Everycare (Medway & Swale) Ltd

Prospect Place

Inspection report

Blake Avenue
Gillingham
Kent
ME7 1FX

Tel: 01634579793
Website: www.everycare.co.uk/kent

Date of inspection visit:
21 September 2017
04 October 2017

Date of publication:
13 November 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was carried out on 21 September 2017 and 04 October 2017. The inspection was announced.

Prospect Place is a housing with care (HWC) scheme for up to 70 people, with a dedicated Domiciliary Care team provided by Everycare (Medway & Swale) Ltd. People lived in flats within the scheme. At the time of this inspection, personal care was provided to 36 people. Others remained independent. The care team assisted people to maintain their independence by helping them with personal care tasks. Some people had more complex health conditions and higher care needs. Each flat was fitted with emergency call facilities, such as a lifeline telephone. A lift was available to take people between floors.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA 2005). The registered manager understood when the MCA 2005 code of practice needed to be used so that decisions people made about their care or medical treatment were dealt with lawfully.

Staff understood their responsibilities to protect people from harm. Staff had received training about protecting people from abuse. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

The registered manager and care staff used their experience and knowledge of people's needs to assess how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed and management plans implemented by staff to protect people from harm.

There were policies and a procedure in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

Staff provided friendly compassionate care and support. People were involved in how their care was planned and delivered. People told us they had built good friendly relationships with staff and that staff often made them feel better with their cheerful care.

The registered manager planned people's care by assessing their needs and then by asking people if they were happy with the care they received. Staff knew people well and people had been asked about who they

were and about their life experiences. Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. The risks in the service had been assessed and staff understood the actions they needed to take to minimise them.

Managers planned for emergencies, so that should they happen people's care needs would continue to be met. Emergency lifeline and staff on call systems were in place. The premises and equipment in the service were well maintained by the separate housing provider.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The registered manager employed enough staff to meet people's assessed needs. Staffing levels were kept under constant review as people's needs changed.

When required staff supported people to maintain their health by making sure people had enough to eat and drink. Staff received training about infection control and their work practice minimised the risk of cross infection.

If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with. The actions taken were fed back to people.

People told us that the management team were very caring and committed to providing personalised care. People were happy with the leadership and approachability of the service's registered manager. Staff felt well supported by the registered manager and other staff responsible for leading the service delivery. The registered manager and organisation carried out checks on the quality of the service and audited risk to keep people safe.

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 told us they experienced safe care. Systems were in place to manage risk. Medicines were administered by competent staff.

The registered manager and staff were committed to preventing abuse.

Recruitment for new staff was robust and sufficient. There were suitable numbers of staff deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

People were cared for by staff who knew their needs well.

Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff understood their responsibly to help people maintain their health and wellbeing. This included monitoring nutrition and hydration for some people.

Is the service caring?

Good

The service was caring.

People forged good relationships with staff so that they were comfortable and felt well treated.

People were treated as individuals and able to make choices about their care.

People experienced care from staff who respected their privacy,

dignity and choice.

Is the service responsive?

Good

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Information about people was updated frequently and with their involvement so that staff only provided care that met the person's needs.

People knew how to complain or make suggestions and these were acted on by the registered manager.

Is the service well-led?

Good

The service was well led.

The service had benefited from consistent and stable management who were focused on the quality of service delivery.

The provider and registered manager promoted person centred values within the service. People were asked their views about the quality of all aspects of the care they received.

Systems were in place to monitor and review quality and risks.

Prospect Place

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.

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This inspection took place on 21 September 2017 and 04 October 2017 and was announced. We announced the inspection with 48 hours' notice as this is a domiciliary service and we needed the registered manager to be available. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with six people and one relative about their experience of the service and ten people gave their views via completed feedback questionnaires. We spoke with four staff including the registered manager, the deputy manager and two support workers.

We spent time looking at records, policies and procedures, complaints and incident and accident monitoring systems. We looked at five people's care files, five staff record files, the staff training programme, the staff rota and medicine records.

The service had been registered with us since 09 September 2016. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Good

Is the service safe?

Our findings

Everyone we spoke with said they were safe at Prospect Place. People said, "I feel safe because I trust my carers". Another said, "The staff consider my needs and welfare". Another person said, "I feel safe because I know staff will respond to me if I use my lifeline call system". Others told us how staff made sure they received their medicines correctly. Another person said, "I get help with my medicines and the staff see me take it, they are very, very good people".

All of the people who responded to our inspection feedback questionnaires told us they were safe. Comments included, "I feel safe because of the friendliness from staff". And "Everything makes me feel safe, the staff are very good".

A relative said, "Having dedicated staff on site makes us feel Mum is much safer".

People had been individually assessed to see if they were exposed to any risks. For example, from falls, not eating and drinking enough or if they had on going medical needs. If people were at risk, the steps staff needed to follow to keep people safe were fully documented in people's care plan files. Additional risks assessments instructed staff how to promote people's safety. For example, specific catheter care plans and moving and handling care plans were in place. Staff described to us how they followed the care plans and we observed safe moving and handling practice taking place. This meant that the risk of harm was minimised during care delivery.

People were safeguarded by staff who were trained and understood their responsibilities to report concerns. Staff followed the provider's policy about safeguarding people and the registered manager had access to the Kent and Medway local authority safeguarding procedures. Staff had access to information so they understood how abuse could occur and their training about this had been refreshed. Staff we spoke with understood how they should report concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. Staff said, "I always report any concerns to the manager". And, "I reported a concern about one person not eating properly and the manager got this resolved by working with the person care manager". Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to.

Staff recorded the details of incidents or accidents if they happened. The registered manager looked at the records and checked the immediate responses were effective. They also considered if any changes should be made to prevent incidents happening again. For example, additional staff had been provided to monitor a person when their mental health deteriorated". This minimised risks across the service and meant that safe working practices were followed by staff.

Fire systems and tests were managed by the housing provider. However, staff received training in how to respond to emergencies and had a good understanding of the fire procedure in place. Personal emergency evacuation plans (PEEP's) were in place. The registered manager had plans in place in emergency situations

so that care could continue. For example, if staff could not get to work in bad weather. Backup staff cover was provided by Everycare managers which included an out of office hours emergency on-call manager.

People only received assistance with their medicines administration as part of a care package and many people were independent with their medicines. However, staff who administered medicines received regular training and updates. Their competence was also assessed by the registered manager so that medicines were given to people safely. Staff knew how to respond when a person did not wish to take their medicine. Staff said, "I have had two competency checks since April". Another said, "One of the managers stands and watches you administer medicines to check you are doing it safely". If staff did not pass the competency test, they could not administer medicines and had to be re-trained. This meant that staff understood how to keep people safe when administering medicines.

There was an up to date medicines policy which staff followed. The registered manager confirmed there was a policy regarding the safe management of as and when required medicines (PRN), for example Paracetamol. The system of medicines administration records (MAR) allowed for the auditing of medicines by the registered manager. MAR sheets were completed correctly by staff. The medicine had been administered as prescribed by people's GP.

The care and housing elements of the service were managed separately and between 2 pm and 4 pm each day care staff were not on site. However, the registered manager and deputy manager remained on site to respond to any care calls between 2 pm and 4 pm. A staff on call system was also operated for out of hours emergency situations. At night a member of care staff was on site to answer call bells and assist people if needed. People also had 24-hour access to a telephone lifeline service to enable them to get help if they were unwell or had an accident. This meant that people could get help and assistance when they needed it.

Enough staff were deployed to enable people's individual needs to be met and for care to be delivered safely. People were protected by safe recruitment practices, minimising the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Staff we spoke with gave a detailed account of how they had been recruited appropriately. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Staff received food hygiene and infection control training. Staff wore personal protective equipment (PPE) when appropriate, such as disposable gloves and aprons. Staff confirmed that PPE was always available.

Good

Is the service effective?

Our findings

People we spoke with who lived at the service told us they experienced care that met their needs. People said, "The care staff we have now are top class." Another said, "The staff know what they are about, they have helped me settle in." And, "The staff meet my care needs." A relative said, "Mum has staff who know what she likes to eat and how she likes things done."

All of the people who responded to our inspection feedback questionnaires told us they received care from staff with the skills and knowledge to give them the care and support they needed. Comments included, "The staff are well trained, but respect my right to decline care." And, "The staff do everything I need them to do for me."

This service was not routinely providing food and drink to people. There was a communal restaurant on the ground floor which was owned and managed by the housing provider and not Everycare, but these were not fully operational during the inspection. People remained independent with cooking in their flats and could make their own arrangements to buy and cook food or have hot meals delivered by external catering companies. Many people were able to go to the shops on their own or relied on family to do their shopping. However, staff also went shopping for people if needed and people told us this worked well for them. Staff we spoke with confirmed they had been trained in food hygiene best practice. Staff also understood that they needed to report any concerns they may have about people's welfare in relation to nutrition and hydration. There were examples of staff raising concerns that people did not have enough money to buy food or that people did not have enough food in their flats. The registered manager made sure these issues were resolved with the local authority care management team. We observed and people told us that staff left drinks for them to access between care calls.

There was an up to date policy in place covering mental capacity. 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. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA 2005 needed to be considered as part of someone's care. We spoke with the registered manager about decision specific capacity assessments and they had the guidance about this available should it be needed. For example, if people were no longer able to understand why the care was provided or their safety could not be protected. People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. Records demonstrated that the registered manager had a good understanding of the MCA 2005 and they had been working with the local authority care management team to assess people's capacity appropriately.

Training consistently provided staff with the knowledge and skills to understand people's needs and deliver effective care. Staff told us that the training was well planned. Staff confirmed that the quality of the training

enabled them to safely and competently deliver care. Staff said, "We get good quality training that covers everything from fire safety to understanding epilepsy." And, "The training has given me the right skills and I have just completed a level 2 national vocational qualification (NVQ)." Training records confirmed staff had attended training courses or were booked onto training after these had been identified as part of staff training and development. Staff received dementia awareness training and gained knowledge of other conditions from health and social care professionals visiting the service. This provided staff with the knowledge and skills to understand people's needs and help people maintain their health and wellbeing.

Staff we spoke with were knowledgeable about people's needs. For example, they were aware of people who were at risk of choking and when people's needs had changed. People received care from staff that had received appropriate training to carry out their roles. New staff inductions were linked to nationally recognised standards in social care. For example, the care certificate standards. The Care Certificate was launched in April 2015 and replaced the previous Common Induction Standards (in social care) and the National Minimum Training Standards (in health). The Care Certificate will help new members of staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

People received care from staff that were supported by their managers. Staff received consistent supervision and appraisal so that they understood their roles and could develop more skills. This led to the promotion of good working practices within the service. Staff were provided with one to one supervision meetings as well as staff meetings and annual appraisal. Supervisions were planned in advance and recorded in staff files. Staff told us that in meetings or supervisions they could bring up any concerns they had. Staff said they found supervisions useful and that it helped them improve their performance. Staff said, "Yes we get supervisions, we are able to discuss any concerns we have and the management listen."

People were involved in the regular monitoring of their health. Each person had a record of their medical history in their care plan, and details of their health needs. Some people were visited by community nurses to maintain their health and wellbeing. We asked staff about their awareness of people's recorded needs and they were able to describe the individual care needs as recorded in people's care plans. Care staff identified any concerns about people's health and reported these to the registered manager. Staff supported and encouraged people to contact their GP, community nurse or other health professionals with concerns. If needed and with consent, the registered manager sought advice for people. Records showed that the care staff worked with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, care and mental health concerns. This meant that staff understood how to effectively implement care against people's assessed needs to protect their health and wellbeing.

Good

Is the service caring?

Our findings

All of the people we spoke with told us the staff were caring. People said, "The staff have a good attitude." Another said, "I really feel that staff do care about me." Other people using the service said, "The staff are so friendly." Another person said, "The service here is very good." A person said, "The staff provided end of life care for my husband, they were so compassionate and careful and gentle with him in his final days and they supported the whole family, we cannot praise them enough."

A relative said, "The staff will always attend Mum if she needs help between her care calls. Often they [staff] do extra calls when they should be on their breaks to help Mum, this makes Mum feel valued."

People told us that they experienced care from staff with the right attitude and caring nature. People felt that staff communicated well and told us about staff chatting and talking with them, letting them know what was happening during care delivery. One person said, "The staff are such a laugh, especially the younger ones, they are very cheerful." Staff wanted to treat people well. When they spoke with us they displayed the right attitude, staff showed genuine concern for people's wellbeing. Staff talked us about the things they did to make sure people were treated with dignity and respect and how they protected people's privacy during personal care. For example, speaking to people and gaining consent to proceed with personal care and covering people with towels. Staff made sure people with poor mobility had everything they needed before they left their care call. For example, if people had access to drinks, food and things like the TV remote control and lifeline call bells.

Information was given to people about how their care would be provided. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People's preferred names were recorded in their care plans and staff used these when they addressed people.

People's right to remain independent was respected and recorded. One person said, "Yes, they encourage you to live independently." Another said, "Staff always talk to me during care and give me choices." The care plans clearly identified what people could choose to do independently and where staff needed to intervene to assist them. What people thought about their care was incorporated into their care plans which were individualised. We heard a number of examples of people having direct input into the way their care was delivered. The care plans set out what care the staff would provide.

Information about people was kept securely in the office and the access was restricted to senior staff. Confidential paperwork was regularly collected from people and stored securely at the registered office in Prospect Place. Staff understood their responsibility to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the registered manager they were listened to. One person said, "I do not have any problems, but if I did I would go to the manager." Another person said, "The manager is easy to talk to, I would tell them if I had a complaint". Another person said, "Any comments or request I make to the manager are acted upon immediately."

A relative said, "When Everycare first took over the care we did have some problems, but the manager puts things right, she understands how things need to run and she listens."

People's needs were assessed using a range of information to develop a care plan for staff to follow. Care plans were individualised and focused on meeting people's needs. For example, when people had been discharged from hospital for rehabilitation and they were less mobile. Specific care was planned to support people's recovery including monitoring their skin integrity to minimise the risk of pressure areas developing. Staff understood how to spot pressure areas developing, how to intervene with first aid preventative measures and how to access the tissue viability nurses quickly. People could choose to share information about their life histories and staff we spoke with told us they try to get to know people's families. This meant that staff could sit and discuss any common interest they had with people to get people chatting and keep their minds active.

People told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plans were scheduled in advance, but could also be completed at any time if the person's needs changed. Care plan reviews had taken place as planned and that these had been recorded. Records showed that care plan reviews were comprehensive and inclusive. Staff told us care plans were kept up to date and that they checked people's daily records for any changes that had been recorded. The registered manger reviewed people's care notes to check that people's needs were being met.

People were asked for their feedback more formally by questionnaire, these were sent out quarterly. People's thoughts were collated by the provider and areas for improvement were fed back to the service. Satisfaction with the service was high. We looked at 24 of the most recent responses and only one person was not satisfied. People were contacted on a one-one basis as part of the quality checking process if they were not fully satisfied. The registered manager had been to meet the person who was not satisfied and made changes to their care package, which they were now happy with.

There were systems in place to make sure that people's concerns were dealt with promptly. There was regular contact between people using the service and the management team. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback.

There was a policy for dealing with complaints that the staff and registered manager followed. There had been five complaints and nine compliments in the last year. The registered manager had responded to and resolved complaints within the provider's guidance. Comments from compliments included, 'Staff assist

people outside their normal care times'. Another commented, 'The staff are helpful and nothing is too much trouble.' All people spoken with said they were happy to raise any concerns. People told us that they got good responses from the office staff if they contacted them to raise an issue.

Good

Is the service well-led?

Our findings

People told us they were very satisfied with the service they received. People described the service positively. One person said, "The service is well run by the managers," Another said, "Communication between staff is good." Another said, "The management are very approachable." Another person said, "The care runs well because the staff are treated well by the manager."

All of the people who responded to our inspection feedback questionnaires told us the management team led the care delivery well. People told us about how managers from the office kept in touch with them. The service delivery schedules were detailed and clear for staff to follow. Several people told us that the registered manager and deputy manager had been very supportive of them 'emotionally' when they had been though difficult life experiences like bereavement. One person said, "I get on really well with the registered manager and deputy."

A relative said, "We do not accept second best, the registered manager has gone out of her way to accommodate our needs." Another said, "Good leadership filters down to staff, the registered manager has been inspirational and treats people as individuals."

The registered manager, and other senior staff provided leadership in overseeing the care given and provided support and guidance where needed. The registered manager and deputy manager often worked as part of the care team, delivering care. This meant that they were well known by people and that they could check the quality of care people received. The provider's area manager visited the service regularly, they attended tenants meetings and they met with staff. People told us that the providers area manager also delivered hands on care when needed. People told us about one to one meetings they had with the provider where they discussed the quality of the service.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. Staff told us they understood the organisations policies about keeping people safe and when they would use these.

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. Staff received training and development to enable this to be achieved. The registered manager had a clear understanding of what the service could provide to people in the way of care. They told us that they did not take on any new care packages they did not have the resources to deliver effectively. This was an important consideration and demonstrated that people were respected by the registered manager, who wanted to maintain the quality of the service for people.

The provider and management team were committed to making the service a good place for staff to work and they promoted good communication within the team. Staff told us they enjoyed their jobs. New staff told us they were made to feel part of the team from the day they started. Staff felt they were listened to, they were positive about the management team. Staff spoke about the importance of the support they got

from senior staff. One member of staff said, "We have one of the best managers you could have, she is very supportive." Another said, "The manager and the provider are very approachable, you can talk to them about anything." Other staff told us their experiences were similar and they confirmed they attended team meetings. The registered manager spoke to staff about their personal development and seven staff had successfully completed an NVQ (national vocational qualification). The registered manager had also developed their own skills by attaining an NVQ level 5 qualification. Staff confirmed they attended team meetings. Good staff support systems led to the promotion of good working practices within the service.

Our discussion with the registered manager confirmed there were systems in place to monitor and review any concerns about abuse, accidents, incidents and complaints. Accident audit reports provided an analysis of accidents and identified any themes. Audits included responsive actions and lessons learnt. For example, the registered manager had asked physiotherapist to re-assess people's needs for moving and handling and different equipment had been recommended. The physiotherapist had provided bespoke training for staff to use the new equipment safely.

The registered manager had carried out monthly quality audits of the service and systems. For example, records of daily care provided, care files and medicine's records. These audits assisted the registered manager to maintain a good standard of service for people and consistently meet the legal requirements and regulations associated with the Health and Social Care Act 2008, and Care Act 2014. The registered manager responded to any safety concerns and they checked that risks affecting staff were assessed.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This meant that there was transparency and openness and the risk of harm was reduced.

Senior managers at the provider's head office were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels within the organisation so that they were dealt with to people's satisfaction.