedures in place to protect people from abuse. They had attended training and were able to tell us the reporting systems in place.

Staff had received appropriate training to enable them to manage medicines safely where required

There were enough staff to meet people's needs. Recruitment procedures were robust and ensured that appropriate checks were completed before staff were employed and allowed to work with people.

Staff were aware of the procedures for handling incidents and medical emergencies. Appropriate risk assessments for people and their environment were completed and acted upon in order to minimise harm.

Is the service effective?

Good

The service was effective. Staff received induction, training, appraisals and regular spot checks to enable them to support people. Staff regularly attended refresher training to ensure they were up to date and competent to support people effectively.

People told us that staff sought their consent before delivering care. Staff were knowledgeable about the Mental Capacity Act 2005 and how they applied it in practice.

Is the service caring?

Good

The service was caring. People told us they were treated with dignity and respect and that they usually had the same staff for continuity of care.

Staff knew the people they cared for, were aware of their preferences, which enabled them to provide an individualised service.

We found that people were encouraged to maintain their

independence.

Is the service responsive?

Requires Improvement

The service was usually responsive. Care plans were reviewed six monthly or when people's conditions deteriorated. However, there were sometimes not reflective of all the care delivered by the service. Visit times were not always for the full contracted time. As a result individual preferences were not accommodated.

There were processes in place to investigate and resolve complaints.

Is the service well-led?

Good

The service was well- led. People and their relatives told us they could get through to the office when they needed to and thought the service was well run.

There were effective quality assurance systems to get feedback from people and their relatives.

Eveshel Care Limited

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.

This inspection took place on 12 and 13 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was completed by one adult social care inspector.

Before the inspection we reviewed information from notifications. We also contacted the local commissioners and the local Healthwatch in order to get their perspective of the quality of care provided.

During the second day of inspection we visited and spoke with a person and their relatives in their home with their consent. We spoke with two people who used the service over the telephone, four relatives, the registered manager and the provider. We looked at three people's care records, six staff files and records relating to the management of the service. After the inspection we spoke with two care workers by telephone.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe and trusted staff that came to deliver their care. One person told us, "Staff are very gentle and kind. I have had no worries as they treat me very well." A relative told us, "The staff don't do anything hurtful. They are helpful and leave everything within reach." Two other relatives confirmed this, and told us they were usually informed if staff were running late.

People were protected from avoidable harm or abuse. Staff attended training to ensure they understood their responsibility to prevent harm and discrimination during induction and supervision. Staff had attended safeguarding adults training and were able to recognise signs of abuse. They had a good understanding of their duty to report and notify in accordance with safeguarding policies and procedures. We reviewed safeguarding reported in 2016 and found appropriate procedures had been followed to keep people safe. We noted procedures were in place to protect people from abuse.

People told us they were supported by the same staff most of the time although it was not always the same staff combination each week. They knew staff by name and told us staff usually came on time or informed them if they were running late. One person told us, "Regular staff come. We know them by name and they are fairly punctual." A relative told us, "[The person using the service] knows all their names. It varies who comes on a daily basis but it's the same core staff throughout the week. There is also a weekend set."

People, staff and relatives told us there were enough staff to meet people's needs. We checked staff rotas and found that there were no missed visits the week prior to our visit. We spoke with the management team and they confirmed there had been no missed visits between August 2016 and January 2017. However, people said they always received a call if staff were running late and where possible a suitable alternative time was agreed. There was a system in place to try and ensure that there were always enough staff to meet people's needs and to cover for sickness and any other absences. This included having some staff on call in case there was need to cover any last minute absences.

Recruitment practices were comprehensive as necessary checks were carried out, so that only staff deemed suitable to work with people in their homes were employed. These checks included disclosure and barring checks (checks made to ensure staff were suitable to work in the care industry), proof of identity, right to work in the UK, work history, references, and health checks.

People currently using the service had their medicines managed by their relatives. Staff told us they received training on medicine administration. They were aware of the procedure to follow if a person was refusing medicine or if they found any medicine errors. A competency assessment took place before staff were deemed competent to administer medicines. We looked at staff files and saw that staff who gave medicine had received training and were aware of the medicine policy and told us they would only prompt prescribed medicines.

Staff were aware of the procedures to follow in an emergency in order to get help for people. They told us that the office would arrange cover for the rest of the visits to enable staff to stay with people until an

ambulance came and next of kin was notified. Incidents and accidents were reviewed regularly and appropriate remedial action was taken. Staff were aware of when to fill these in and told us they would call the office as soon as possible when dealing with an incident. Accident and incident reports were reviewed by the management team and appropriate referrals were made where people required support from other professionals in order to protect them from avoidable harm.

Risks to people's home environment were assessed and updated when people's conditions changed. Other risks such as choking, falls, behaviours that challenged the service, nutrition and reduced mobility were assessed and reviewed and made known to staff when they started to care for the person to ensure that the necessary precautions were taken to minimise harm. Staff told us they would report any changes to ensure risk assessments were updated. They also completed safety checks on equipment such as hoists, slings and commodes to ensure they were in proper working order and safe for use.

Good

Is the service effective?

Our findings

People told us that staff knew their job and understood their needs. Relatives and two people referred to staff as "helpful" and "knowledgeable". One person said, "They are very good, not rough, but gentle". A relative said, "They never rush [person] and change the routine depending on how [person] is feeling." We asked people and their relatives whether the quality of their care changed dependent on which staff visited them. People told us that their care was fairly consistent and reliable.

People told us that staff always asked for their consent before care was delivered. Staff told us and gave us examples of how they sought people's consent before delivering personal care. They were aware of the Mental Capacity Act 2005 (MCA) and how they applied it in their daily practice. They told us that capacity could be variable and were aware of the need to involve other health care professionals where best interests decisions were required in order to ensure people's human and legal rights were respected. The 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.

Staff told us they were supported by the management team and were enabled to continue learning. Most staff either had a level two or three qualification in social care or were studying to gain more knowledge and understanding of the support needs of people under their care. Staff received a comprehensive induction including shadowing more experienced staff until they were confident and assessed as competent to deliver care independently.

Supervision (discussions with staff to check how they were getting on in their role) and spot checks were regular and used as an opportunity to reflect on practice. Staff told us that the supervisions and spot checks were completed in a supportive manner. Positive conduct and areas for development were highlighted to enable staff to improve people's experience. Annual appraisals were carried out and up to date giving staff the opportunity to identify strengths and areas they wanted to develop.

Training consisted of practical and theoretical training and it included medicines, effective communication, infection control, equality and diversity and first aid. Staff told us they were happy with the training and felt it gave them enough knowledge to effectively support people. One staff told us, "The training is really good. We get extra training if we request it."

People were supported to maintain a healthy lifestyle. Referrals were made to relevant professionals when staff noticed any concerns relating to nutritional intake, swallowing or mobility. Staff were aware of people on special diets such as soft, diabetic and any allergies and could tell us the steps they would take to ensure that people's cultural specific dietary requirements were met. People could choose what they wanted to eat or drink.

Good

Is the service caring?

Our findings

People told us staff behaved in a caring, compassionate and attentive manner. One person told us, "They're very pleasant and kind." A second person said, "They're all amenable. Easy to get along with and always ask if there is anything else they can do before leaving." A relative told us, "They are all quite good and seem kind."

People told us they were treated with dignity and respect and that their wishes were respected. One person said, "They always ensure I am well covered up as they help to wash me." Another said, "They give me my space when I need my privacy." Staff had attended dignity training and told us that they always put people's wishes first and avoided overexposing people during personal care. They gave examples of how they would leave people if it was safe to do so in the bathroom and stay by the door until they needed assistance.

Staff were mindful of where they stored documentation to ensure people's records were kept safely and their confidentiality maintained. One staff told us, "We are very careful with client's information and always ensure it's secure." They demonstrated an understanding of how to protect people's confidentiality by not volunteering information to third parties without people's consent.

People were supported to maintain their independence. One person said, "They let me wash my face when I have the strength and help me sit out. They leave my bits in close range so I can change the channel or have a drink." Another person said, "Stuff support and encourage me to do as much as I can for myself."

Care plans demonstrated involvement of people and their relatives. People's views and wishes were honoured and included last wishes such as going to the theatre or shopping. These were reviewed regularly via telephone monitoring and at care reviews. In addition we saw feedback between people or their relatives and the service relating to discussions about the support needs required and where people had requested changes to their visit times them and how this was honoured.

Staff were able to tell us how they supported people with long term conditions and those towards the end of their life. They spoke about the people they supported with affection and how they ensured they were comfortable and pain free. They focused on people's strengths and the importance of letting people spend as much time with their families and loved ones as they wished. Staff recognised that support could also impact upon the family and friends of people who used the service. They gave us examples of how they had worked with relatives to try and make the care package suit people and relatives daily schedules.

People who used the service were provided with a copy of the service user's guide which contained detailed information about the services offered. This meant that people who used the service and, where appropriate, their relatives knew what to expect from the service and who to contact for further information. In addition staff and management told us how they signposted people and their relatives to other organisations for appropriate help and support.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives were aware of how many visits they were due but were not always aware of the duration or the staff that were coming. One person said, "You don't know beforehand who is coming, but they are all good and some will say if they are coming back at the same time or if they are coming back at any point during that week." A relative said, "It's different [staff] but they are all familiar." We spoke with staff and the management team about this. They confirmed that currently care was being delivered by different staff each week in order to allocate work fairly to staff whilst awaiting more people to join the service. This did not ensure continuity of care or meet people's preferences as some people preferred the same staff to deliver their personal care. One person said, "It would help if it was the same staff coming." A relative said, "They [staff] are all good. But it's different ones each time. In a week it can be five or six different care staff, sometimes more.

People and their relatives told us staff were good. However, two out of three relatives told us they had an issue with some staff not wanting to be told what to do. People told us that staff listened to them, and gave them time to express their views and preferences about the way care was delivered. However, we were told of occasions when this was not always followed. Two out of three relatives told us staff did not stay for the whole of agreed visit times. We reviewed one care pan and found that it was not consistent with the current care package. A large part of the visit such as meals and medicines were being completed by the family but were still included in the care plan. Details such as "brushing teeth" and "emptying the catheter bag", although stated in the care plans, were not recorded as completed by staff. We were also informed by the relatives that these aspects of the care plan were not consistently completed. Furthermore, daily records did not have a sign in and sign out time to confirm length of visit. We spoke with the management about this and they sent us an electronic log in and out record which also confirmed that staff did not stay for the contracted length of time resulting in people not receiving care specific to the individual preferences.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although care plans were reviewed regularly and evidenced involvement of any relevant family and professionals, they were not always dated accurately. One person's care plan had been reviewed three times over a six week period in order to try and meet the individual's needs. However, it still did not reflect the current care needs. The other two care plans reviewed were dated inconsistently making it difficult to tell if they were reviewed by the documented review date. We spoke with the provider about this who said they were aware and were in the process of addressing this. We recommend further best practice guidelines are sought in relation to maintaining accurate records of care delivered

People were aware of how to make a complaint. When their care package began, they were given a "service user's guide", which outlined how the service operated and how they could make a comment or complaint. When asked if they had ever needed to make a complaint people replied, "Yes, when I call the office, any issues are usually resolved." We reviewed recent complaints and found they were acknowledged, investigated and responded to within timeframes outlined in the company's policy. For example, a staff

member had been stopped from visiting a person for a week whilst the complaint was being resolved and until the person had stated that it was all right for the staff to resume providing their care. This showed that people were supported and encouraged to raise any issues that they were not happy about.

Good

Is the service well-led?

Our findings

People and their relatives told us the management team was approachable and tried their best to resolve any issues. One relative told us, "I can talk to anyone of the people in the office and they listen and resolve any thing or advise me accordingly." Another relative said, "They are amazing. Always cheerful and helpful." Staff felt supported and told us they could go and have a chat with the manager or the provider at any time about their rota or anything related to their work. People and staff told us the service was well-run and that any issues they took to management were listened to and acted upon.

The manager who was in the process of registering with the CQC notified us of all incidents that they were required to do by law. There were clear management structures in place. Staff were aware of their roles and responsibilities of whereof where and how to report any work related issues. On call management cover was available out of hours and enabled care packages to be accepted at weekends. Staff told us they were supported by management and that they were enabled to do their job.

We saw and were told by staff that there was an open door policy where all staff were encouraged to contact management at any time. Staff thought there was a supportive culture where learning was encouraged among staff. Staff felt confident to challenge colleagues when they observed poor practice as open communication was encouraged in order to improve people and staff experience.

People told us about their experiences of having a regular review, saying their feedback was valued, and acted upon. One person said, "Staff ask if I'm happy with what they do and they try and leave everything as I want it." A relative confirmed this, saying, "If I need to clarify, check or change something, I'd ring up the office and they sort it out pretty quick." In addition in the biannual feedback survey dated November 2016 based on 92% response rate showed 80% of people felt they were comfortable to discuss any issues and that these were resolved. 100% of respondents felt their needs were being met.

There were regular monitoring checks by management to ensure that people's care records, staff files, training, supervision and staff appraisal were up to date. Staff told us they felt valued and that they attended meetings and gave feedback during spot checks, appraisals and supervision. There was a newsletter with updates at least three times a year in order to keep staff informed of any changes or quality issues. In addition, an employee of the month award was given to staff that went the extra mile to make people comfortable. For example, one staff had received this award for being able to persuade a person to have a shower where they had refused this in the past. People and staff were asked for feedback on how the quality of the service could be improved and this was taken into account.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment of people did not always fully meet their needs or reflect their preferences. Although care plans had some detail about peoples preferences. These were not always followed. Regulation 9 (1) (b) (c).