

Everycare (IOW & Solent) Ltd

Everycare (Isle of Wight)

Inspection report

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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

Everycare (Isle of Wight) is a domiciliary care agency providing personal care to people living in their own homes. These included people living with dementia and people living with a physical disability or a learning disability.

The last inspection of the service took place on 22 and 26 January 2015, where we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We set a compliance action in relation to the management of risks and the establishment of an effective recruitment process. The provider sent us an action plan stating they would be meeting the requirements of the regulations by 01 May 2015.

This was an unannounced inspection, which was carried out on 08, 11, 12 and 14 January 2016. At the time of our visit the service was providing personal care to 70 people. During the inspection we found the provider had completed all the actions they told us they would take.

There was a registered manager in place 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.

People using the service and their relatives told us they felt safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided enough information to allow staff to protect people whilst providing care and support.

People were supported by staff who had received the appropriate training, professional development and supervision to enable them to meet their individual needs. There were enough staff to meet people's needs and to enable them to engage with people and provide care in an unhurried manner.

People and when appropriate their relatives had been involved in the planning and review of their care. Care plans were personalised and reflected people's individual needs. Staff used the information contained in people's care plans to ensure they were aware of their needs and how to support them. Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Staff developed caring and positive relationships with people; they were sensitive to their individual choices and treated them with dignity and respect. People were supported to have enough to eat and drink.

There were suitable systems in place to ensure the safe management and administration of medicines across the service. All medicines were administered by staff who had received appropriate training. Healthcare professionals, such as GPs and district nurses were involved in people's care where necessary.

There was an opportunity for families to become involved in developing the service and were encouraged to provide feedback on the service provided. The provider had established a safe and effective recruitment process and had arrangements in place to deal with any concerns or complaints.

There was a clear management structure and staff understood the role each person played within this structure. The service had a positive and open culture and the registered manager understood the responsibilities of their role

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.

The manager had assessed individual risks to people. They had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines safely from staff who had received appropriate training.

People and their families felt the service was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good ●

The service was effective.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and ongoing training to enable them to meet the needs of people using the service.

Is the service caring?

Good ●

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People and when appropriate their families were involved in

planning their care. Staff used care plans to ensure they were aware of people's needs.

Is the service responsive?

The service was responsive.

Staff were responsive to people's needs.

People received care that had been assessed to meet their individual needs. Staff responded appropriately to people's changing needs.

The provider sought feedback from people or their families and had arrangements in place to deal with complaints.

Good ●

Is the service well-led?

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People, their relatives and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided.

Good ●

Everycare (Isle of Wight)

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.

We had received some information of concern about the service and therefore the inspection was unannounced. The inspection was carried out by two inspectors and an expert by experience over the 08, 11, 12 and 14 January 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 15 people who used the service or their relatives. We also spoke with four members of the care staff, a care co-ordinator, three senior care staff, the registered manager and the provider.

We looked at care plans and associated records for nine people using the service, staff duty rota records, six staff recruitment files, records of complaints, accidents and incidents, policies and procedures, and quality assurance records.

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff and the service provided. One person told us "I feel very safe. I am in good hands". A relative said "I am sure mum is safe when they are there".

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people. All of the staff and the manager had received safeguarding training and the staff knew what they would do if concerns were raised or observed in line with the providers' policy. One member of staff told us, "If I had any concerns I would come to management straight away and check for danger straight away". Another member of staff said "If we see any signs or changes or bruises [we] log it and report it immediately". They then gave an example where they were aware of a person they supported who was at risk due to their life style choices. Records detailed the action that was taken when a safeguarding concern had been identified; including reporting the information to the appropriate authority in a timely manner. The service user guide has been updated to include information to people about the risks of safeguarding abuse and the commitment of the service to mitigate those risks.

At our last inspection, we identified that risks relating to people's care were not always identified and managed effectively. During this inspection we found that people's care records contained risk assessments associated with the delivery of their care. These were regularly reviewed to ensure actions remained current and reflected the person's condition. People were involved in developing their risk assessments and talked with staff about any changes they wished to make. Staff were able to explain the risks relating to the people they supported and the action they would take to help reduce the risks from occurring. One member of staff explained how the risks to one person, who was at risk of falls, had been managed. The person now had a falls detector in place linked to another agency who provided 24 hour support and specialist equipment to assist people who have fallen to get off of the floor. In agreement with the service, when they have attended a fall they update the person's daily record of care to ensure care staff were aware of what had occurred".

Where an incident or accident had occurred, there was a clear record of this. The registered manager reviewed all incidents, accidents and 'near misses' and carried out an analysis of how the event had occurred and what action could be taken to prevent a recurrence. For example, one person had recently experienced a series of falls. These were recorded in the person's care records and an updated risk assessment put in place to help reduce the risk of further falls.

There were enough staff available to meet people's needs. The registered manager told us staff allocation was based on each person's needs. These were assessed, in conjunction with their care manager, prior to acceptance by the service. There was a computerised duty management system, which detailed the staffing requirements for each day and provided a visual warning when there were shortfalls in service provision. These gaps were managed through the use of overtime and supervisory staff. The computerised system was linked to care staff phones which provided detailed information regarding timeliness and allowed concerns to be updated straight away, for example when a member of staff was stuck in traffic. There was also an out of office 'on-call' system providing 24 hour cover if required.

People and their relatives gave mixed feedback in respect of the consistency of their care team and the timeliness of calls. Comments included "They [staff] can vary", "they are not always consistent, there are lots of changes with staff" and "I have phoned the office because they are continually late". Other people commented that "they do let us know when they are running late" and "mum likes the same carers to go because she feels safer when she knows them".

We raised people's concerns with the provider who told us they had recently developed a new staff employment package which had led to an increase in staff retention. They had also identified the concerns with timeliness through the computerised deployment system and had taken action to inform people of the reason for the delays. For example they sent a letter to people who were affected by a series of long term road works informing them of potential delays and asking them to contact the office if they had any problems.

At our last inspection we identified that the provider did not have an effective recruitment process in place. During this inspection we found the provider had a safe and effective recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks, were completed for all new staff. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff told us they felt the recruitment process was robust and they were not able to start until their DBS had been returned. One member of staff said "The interview went really well, very professional".

People received their medicines safely. Staff had received appropriate training and their competency to administer medicines had been assessed to ensure their practice was safe. The agency had a clear medicines policy and there were arrangements in place to support people with regard to their medicines. Staff also had access to 'step by step' guidance on administering medicines. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given. People's care files contained information regarding the medicines they were using, whether they were self-administered and included a risk assessment, a description of the medicine, its purpose and any side effects.

Is the service effective?

Our findings

People using the service and their relatives told us they felt the service was effective and staff were well trained. One person said "Staff are very knowledgeable; they use the hoist properly and are well trained in medication."

There were arrangements in place to ensure staff received an effective induction into their role. This training was provided in a number of ways, over a five day period and included both practical and theory work with exams at the end. The training included personal care, continence care, first aid, meds and moving and handling. Examples of practical skills taught were shaving a person, using a hoist or wheel chair and how to apply creams. The training was followed by a number of shifts shadowing an experienced staff member. This training followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. One member of staff told us "We had a five day course of practical training in the office and I felt really comfortable". Another member of staff said, "Training is brilliant; Personal care was interesting, especially with the new carers as they had to shave a balloon before going out in the field".

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated or skills updated. This included essential training, such as safeguarding adults and children, first aid, health and safety, moving and handling, infection control, medicines training, diet and nutrition, fire prevention and privacy and dignity. Staff had access to other training focused on the specific needs of people using the service. For example, stoma care, tissue viability, dementia awareness and catheter training. Staff were supported to undertake a vocational qualification in care. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example one member of staff told us how their training had given them the confidence to report a safeguarding concern.

Staff had regular supervisions. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Senior staff had conducted competency checks in people's homes to ensure staff were appropriately skilled to meet people's needs. Each staff member had their own training file which the registered manager audited on a regular basis and a development plan was agreed with staff when appropriate. Staff said they felt supported by the registered manager and senior staff. There was an open door policy and they could raise any concerns straight away.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had received training in MCA and were able to demonstrate an understanding of how it applied to the people using the service. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests. The provider

had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. Staff told us they sought people's consent before providing care. Daily records of care showed that where people declined care this was respected.

Before commencing with the service, staff undertook a pre-assessment with the person to identify their individual needs, their personal preferences and any risks associated with providing their care. This included their medical history, an assessment of their ability to communicate and information about their mobility needs. The pre-assessment gave the provider the opportunity to ensure they had the staff with the appropriate skills and experience available to meet the person's needs and provided a risk assessment for their home. Staff told us that if they had any concerns regarding people's care they would contact the office and request a review. Daily records of care showed that staff had identified when people were unwell or in need of additional support. When necessary, staff liaised with other healthcare professionals, such as GPs, district nurses and chiropodists to ensure people received a consistent approach to their healthcare.

People were supported to have enough to eat and drink. Where people required support with their nutrition and hydration, this was documented in their care file. Staff were aware of people's food preferences, any allergies and how they liked their meals to be prepared. The registered manager explained the action they would take to monitor people's food and fluid intake, if it was required, such as for those people at risk of malnutrition.

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. One relative told us "they [staff] go above and beyond, they sometimes stay to bathe mum and will nip out for shopping if she is short". Other comments included "brilliant carers", "they are really good", "they are fantastic, brilliant", "they are perfect, very caring", "lovely people, mum loves them", "absolutely lovely", "great girls and boys" and "they do everything expected of them".

The provider had identified the risk to people living on their own of isolation. Prior to Christmas the provider made contact with people to see if they would be on their own over the Christmas period, what support they required and whether they would like a Christmas dinner arranged through another service. There were also examples of where the a senior member of staff had worked with BT to repair a person's phone as this was their only point of contact; Another example was where member's of care staff remained with people who were feeling unwell until a doctor arrived.

People and their relatives did not have any concerns in respect to staff supporting them with dignity and respect. Staff received specific training in supporting people with dignity and respect and it is a key area of the competency checks in people's homes. One member of staff's competency check feedback form stated under personal care 'privacy and dignity was given and the curtains closed' and that the carer 'rang the doorbell before entering'. Another member of staff's competency feedback form identified that they had helped maintain a person's dignity while assisting them to mobilise, by ensuring their clothing was adjusted prior to using a hoist. One member of staff told us "I love helping [people] and making sure they are comfortable". Another member of staff said "when I am washing a client I make sure the curtains are closed and ensure their private areas are covered. I support them with any request they might make. I have one person who sometimes likes to have a relative in the room and other times not".

Staff understood the importance of respecting people's choice, and privacy. They spoke to us about how they cared for people. Daily records of care demonstrated that where people had chosen not to do something and this was respected. One member of staff told us "I have one client I see who sometimes says she doesn't want a shower. I respect that and suggest a wash or try and encourage her but if she doesn't want one it is her choice".

People, and when appropriate their relatives, were involved in developing their care plans, which were centred on the person as an individual. They contained information such as the person's personal history, their likes and dislikes and their hobbies and interests. Each person's needs assessment and subsequent reviews had been signed by them or their relative if appropriate, acknowledging the content and agreeing the level of support being provided. We saw that people's preferences and views were reflected in their care plans, such as the name they preferred to be called and their choice of the gender of the person providing care. One relative said "Mum has a care plan and we are doing a reassessment soon". Staff used the information contained in the person's care plan to ensure they were aware of people's needs.

People using the service were given a service users' guide which provided information about the service. It

included an overview of the service delivery process, terms and conditions, and a list of the service's policies and procedures. People were offered a copy of any policy they wished to see.

Is the service responsive?

Our findings

People using the service and their relatives told us they felt the service was responsive to their needs. One relative told me "We rang the office [to raise a concern] and a supervisor came out straight away. We think they are very responsive to complaints".

People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff understanding of the care people required was enhanced through the use of a guidance plan which detailed people's preferred routines and outlined the exact care they were expecting during each visit. The guidance plan contained all of the important things staff needed to know about the person and was written in an easy to read format which meant staff were able to spend more time supporting the person rather than reading their care plan. The care plans also contained more in-depth information on any health conditions and their full care assessment, should staff require access to more detailed information about the person. People's changing needs were monitored by staff and recorded in their daily records of care along with the care they had provided. Staff were responsive to those changing needs and where concerns were identified these were immediately logged on the person's electronic profile and actioned by a senior member of staff. For example, one person's profile detailed that a member of care staff had called in because they were concerned that the person was in pain and was expecting a GP who had not arrived when expected. A senior member of staff contacted the surgery to confirm that a GP was attending and the expected time of arrival.

People received care that had been assessed to meet their specific needs. Their care needs were reviewed by a supervisor every two months and changes agreed with the person or where appropriate a relative. The registered manager explained the service had adopted a traffic light system for the management of care plan reviews, which will turn yellow if a review was due and red if it had gone over time. Once the care plan had been reviewed it was passed to the registered manager who quality assured the process. This approach enabled decisions about care and treatment to be made by staff at the appropriate level. In addition, the regular review visits by a supervisor provided an opportunity for people to provide feedback on the service they had received and raise any concerns they had.

The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. However, the provider has recognised this did not provide him with dynamic feedback on people's experience of the service provided. He had therefore arranged for the office to contact each service user on a two weekly basis to obtain personalised feedback on the service provided and checking that their needs were being met. We reviewed the feedback from latest set of calls and where concerns or issues were raised these were actioned. For example, one relative raised a concern that their mother was refusing personal care. As a result of that information the service informed the person's care manager and arranged for a senior member of staff to visit and re-assess the person to see if their needs had changed. Another person raised a concern over the equipment they used to support their mobility. As a result of that information the service contacted the occupational therapy team to arrange a visit.

People and relatives knew how to complain. The service had arrangements in place to deal with complaints.

A service users' guide, which had been updated in 2016 was provided to all people using the service or their relatives. This provided information on how to complain and included details of external organisations, such as the Care Quality Commission. The registered manager told us they had not received any formal complaints since our last inspection and was able to explain the action that would be taken to investigate a complaint if one was received. Where informal concerns were raised these were logged on the person's electronic profile and responded to by the registered manager.

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well-led and felt confident contacting the service. One person said "I have talked to [the provider], he is a nice chap, very polite". Another person told us "I have spoken to the manager, she is very approachable".

There was a clear management structure which consisted of the provider, the registered manager, senior care staff and care coordinators. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. There was the potential for people and their relatives to comment on the culture of the service and become involved in developing the service through regular feedback opportunities, such as the two weekly phone calls, visits by senior care staff and the annual quality assurance survey.

Care staff were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided the opportunity for the registered manager and the provider to engage with staff and reinforce their values and vision. Observations and feedback from staff showed the service had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. One member of care staff said "I definitely feel involved they [the management team] ask me what I think about things. [The registered manager's] priority is to make sure the clients are happy and safe. She drills that into us". Another member of staff told us "All views get listened to all the time". A third member of care staff said they "Love the management here their doors are always open to come and have a chat, they are very supportive". A senior member of staff told us "There is a senior team meeting once a week, held in the training room. It is very beneficial; we can air our views, and find out how other teams are doing".

The provider had developed links with external organisations and professionals to enhance the staff's and their own knowledge of best practice and drive forward improvements. These included links with United Kingdom Homecare Association (UKHCA). The provider told us they spoke with UKHCA most weeks to identify best practice with regard to employment, and supporting people living in rural areas. As a result the service has developed new risk assessment in respect of isolation

There were systems in place to monitor the quality and safety of the service provided. These included regular audits of medicines management, daily records, care files, staff files and staff supervisions. The provider also used the feedback from spot-checks and service user questionnaires to understand the quality of the service provided. Where issues or concerns were identified remedial action was taken. For example the introduction of a new electronic staff planning system to monitor the timeliness of staff and the creation of a new employment package to aid staff retention.

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or

the Care Quality Commission (CQC) if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of the provider's registration.