

Everycare (Medway & Swale) Ltd

Everycare (Medway/Swale) Limited

Inspection report

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Date of inspection visit:

28 February 2017

01 March 2017

Date of publication:

12 April 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

This inspection took place on 28 February and 1 March 2017 and was announced.

Everycare Medway/Swale provides care services to people in their own homes mainly in the Medway area. The care provided was tailored to people's needs so that people could maintain or regain their independence.

Care was delivered to older people some of whom were living with dementia and younger adults with learning disabilities, mental illness and physical disabilities. There were 60 people using the service at the time of our inspection. The care and support people needed ranged from short calls to more intensive 24-hour support packages.

At the last Care Quality Commission (CQC) inspection on 22 July 2014, the service was rated as Good in all of the domains and had an overall Good rating.

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.

At this inspection we found the registered manager and provider has consistently monitored the quality of their service to maintain a rating of Good.

People continued to experience care that was caring and compassionate. Staff were trusted and well thought of by the people using the service.

People continued to have their needs assessed and their care was planned to maintain their safety, health and wellbeing.

Risks were assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse.

The provider had updated their policies since we last inspected in line with published guidance and practice in social care.

Procedures for reporting any concerns were in place. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

Staff training covered both core training like first aid and more specialised training. They also understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity.

Staff continued to have good levels of support and supervision to enable them to carry out their roles.

Staff continued to be recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding.

Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well.

People were pleased that staff encouraged them to keep healthy through eating a balanced diet and drinking enough fluids. Care plans were kept reviewed and updated.

There were policies in place that ensured people would be listened to and treated fairly if they complained.

The management team and staff were committed to the values of the organisation and ensured they took these into account when delivering care and support.

People were happy with the leadership and approachability of the service's registered manager, the provider and the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Everycare (Medway/Swale) 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 checked 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 28 February 2017 and 1 March 2017 and was announced with 48 hours' notice because we needed the registered manager to be available during the inspection.

The inspection team consisted of an inspector and an expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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 in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with 13 people who used the service. We spoke with seven staff including the provider, the registered manager, the training manager, a team leader and three care workers. We asked for views about the service from three health and social care professionals.

We looked at the provider's records. These included ten people's care records, which included care plans, health records, risk assessments and daily care records. We looked at six staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. After the inspection, we received further

information from the registered manager about quality monitoring feedback from people who used the service.

Is the service safe?

Our findings

People told us that that they felt safe when receiving care from Everycare staff in their homes. They told us that having continuity in staff attending helped them have confidence and feel safe with their staff. People said, "I have the same carers [staff] and I get a rota every week." "I have the same care staff which is great." "Everycare staff provide an excellent service." "I feel very safe that they come and see me." And, "If I am having new staff they will call me and tell me."

People were consistently protected from the risk of receiving care from unsuitable staff. The provider had an up to date policy to support robust and safe staff recruitment. Staff described the process they had been through when recruited and recruitment records confirmed the registered manager followed the policy. Applicants for jobs had completed applications and been interviewed for roles within the service. 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.

People had consistent care from regular staff so they were protected from risk. Staff were split into smaller teams which promoted consistency of care. We checked that people's assessment of need had been matched with staff numbers and skills. For example, if two staff were needed or if the staff had the background and skills to work with the different groups of people supported. The rota confirmed staff were allocated to 'double handed calls'. The staff rota showed that call times were planned in advance, staff logged in and out which showed staff stayed for the correct time. Staff we spoke with confirmed that whenever possible they were rostered with the same people. This meant that people could be sure that their calls would be made by staff who they knew.

The service had procedures in place and provided training for staff so that if they were asked to take on the administration of medicine's for people they could do this. Staff we talked with told us in detail how they supported people safely when dealing with medicines. Staff followed the provider's medicines policies and the registered manager checked that this happened by spot-checking staff and auditing medicines records. Spot checks are supervisions of staff in the field. This protected people from potential medicine errors.

People were kept safe by staff who understood and received training about the risks relating to their work. The registered manager had ensured that risks had been assessed and that safe working practices were followed by staff. Environmental risks were assessed and equipment was checked by staff before they used it. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. We found risks assessment were completed by staff as a priority.

Incidents and accidents were fully investigated by the registered manager to ensure steps were taken to prevent them from happening again. The provider's policy gave details of how the registered manager would monitor incidents and accidents. The incidents recorded since our last inspection had all been fully recorded and investigated with actions taken to reduce the risk recorded.

The registered manager continued to understand how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. This meant that the service could focus its resources into getting staff to the people most in need and protected people's continuity of care.

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People said, "The service works well because they work hard to match staff to my needs." "I like all my carers [staff] and they always ask me what I would like to eat and drink," and "The staff know what they are doing, very happy with them."

Staff continued to understand the care they should be providing to individual people as they followed detailed care plans. Care plans were left in people's home for staff to follow and staff confirmed to us that these were in place and kept up to date. People told us that staff followed their care plan and we saw that this was checked by management through spot checks and audits.

People's experiences of the service indicated that staff were competent and well trained. It was possible for people to make choices about the staff they had to deliver their care. Staff spoke about the training they received and how it equipped them with the skills to deliver care effectively.

The care people received was fully recorded by staff. We could see that care notes reflected the care required in people's assessment of need. Staff told us they read people's care notes and care plans before they started delivering care so that they were up to date with people's needs. Staff were provided with hands on practice so that they could use equipment safely.

People's health and welfare was protected by staff. This service was not providing food and drink to all of the people receiving support. This was because there were relatives living at home with people or people took care of their own needs around food and drink. However, where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to encourage people to seek help or ensure they passed the information on to relatives or care managers so that this was organised to protect people's health and wellbeing. People were supported to maintain contacts with their GP and other health monitoring sessions with community nurses to assist them to stay healthy. One person said, "If I need to see a doctor they (staff) will call for me."

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. The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care.

The registered manager wanted staff to have the skills and support they needed to do their jobs well. Staff received a comprehensive induction when they started working for the service. Records showed that when

new staff started work they began training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. Staff told us they had completed shadow shifts and an induction when they started working at the service. Staff said, "They are hot on training, the in house training is excellent," and "The training we get is very good." Equipment was provided in the training room to enable staff to practice hands on care. For example, when using hoist and adjustable height beds.

The registered manager used a range of methods to ensure that staff could develop the right skills for their role. They provided competency checks for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. Hands on training was provided for things like safe moving and handling, using a hoist and moving people with slide sheets or other safety aids. This ensured staff had training relevant to the people they delivered care to.

The registered manager had a plan in place to ensure that all staff received supervisions and annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had strengths and weaknesses in their skills and enabled them to plan their training and development for the coming year. Staff were observed by the registered manager or other senior staff whilst at work and were provided with guidance about their practice if needed.

When the registered manager met with staff they asked them questions about their performance. Staff had routinely been asked how they deal with health and safety concerns, so that managers knew staff understood their responsibilities. For example, in reporting risk or removing hazards. Staff supervisions were recorded and the registered manager gave guidance to improve staff knowledge.

Is the service caring?

Our findings

People described the care that they received very positively. People told us that the staff who visited them were all very caring and would always ask them how they were feeling and ask them what they would like help with. People said, "Very caring staff, cannot do enough for me." "Staff respect me and my home." "Staff and office staff listen to my needs." "The staff encourage me to make decisions," and "I am really happy with my carers."

What people thought about their care was incorporated into their care plans which were individualised and well written. The care plans had been adapted for people's communication styles. For example, some were pictorial to assist understanding. They clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs.

Staff treat people well. When they spoke to us they displayed the right attitude, they told us they give people time to do things, they tried not to rush people. People described that staff were attentive to their needs.

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged them to do things for themselves and also respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

Information was given to people about how their care would be provided. People signed their care plan. 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 were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

People's needs were reviewed and kept up to date and the registered manager and staff were always available to listen to people's views. People said, "All my needs are met." "I Would call the office to complain if needed." "My care plan was very good, I was involved in all the planning," and "I asked for a different carer and they changed them, this put my mind at rest."

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed.

Records showed that people had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. The registered manager reviewed the care plans at least every six months. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded.

Staff protected people's health and welfare by calling health and social care professionals if people were unwell. Other information showed that an occupational therapist had been involved in developing people's care packages and support plans and guidelines of care for staff to follow. This meant that people benefited from care that always followed best practice principals.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. There were two examples of how the registered manager and staff responded to complaints since our last inspection. These had been logged, investigated and the outcomes recorded.

There were good systems in place to make sure that people's concerns were dealt with promptly before they became complaints. 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.

Is the service well-led?

Our findings

The registered manager had been leading the service since 2012. They were supported to develop and manage the service by the provider who was also based at the office. The management team at the service provided a good balance of skills experience and knowledge. They had demonstrated that they could sustain a Good rating.

People told us the service was well managed and that managers were approachable.

Staff said, "The management are always ready to listen, could not wish for better people in the office"; "I love working here, have worked for other care companies, but this one is better," and "We get good support and attend team meetings."

A local authority care manager commented, 'I find this service extremely effective in partnership working. They are committed in making a difference to people's lives and work with complex cases.' And, 'Safeguarding cases have always been dealt with efficiently and professionally by the management team.'

The registered manager continued to quality audit the standards in the service. These audits assisted the registered manager to maintain a good standard of service for people. For example, the audits had identified the need for more training in relation to catheter care. Care plans, risk assessments and staff files were kept up to date and reviewed regularly. Records showed that the registered manager responded to any safety concerns and they ensured that risks affecting staff were assessed.

The provider's aims and objectives for 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. This demonstrated that the registered manager wanted to ensure they maintained the quality of the service for people.

Staff remained committed and passionate about delivering high quality, person centred care to people. We spoke with staff who were well supported and who had regular and effective communications with their managers.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff told us they enjoyed their jobs. Staff believed they were listened to as part of a team, they were positive about the management team of the service. Staff told us that the registered manager and provider were approachable.

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.

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 ensured that people could raise issues about their safety and the right actions would be taken.