

Everycare (Medway & Swale) Ltd

# Everycare@Bellerophon House

## Inspection report

Doust House  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Everycare@Bellerophon House is registered to provide personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single households in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service.

Everycare@Bellerophon House provides rented accommodation in 41 flats. There is a communal lounge and dining area on the ground floor that people can use if they wish. At the time of our inspection, there were 15 people receiving personal care.

### People's experience of using this service and what we found

People told us they felt safe with the staff. People were supported by enough and suitable staff who knew how to keep them safe from the risk of harm and abuse. People were supported safely with medicines. People were protected from the risk of infection. People's accidents and incidents were recorded.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's healthcare associated risks were identified and assessed. Risk assessments included mitigating factors to ensure safe care. People's needs were assessed before they received a service. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

People told us staff were caring and treated them with respect and dignity. People told us they were very happy with the service. People were involved in making decisions regarding their care. People were supported to remain as independent as possible.

Care records were up to date, person centred and comprehensive. People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people knew how to make a complaint.

People, relatives and staff told us the registered manager and senior staff were supportive. Staff told us they felt well supported by the service. The service had quality assurance processes in place. The service worked well with other organisations to improve people's experiences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good. (Report published on 6 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Everycare@Bellerophon House

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

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

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since its registration. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service and one relative. We also spoke to one health and social care professional. We spoke with five members of staff including the registered manager, two care coordinators and two care workers. We reviewed six people's care records, two medicine records, two staff personnel files, staff training documents, and other records about the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People told us they felt the service was safe. One person said, "I feel safe when [staff] use a hoist." Another person told us, "I feel safe by the professionalism of the [staff]."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I would tell the [care coordinator]. We can go higher up. At the very end we could go to CQC for whistleblowing." Another staff member told us, "I would go to my manager. I would go to CQC."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. They were for areas such as breathing, skin care, foot care, hair washing and shaving, continence, spectacles and hearing aids, falls, pain management, eating and drinking, oral health, shopping, smoking, allergies, mobility, equipment, mental health, sleeping habits, communication, finances, socialising, religion, sexual relationships and orientation, independence, and personal safety.
- Staff knew about people's individual risks in detail. One staff member said, "I would come to the senior [staff member] and document everything [if person was at risk]. Call doctors and nurses when needed. The care plan and risk assessments would be changed."

Using medicines safely

- The provider had appropriate systems in place to ensure safe management of medicines. People told us they received medicines on time and in a safe manner. One person said, "I have medicine three times a day. [Staff] take [medicines] from dosette box and give to me in a cup." Another person told us, "I get my own medicines from the dosette box. [Staff] check I have taken them." Dosette boxes are plastic boxes with small compartments that show which pills need to be taken at what time of day.
- People who were supported with medicines had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- Staff received training in the safe administration of medicines. One staff member said, "[Senior staff] observe us doing medication." Another staff member told us, "We have spot checks where they are unannounced and [senior staff] check medicines. They check you are following the correct procedure."
- There were systems in place to check the medicine records monthly. Records confirmed this.

Staffing and recruitment

- People were supported by staff who were appropriately recruited. The service had a robust recruitment process and checks were in place. This ensured staff were suitable and had the required skills and

knowledge needed to care for people.

- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting. Full employment histories were recorded on application forms.
- People told us there were enough staff available to support them and meet their care needs. One person said, "No, I don't feel rushed." Another person told us, "I think there are enough staff."
- Staff told us there was sufficient staffing levels and their shifts were covered when they were on sick and annual leave. One staff member told us, "Generally enough staff. If someone calls in sick, we muck in. We are pretty good looking at the rota and getting on with it. Doesn't happen very often. There are people [care coordinator] could call but generally enough staff." Another staff member said, "We are really good for covering. Never really an issue."

#### Preventing and controlling infection

- The service followed safe infection control practices to ensure people and staff were protected against the risk of the spread of infection. One person told us, "[Staff] wear gloves." Another person said, "[Staff] wear gloves when preparing food and washing me. They change the gloves between tasks."
- The service had infection control policies in place including a policy on the coronavirus. Staff had received training in infection control.
- Staff were clear on their responsibilities with regards to infection prevention and control, and this contributed to keeping people safe.

#### Learning lessons when things go wrong

- Accidents and incidents records showed staff acted promptly and appropriately to support people safely when they had falls and during incidents.
- The records detailed when incidents had occurred, and the actions staff had taken to support people. The management reviewed the incident records, and recorded the learning outcomes, and the actions they would take to prevent them from occurring again. Records confirmed this.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information was available in the office and in people's home to guide staff.
- The service carried out an initial assessment of people's needs before the service began. Records demonstrated people who used the service and their relatives were involved in this process. One person said, "Staff did a thorough assessment before I arrived."
- People told us staff knew their needs and provided individualised care. One person said, "I think the staff are good at their jobs. They are very good at putting me in the right position. They check for bed sores."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. Records showed staff were working on completing the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
- Staff told us training was offered on a regular basis. Records confirmed this. One staff member said, "The training is very good. [The trainer] is very understanding. You can ask her anything." Another staff member told us, "The training tells you everything you need to know. [Senior staff] are on your case when [training is] due."
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision regularly took place, where staff could discuss any concerns and share ideas. One staff member said, "We do get supervision. We talk about lots of things. Like how we feel about [people who used the service], if any training you should be doing, [and] any issues with anything or anybody." The service completed annual appraisals with staff.

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

- Staff supported people with their meals when needed. People told us staff supported them with their meals when needed. People who had support told us staff offered them choice and gave them the food and drink they wanted. One person said, "[Staff] do scrambled eggs and ask what I want." Another person told us, "[Staff] cook what I want."
- Care plan's recorded people's dietary needs and food likes and dislikes.

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

- The service worked with other agencies and health professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical

advice was sought. One person told us, "[Staff] have called an ambulance a few times." Another person said, "[Staff] called for an ambulance when I had an accident. They have called the GP."

- Records showed the service worked with other agencies to promote people's health such as district nurses, dementia specialist teams, and local health teams.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- There were systems in place to assess people's mental capacity to consent to care. People told us staff asked for their permission before providing support. One person said, "[Staff] ask before they do things like wash my back." Another person told us, "[Staff] ask if I want a wash."
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support. One staff member said, "I wouldn't do anything if [people] wouldn't want me too." Another staff member commented, "We get consent with everything."
- The registered manager and staff had a good understanding of MCA.
- People's care records included their capacity to make their own decisions and any support they needed in these areas.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service has staff that supported and treated people with kindness. People told us staff were caring and treated them well. One person said, "I love all the [staff]. They are exceptionally nice, and I would adopt them all if I could. They are all dedicated. Nothing is too much trouble." Another person said, "I know the staff care about me. They are always nice to me."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "You introduce yourself and chat. You ask them [people their] likes and dislikes. I always try and treat [people] as how I would want to be treated. Most of them want someone to talk to, I do listen to them." Another staff member told us, "I really like everyone here. They are like our friends."
- Discussions with the staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "Sexuality for us is not an issue. We are fully inclusive." A staff member said, "[LGBT people] are not treated differently to anyone else."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care. For example, staff spoke about supporting people who identified as LGBT. Records confirmed this. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews. One person said, "[Staff] have reviewed my care plan after I had to go to hospital."

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity. People relatives told us their privacy and dignity were respected. One person said, "I rarely ask [staff] to wipe my [body part], [but] they did it with no problem and maintained my dignity." Another person told us, "I feel [staff] treat me with dignity even when they are bathing me."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "We shut the door and the curtains [when giving personal care]. I never look through [people's] personal

things. I always knock, most have key safe, but I always knock." Another staff member said, "I treat [people] as an equal."

- Care plans instructed staff how to encourage people's independence. For example, one care plan stated, "I am able to wash most of my body myself but will require you to wash my legs and back for me."
- Staff told us they maintained people's independence and people were asked about what they were able to do. One staff member said, "If someone is able to make a cup of tea and they want to then I would encourage them."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported with their personal needs and as per their wishes. People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences. For example, one care plan stated, "In the morning, I will still be in bed. I can't get up by myself. I have [medical condition] so I can't always tolerate loud noise or lots of talking first thing in the morning. Please encourage me to have a shower, due to my [medical condition] I may have a bad headache and decline a shower, this is my choice. Please put the heater on in my bedroom so it is warm for when I have finished washing."
- Care plans were regularly reviewed, and people were encouraged to contribute to reviews to help ensure their needs were accurately reflected. One person said, "I have seen a copy of my care plan."
- After each care visit staff completed daily notes to record the support provided and capture any changes in people's needs. Records confirmed this.
- The service was flexible and responded to people's needs. People and their relatives told us about how well the service responded if they needed additional help or changes to their visits. One person said; "I like to have my bath early. If I have to go somewhere [staff] will change [time of personal care]."
- However, we found care records did not record people's life history and experiences. Staff we spoke with knew people well and were able to describe people's life experiences. We spoke to the registered manager who agreed this information needed to be recorded to support new staff to the service. The registered manager told us they would start immediately recording a history of people's life experiences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people in a personalised manner, in line with their needs and preferences.
- Records showed people's communication needs had been assessed and were known to staff. For example, one care plan stated, "[Person] has glasses for watching tv. May need support in putting them on. Staff to ensure that glasses are kept clean and support [person] in being able to wear them."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. Everyone we spoke with felt comfortable to speak to the staff about any concerns. One person said, "I would ask to see [care coordinator]." A relative told us, "I would tell

the manager."

- The provider had a complaints policy and processes in place to record and investigate complaints.
- Records showed complaints were resolved as per the policy.

#### End of life care and support

- The provider had an end of life care policy and systems in place to support people with their end of life wishes and palliative care needs. One staff member told us, "There is a palliative care team that [senior staff] call on. Nursing team come in, and they are available for the families as well."
- The registered manager told us the service was not supporting anybody who was reaching the end of their life at the time of our inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture which encouraged openness and enabled staff to provide care that achieved positive outcomes for people.
- People told us they got on well with the registered manager and the senior staff. One person said, "[Registered manager] is wonderful." Another person told us, "[Care coordinator] is nice and will get [call times] changed if I am going out."
- Many of the staff had worked for the service for a long period of time. This enabled positive relationships to develop. The registered manager commented, "Our focus is to enable people to live independently as much as they can. Our mission statement is around our values. Our staff team is like a little family. [Staff] know their [people]. They know the individuals and their preferences. They engage with them." One staff member said, "I love it here. It is lovely. I like everyone I care for. [Provider] supports you. I have always been supported."
- Staff told us they felt supported by the registered manager. One staff member told us, "[Registered manager] is lovely. I get on really well with her. She is always there if you need anything." Another staff member said, "[Registered manager] is a good manager. She is very efficient. She is approachable if you need to talk to her."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. Spots checks on staff were completed and helped to monitor their performance.
- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and to make suggestions.
- People and their relatives were asked for their views of the service through an annual survey. The results from the most recent survey had been positive. One person said, "We have had a survey in the last three months."
- The service worked in partnership with the local authority, health and social care professionals and commissioners.
- Senior managers kept up to date with developments in practice through working with local health and social care professionals and by attending relevant training.