

Everycare Rugby and Warwickshire

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Inspection report

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Date of inspection visit:
15 March 2023
24 March 2023

Date of publication:
06 April 2023

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 Rugby & Warwickshire is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to younger adults and older adults, people living with dementia, mental health needs and sensory impairments and people with a learning disability and autistic people.

At the time of our inspection the service was supporting 13 people; younger and older adults who were receiving personal care. People purchased individual packages of care to suit their own care and support needs. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the performance review and assessment, the service did not provide a regulated activity to anyone with a learning disability or autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a service for this population group.

Right Support:

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. Staff had been trained and completed agreed care and support tasks. Staff were recruited in line with the provider's policy.

Right Care:

Staff knew people well and understood how to provide care in a person-centred way. People received consistency in the staff undertaking their care calls. Staff ensured people's rights and dignity were promoted and protected. Infection, prevention and control was managed well. People said they felt safe with staff in their homes.

Right Culture:

The registered manager had good oversight of the service. Quality checks took place and improvements were made where needed. The registered manager and two business partners were committed to delivering a good service and frequently sought feedback from people, relatives and staff about how they felt things needed to improve. Staff were valued and said they felt supported by the management team. Staff felt

proud to work for the company.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 August 2018).

Why we inspected

This performance review and assessment was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Everycare Rugby & Warwickshire

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or telephone calls to engage with people using the service and staff.

Performance review and assessment team

The performance review and assessment was carried out by 1 inspector.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of performance review and assessment

This performance review and assessment was announced. We gave short notice on 15 March 2023 to the registered manager. This was so they would be available to support the performance review and assessment process.

Performance review and assessment activity started on 15 March 2023 and ended on 24 March 2023.

What we did before the performance review and assessment

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We reviewed the information we had received about the service since the previous inspection. We contacted the Local Authority and asked for feedback from them. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. We used all of this information to plan our inspection.

During the performance review and assessment

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls, telephone calls and email to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation.

We spoke with 4 people and 6 relatives to gain their feedback on the service. Additionally, we gained feedback from 7 care staff and spoke with the registered manager.

We reviewed a range of records. This included 4 people's care plans and multiple records related to risk management, medicine administration. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We reviewed 4 staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection this key question has remained good. This meant people were consistently safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks of potential harm were identified and information on how to reduce those risks were available to staff to refer to when needed. Staff shared examples of how they kept people safe. One staff member told us, "I assist people to transfer using transfer boards and make sure they are positioned correctly."
- Some people had individual healthcare conditions including asthma and diabetes. Whilst staff did not always have support tasks related to people's healthcare condition, information leaflets about their condition was available to staff in people's own homes and also in the office, for them to refer to if needed.
- Guidance was in place directing staff when they should seek professional healthcare intervention.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe with staff in their homes and protected from the risks of abuse when their care calls took place. A person told us, "I am quite new to using the service, when I did not know the staff, they always showed me their identity badge, now I know them, I feel very safe with them." A relative told us, "My relation feels safe with the staff in their house, staff have a key code and let themselves in. My relation would tell me if they had any worries at all."
- The registered manager had a safeguarding people from abuse policy, which informed staff what actions they should take if abuse was suspected. Staff members told us they would report any concerns to their manager. Staff could also tell us how they would 'whistle-blow' any concerns to external organisations such as the Care Quality Commission (CQC); if they felt their concerns had not been acted on.
- The registered manager understood their responsibilities to notify external agencies including the local authority and CQC of certain events, which included allegations of abuse. Where incidents had been reported to the provider, these had been investigated.

Preventing and controlling infection

- There was an infection prevention and control policy available to staff to refer to. Staff were trained in infection prevention and followed the training given to them.
- Staff had access to stocks of personal protective equipment and used these when supporting people with personal care. During March 2023, the provider had notified people and relatives that staff would no longer be required to routinely wear face masks, in line with COVID-19 government guidance. However, people and relatives were aware they could opt for staff to continue to wear face masks if they wanted this.

Using medicines safely

- Staff had received training in the safe administration of medicines and people were supported with their medicines where this was an agreed part of their care and support.

- Some people were prescribed topical medicines such as creams for their skin. Directions were in place to instruct staff where creams should be applied on a person's skin.
- The registered manager ensured people had electronic medication administration records (eMARs) in place. Staff recorded administering people's medicines in line with the prescribing directions.

Staffing and recruitment

- Staff were recruited in a safe way. We reviewed 4 staff employment records and checks such as references had been obtained.
- Pre-employment checks had been undertaken. DBS (Disclosure and Barring Services) checks had been obtained. Where any disclosure had been made, a detailed risk assessment had taken place to ensure the staff's suitability to work for the organisation. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us they were facing the recruitment challenges being experienced throughout the health and social care sector. They had worked in partnership with the local county council to create a video, available on the provider's website, about the business to encourage new staff.
- There were sufficient staff employed to undertake agreed care calls. The registered manager told us they did not take on work if the care calls could not be covered.
- People and relatives told us staff did not rush on care calls. People and their relatives could not recall any missed calls and told us staff arrived mostly on time and stayed for the duration of the agreed care call. People and relatives told us any lateness was minimal.
- The registered manager had a care call monitoring system. This created alerts to the management team if staff were running late to a care call so action could be taken to inform people and relatives.

Learning lessons when things go wrong

- The registered manager told us lessons were learned from accident and incident analysis. This meant actions could be taken to reduce the risk of reoccurrence.

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 our last inspection we rated this key question good. At this inspection this key question has remained good. This meant people's outcomes were good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- Staff worked within the remit of the Mental Capacity Act and understood the importance of gaining consent from people. People were supported in their own home, and they were not restricted by staff in how they lived their lives.
- Risk management plans included an assessment of a person's mental capacity. At the time of our performance and assessment review, the registered manager told us everyone had been assessed as having mental capacity.

Staff support: induction, training, skills and experience

- Staff received an induction and training and felt this gave them the skills they needed for their role. One staff told us, "Over the years I have completed online courses for Everycare, these have given me help to do my job. I have also done 'in-house' training, which has helped me to look after [Name] and learn to cope with any problems they may have."
- People felt staff had the skills they needed for their role. A few people and / or relatives felt some staff were taking more of the care call time to complete electronic notes than others and this impacted the time left for care tasks. The registered manager explained the electronic app was quite new to some staff and they would offer further training if needed.

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

- People were supported with their nutritional and hydration needs where this was an agreed part of their care and support. Staff knew people's likes and dislikes well. One staff member told us, "[Name] takes her tea with hardly any milk, their choice for that day maybe scrambled egg with bread and butter with the crust

taken off or half a sachet of porridge or bread and butter with a banana."

- People and relatives confirmed staff prepared food and drink according to their preferences. One person told us, "The girls now I can make my own drinks, but they always offer to make me one before they leave."

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

- Staff were able to give examples to us of when they would seek help and support from other healthcare agencies. Staff said they would report any concerns to the manager or if needed would contact district nurses or a person's GP on their behalf.
- The registered manager worked with information and guidance given to them from healthcare professionals including occupational therapists and district nurses.

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 our last inspection we rated this key question good. At this inspection this key question has remained good. 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; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives gave positive feedback about the caring approach of staff. A key theme of the feedback we received was the consistency in the care staff which enabled people and relatives to build relationships with staff who supported them.
- People and relatives felt the management were caring because they ensured they told them which staff were undertaking care calls to them. One person told us, "I can use my iPad to look at the rota, I like to know which staff I have coming." Another person told us, "I can access the rota to look at the staff due to support me. If there are any changes, the manager doesn't just change the electronic rota but also phones me as well, I appreciate that."
- Staff demonstrated a caring approach. For example, one staff member told us, "I use respectful language at all times, am kind and polite and patient with people. I respect people's personal space and possessions and take time to listen and engage in conversation with people."
- People and their relatives were involved in making decisions about their care. The registered manager told us, "I go out to meet with people to complete an initial assessment of their needs and I can start to build a relationship with people."
- During initial assessments, people were given opportunities to share information about protected characteristics under the Equality Act 2010. This meant people's equality and diversity were respected.
- People were offered a gender preference of staff. Everyone spoken with was happy with their staff members who undertook their care calls.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. One person told us, "The staff are very respectful, they ask me, 'what do you need from me?' They don't take over but support me with my independence in what I can do for myself and then do the things I cannot manage."
- Staff respected and promoted people's privacy. One staff member told us they achieved this by, "Knowing people as a person and treating them with dignity and giving good quality care."
- Staff demonstrated a positive understanding of why people's independence was important. One staff member told us, "A positive relationship involves the person in decision making, allowing them to use their strength to face their own challenge whilst being there if they need support and allow them to contribute to tasks."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection this key question remained good. This meant 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's day to day care and support was tailored to meet their individual needs and preferences based on tasks to be completed by staff. People and relatives were happy that the agreed tasks were completed on care calls.
- Staff were responsive to people's wishes. Records showed staff listened to people and supported them in extra activities they wished to do.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and was documented in their plan of care.
- People were positive about the way staff communicated with them. One person told us, "Staff value me, they don't talk over me, they have positive attitudes' and we have a laugh and a chat together."
- Some people had sensory impairments such as having a hearing impairment or needing to wear glasses. Care tasks on the electronic 'app' directed staff to speak clearly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service offered additional services including social visits and support calls to people as well as the regulated activity of personal care. People, or their relatives, could purchase these other services if they wished to from the service.
- People's plans of care gave basic information about their hobbies and interests. Staff members were aware of what people liked to chat about.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no current complaints about the services they received and were aware of how to contact the office if they needed to raise a concern.
- There was a complaints policy available to people and their relatives. The registered manager told us any complaints and concerns received were used as a way of learning to improve the services they provided.
- A few people or relatives told us they would like to be able to see staff's log in times to care calls on the service's electronic call monitoring system. We fed this back and immediate action was taken to ensure

people and relatives had access to this and they were informed of this.

End of life care and support

- End of life care and palliative support was not currently provided and we have therefore not made a judgement on this. In the event of a person reaching end of life care, the registered manager told us staff would follow healthcare professional guidance.

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 our last inspection we rated this key question good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture did promote high-quality, person-centred care.

Managers being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had quality checks and audits in place. These included care call monitoring. Where staff were late to care, even by 1 minute, these had been recorded along with the reason why, which was frequently due to a traffic delay.
- Monthly care plan reviews took place with people and their relatives and checks to ensure all care task information remained accurate so staff had the information they needed to refer to. Reviews were collated into a monthly audit report so the registered manager had oversight of any concerns or actions to complete.
- Checks on people's electronic medicine administration records (eMARs) were completed by the registered manager and had not identified any required improvements or actions to be taken.
- Medication competency assessments on staff took place. These included both knowledge checks and observed practice in the safe handling of medicines.
- Unannounced spot checks on staff's skills took place. These were used to identify any further staff training needs.
- An out of office hours on-call system operated to support staff. The registered manager and two business partners operated this and stepped in to cover care calls when needed.

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 was aware of their legal responsibilities under the duty of candour. Statutory notifications had been sent to us about specific events as legally required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were asked for their feedback on the service received. One relative told us, "The manager phones every month to check things are going okay, and this means any small issues can be sorted out quickly."
- The registered manager had a system in place for gaining feedback from people in the form of survey. The March 2023 feedback had been analysed by the registered manager and showed positive comments from people.
- Compliments from people and relatives had been recorded and reflected their satisfaction with the service received.

- Staff gave positive feedback about working for the company. A staff member told us, "I am proud to say I work for Everycare and I would not hesitate to recommend the company to people and carers. Our team is small, and we take a professional approach in our job role, we work together as a team, and we are all team players."

- Processes were in place to support and value staff. Team meetings and one to one supervision meetings took place, which staff said were supportive. Some staff had recently received long-service awards and felt recognised and valued by the provider in receiving these.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with other healthcare professionals involved in people's care. For example, working with the local county council, physiotherapists and occupational therapists.