

Everycare

Everycare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of Everycare a Domiciliary Care Agency (DCA) on 28 and 29 September 2016. A breach of legal requirements was found in relation to records and quality assurance systems. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach and told us this would be completed by the end 18 November 2016 although training was to be ongoing.

We undertook this focused inspection on 27 March 2017 to check that they had followed their plan and to confirm that they now met legal requirements. We found improvements had been made and the provider was now meeting all legal requirements. However, these improvements were not, as yet, fully embedded in practice and need further time to be fully established in to everyday care delivery.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Everycare on our website at www.cqc.org.uk.

Everycare provides support for people who require a range of personal and care support related to personal hygiene, mobility, nutrition and continence. Some people were living with early stages of a dementia type illness or other long-term health related condition. Most people lived reasonably independent lives but required support to maintain this independence.

Everycare also provides 'live-in' support for people who have more complex needs such as frailty associated with old age or long-term health conditions.

There is a registered manager 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.

Care plans were personalised and contained the information required for staff to support people. However, further work was still required to ensure all information about how people made decisions and risks associated with their care and support were recorded.

Staff knew people well and had a good understanding of their needs. There was an open and positive culture which focussed on providing high quality support for people.

Full details of our findings can be found in the main body of the report under well-led.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Everycare was not consistently well-led. We found improvements had been made since our last inspection. However these were not fully embedded into practice.

People's care plans were person-centred and contained information to demonstrate the support they required. However, further work was still required to ensure all information about how people made decisions and risks associated with their care and support were recorded.

Staff knew people well and had a good understanding of their needs. There was an open and positive culture which focussed on providing high quality support for people.

Requires Improvement ●

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Detailed findings

Background to this inspection

We undertook an announced focused inspection of Everycare on 27 March 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our September 2016 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service well-led? This is because the service was not meeting some legal requirements. The inspection was undertaken by one inspector.

This inspection of Everycare was an announced inspection. We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who used the service. We needed to be sure they would be in.

Before the inspection we reviewed the information we held about the service, including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We looked at the action plan sent to us by the provider telling us how they were going to address the area that was in breach at our previous inspection.

During the inspection we reviewed the records of the service. These included training records, feedback surveys. We also looked at four care plans and risk assessments along with other relevant documentation to support our findings.

We met with the registered manager, provider and office staff to get their view of the care provided.

Is the service well-led?

Our findings

We carried out a comprehensive inspection of Everycare, a Domiciliary Care Agency (DCA) on 28 and 29 September 2016. A breach of legal requirements had been found in relation to records and quality assurance systems. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach and told us this would be completed by the end November 2016.

At our previous inspection we found people's care plans did not contain all the information that was relevant to people's needs. At this inspection we found improvements had been made. However these improvements were not, as yet, fully embedded in practice.

At our inspection in September 2016 feedback from people who used the service was extremely positive. People's feedback from a recent survey showed that this was still the case. People felt well supported by the service. Comments included, "All our contact is superb," "I've had eight happy years with Everycare" and when people had been asked if they would recommend the service people had responded they would and one person and commented they already had. Staff told us they felt supported by the management team. Feedback from external professional's also continued to be positive.

The registered manager told us changes had been made to the documentation used when people commenced using the service. This now included information about whether the person had appointed someone to act on their behalf in the event they lacked capacity. There was information about people's capacity in their care plans however further work was still required to ensure all information about how people made decisions was recorded.

Staff told us about the complex care and support some people received. They demonstrated a clear understanding of the people as individual's, the care they required and how this was delivered. Care plans were detailed and contained the information staff required. This included care related to continence management and tube feeding procedures. There were risk assessments in place to mitigate any risks associated with the care and support people required. Competency checks for staff who provided support to people in relation to bladder and bowel care had been reviewed and were in place. However, we identified there was no guidance in place for one person who had complex care needs in relation to their risk of choking. The registered manager informed us following the inspection that the information was now in place.

The provider had developed an action plan which identified areas for improvement and included time frames for when they would be addressed. Although risk assessments were in place for the majority of concerns and contained information to guide staff these were not person centred. This had been identified and the action included further training for the registered and deputy manager to be completed by the end of April 2017.

These above are areas which require improvement and need time to become fully established into everyday practice.

At this inspection we found people's records had been reviewed and contained information staff required to support people. We reviewed the care plan for one person who was unable to communicate verbally. There was information about how this person could communicate with people to express themselves, for example their agreement, happiness or distress. Mobility risk assessments were in place and there was detailed information in care plans about how staff supported people with their mobility including the use of mechanical hoists to change their positions.

Risk assessments were in place where risks had been identified. This included falls and skin integrity. Where people were at risk of developing pressure sores staff completed a daily form to demonstrate they had checked people's pressure areas and there were no concerns. If any concerns had been identified such as redness then appropriate action was taken. These were audited each month to ensure appropriate action had been taken by staff at the time. Staff had been updated about the importance of ensuring this information had been recorded appropriately and action taken when concerns were identified.

There were daily handover meetings where office staff were updated about any changes to people's care and support needs. This information was recorded and any actions required which were ticked when completed. These were checked by a senior manager at the end of each shift to ensure actions had been taken. Incidents were recorded and included information about actions taken to prevent a reoccurrence. These were overseen by a senior manager to identify any themes or trends and ensure appropriate action had been taken.

There was a quality assurance system in place and the provider's action plan showed where these were being addressed. This included clinical audit trail as a system of good practice to audit pressure area management. There were a range of policies and procedures in place that were regularly reviewed and available for staff. As with our comprehensive inspection in September 2016 we found there continued to be a positive culture at the service. There was a clear aim to provide a high quality service and ensure people received the best care possible.