

Everready Health And Social Care Solutions Ltd

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Inspection report

Unit 1 4 Badhan Court, Castle Street
Hadley
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28 June 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Everready Health and Social Care Solutions provides personal care within people's own houses and flats. At the time of our inspection 15 people, were using the service. Not everyone who used the service received personal care. 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 inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist 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 support this practice.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

Right Care: People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Right Culture: Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

The provider's governance was ineffective to identify the shortfalls found during this inspection. People could not be assured staff would have the appropriate skills to support them with their prescribed medicines. This is because there was lack of evidence medicines competency assessments were carried out by a competent person.

Where a needs assessment was not carried out prior to people receiving a service, this could compromise the care and support they received. There was no emphasis focused on equality and diversity during the assessment and care planning and this meant people needs may not be met the way they wanted. Relevant official documents were not accessible, and this could compromise people's expressed wishes. We found

where a person was receiving end of life care, staff did not have access to an end-of-life care plan, to ensure the person's wishes would be met. We have recommended that this should be put in place.

People could not be confident their communication needs would be met due to the lack of understanding of the Accessible Information Standards.

People were cared for by sufficient numbers of staff who had been recruited safely.

Risk assessments were in place to promote people's independence whilst ensuring their safety. Staff were skilled and knowledgeable in reducing the risk of people contracting avoidable infections. People were protected from potential abuse because staff knew how to recognise abuse and how to safeguard them.

People could be confident they would be supported to eat and drink sufficient amounts and where needed received assistance to access a speech and language therapist or dietician for additional support. People were supported to access relevant healthcare services to ensure their needs were met.

People were supported by staff who had received training and who were supported in their role by the registered manager.

Routine welfare calls were made to people to obtain their views in relation to the service they receive. Staff felt supported by the registered manager who worked with other agencies to ensure people's needs were met.

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

Rating at last inspection

This service was registered with us on 28 September 2020, and this is the first inspection.

Why we inspected

This is a newly registered service. Hence, we looked at all 5 key questions, Safe, Effective, Caring, Responsive and Well-Led.

The overall rating for the service is requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see Safe, Effective, Responsive and Well-Led sections of this report.

Enforcement

We have identified a breach in relation to the provider's governance. There were no monitoring systems to ensure calls were not missed. Medicines competency assessments were not carried out by a skilled competent person. Systems and practices did not ensure official documents were in place to ensure people's expressed wishes would be adhered to. Care records made no reference to equality and diversity. Needs assessments were not always carried out prior to people receiving a service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Everready Health and Social Care Solutions

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 21 June 2023 and ended 28 June 2023. We visited the location's office on 28

June 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 8 relatives. We spoke with a social worker with regards to 1 person who used the service. We also spoke with 4 care staff and the registered manager. We looked at the care records for 7 people. We checked the care people received matched the information in their records. We looked at 3 staff files with regards to staff recruitment. We looked at records relating to the management of the service, including audits carried out within the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were enough staff to meet people's needs but there were no effective systems in place to ensure calls were not missed.
- Two people told us they had experienced a missed call. One person said, "I phoned up the office to ask why no one had come and they sent someone round to cover." Another person told us due to miscommunication they did not have a call. They told us when they contacted the office, they arranged to send someone out, but they had already received support from a friend.
- Since our inspection visit, the registered provider informed us they have installed a software care system to monitor calls.
- Staff told us before they commenced employment references were obtained and a Disclosure and Barring Service (DBS) was carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We looked at 3 staff files which evidenced these safety checks were carried out.

Using medicines safely

- People were supported by staff to take their prescribed medicines.
- Staff told us they had received medicines training and the records we looked at confirmed this.
- Medicines competency assessments were carried out by the registered manager. However, we found the registered manager lacked knowledge of some questions they had assessed staff members of being competent. We also found information on the assessment form related to a different agency. This meant people could not be confident staff would have the necessary skills to support them with their prescribed medicines.
- Where people had been prescribed 'when required' medicines, there was a protocol in place for the safe management of these medicines. 'When required' medicines are prescribed to be given only when needed. For example, for the treatment of pain.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- A relative told us, "I feel my relative is safe, [Person's name] always seems happy when the staff are there." Another person told us, "I feel safe because the staff are so nice."
- Staff told us they had received safeguarding training and the records we looked at confirmed this. Staff demonstrated a good understanding of various forms of abuse and knew how to protect people from harm.

- The registered manager was aware of when to make a safeguarding referral to the local authority to protect people from the risk of further harm.

Assessing risk, safety monitoring and management

- People's involvement in developing their risk assessment promoted their independence whilst, ensuring their safety.
- People told us they had a risk assessment which staff always referred to.
- We saw risk assessments provided information relating to potential risks, and also informed staff of control measures to reduce the risk.
- One person told us, "The staff take great care when they are with me and move things out the way, if they think it will cause an accident."

Preventing and controlling infection

- The service used effective infection, prevention, and control measures to keep people safe.
- People told us staff frequently washed their hands between tasks and wore personal protective equipment (PPE).
- Staff told us they had received infection prevention and control training and records evidenced this. Staff told us they had ample access to PPE. A staff member told us, 1 person they cared for was very vulnerable, so they continued to wear a face covering to reduce the risk to the person.
- The provider had an infection prevention and control policy in place which, provided staff with up-to-date information about how to avoid the spread of infections.

Learning lessons when things go wrong

- The registered manager informed us of a situation where a relative wanted staff to carry out unsafe practices. The registered manager told us they had explained the risk this would pose to their relative and staff. Both parties were unable to come to a safe conclusion, so the registered manager had to withdraw the service. Lessons learnt that these areas need to be clearly explained during the initial needs assessment.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager told us needs assessments were carried out before providing a service to people. However, the provider was unable to provide evidence of these assessments for some people.
- We found 1 assessment provided inconsistent information. For example, 1 section showed the person was continent, where another area of their assessment showed they were incontinent. This conflicting information could lead to the person not receiving appropriate support to meet their continence needs. However, there was no evidence the conflict of information had an impact on the person.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager told us no one had a Court of Protection order in place. However, they told us 1 person's family members had power of attorney, but they had never seen any official documentations. This meant the registered manager could not be assured these family members had a legal right to make decisions on behalf of the person. A Power of Attorney is a legal document that allows someone to make decisions for a person, or act on their behalf, if they are no longer able to make their own decisions.
- People told us they were able to make their own decisions and staff respected this. One person told us, "The staff and I discuss what I would like to have done, so it is my choice."
- Another relative told us, "Staff always asks [Person's name] consent when giving them their medicines,

sometimes they need a little coaxing and encouragement."

- The registered manager and their staff team had received MCA training and demonstrated a good understanding of the principles.

Staff support: induction, training, skills and experience

- People could be confident they would be cared for by staff who were supported in their role.
- Staff received regular supervision sessions, and we observed evidence of this.
- All the staff we spoke with told us they had received an induction into their role and were provided with training. This should ensure staff have the skills and competence to deliver an effective service.
- The registered manager told us staff had received training in the Care Certificate and this was confirmed by the staff we spoke with. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported by staff to eat and drink enough. People who required support with meals told us they were never rushed; they received their meals on time, and they always had drinks left for them within easy reach.
- One person told us, "The staff help me prepare meals and I tell them what I want for lunch." A relative told us, "[Person's name] can eat finger foods and the staff will spoon feed them other foods."
- Care plans provided staff with information relating to people's dietary needs and staff demonstrated a good understanding of this. All the staff we spoke with told us they had received food hygiene training. This ensured staff had the skills to manage food safely.
- People had access to a dietician and a speech and language therapist.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked with other agencies to ensure people's assessed needs were met. These included GP, specialist nurses, pharmacists, and social workers.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access relevant healthcare services when needed.
- The registered manager liaised with healthcare professionals and where needed made medical appointments for people.
- One person told us, "The registered manager sorted out an appointment for me with the occupational therapist." Another person told us, "The registered manager made a doctors appointment for my relative and escorted them to the appointment."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People received kind and compassionate care. However, there was no emphasis focused on equality and diversity during the assessment process or care planning. This was discussed with the registered manager who acknowledged the absence of this information. People may not feel confident to talk about their experience with regards to equality and diversity which could compromise the service they receive.
- People were complimentary about the staff and the care and support they received. One person told us, "The carers are patient, caring, with [Person's name], they talk and chat to them, even though they can't hold a conversation."
- Another person told us, "The carers are very hardworking, they do what they need to do and more. They use their own initiative and have really good work ethics."
- One person told us, "I have a lovely routine with the staff. I ask them to help me with what I want doing."

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

- People felt listened to and valued by staff.
- People were involved in decisions about their care and developing their care plan, to ensure their needs were met the way they wanted. One person told us, "I am involved with my care plan, and I am pleased the manager reviews this."
- Staff told us they had access to people's care plans, and they demonstrated a good understanding of people's needs.
- Care plans provided detailed information about people's assessed needs. They also provided information about other healthcare agencies involvement in people's care.

Respecting and promoting people's privacy, dignity and independence

- People could be confident their rights to privacy and dignity would be respected by staff.
- One person told us, "Everyone is so respectful when they help me with my personal care, and I never feel embarrassed."
- Staff told us they encouraged people to be as independent as they could be.
- A relative told us, "Personal care is part of my relative's package, but they prefer to do it themselves and staff are nearby to help if needed." This promoted the person's independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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.

- At the time of our inspection discussions with people who use the service and the registered manager, identified no one had any specific communication needs.
- The registered manager was unaware of the Accessible Information Standard and there were no systems in place, should anyone in the future require support with communication.

End of life care and support

- People received compassionate care and support at the end of their life. However, the lack of evidence of official documentation could compromise the service they receive.
- At the time of the inspection 1 person was receiving end of life care. The registered manager told us they had a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) in place. However, they had never seen evidence of the official document. This meant resuscitation could take place against the person's wishes, due to official documentation not being accessible.
- There was no end-of-life care plan in place for the person. However, the registered manager told us they worked alongside other healthcare professionals. We spoke with the relative of this person who described the service as 'fantastic.'
- Since our inspection visit the registered manager as informed us, an end-of-life care plan as now been put in place.
- The registered manager told us staff had received end of life training and the staff we spoke with confirmed this.

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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- People told us they often had conversations with the registered manager with regards to the care and support they received.
- Care plans were frequently reviewed and adapted when needed to ensure people received a service specific to their current needs.

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

- At the time of this inspection the registered provider was not supporting anyone with social activities.

Improving care quality in response to complaints or concerns

- The provider had received 1 complaint since their registration. We observed this was recorded and showed action taken to resolve it.
- All the people we spoke with told us they had never made a complaint but would know what to do if they ever had any concerns.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Effective systems to monitor the quality of the service were not in place.
- There were no monitoring systems to ensure calls were not missed. Two people told us they had experienced a missed call. This placed people at risk of harm. There were no monitoring processes to ensure prior to people accessing the service, they were subject to a needs assessment. This meant people could not always be assured they would receive a service that reflected their needs.
- Systems were not in place to ensure an end-of-life care plan was in place which, could compromise the care and support provided to the person. There was a lack of oversight of the service to include equality and diversity during the assessment process and care planning.
- There were no monitoring or review systems to ensure official documentations were in place with regards to Power of Attorney and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). The absence of this information could have a negative impact on people's expressed wishes.
- Monitoring systems were not in place to ensure medicines competency assessments were carried out by a competent person, to ensure staff had the appropriate skills to manage people's medicines safely.

Ineffective quality monitoring systems could place people at risk of harm, and this is a breach of regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager provided a positive culture by encouraging people to be actively involved in their care planning.
- People told us they were happy with the service provided and would recommend the service.
- Staff told us they were supported in their role by the registered manager. One staff member told us, "The registered manager is available 24 hours a day, 7 days a week. We speak to each other nearly every day." Another staff member said, "The registered manager is very supportive, they are like a mother and very helpful."

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 demonstrated a good understanding of the duty of candour and was able to tell us action they had taken when things had gone wrong.

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

- Systems and processes were in place to enable people who used the service to be involved in some aspects of the running of the service.
- Although, people were involved in their care, there was no evidence of any consideration relating to equality characteristics. The registered manager said this would be addressed in the future.
- Surveys were distributed to obtain people's views and opinions. We observed comments were very positive.
- People spoke with the registered manager on a regular basis and felt fully informed of the service delivery.

Continuous learning and improving care

- Regular engagement with people who used the service and staff, enabled the registered manager to obtain views and opinions to enable them to improve the service delivery.
- The registered manager told us they carried out welfare telephone calls and the people we spoke with confirmed this.
- The registered manager carried out regular visits to people's home to discuss the service and to find out where improvements could be made. People told us during these visits, the registered manager identified areas where other healthcare services involvement were needed to ensure people's care needs were fully met.

Working in partnership with others

- The registered manager liaised with external agencies. For example, social workers and healthcare specialists. People told us the registered manager involvement in liaising with other service helped them access support more quickly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance was ineffective to ensure staff had access to official documentations relating to Power of Attorney and DNACPR (Do Not Attempt Cardiopulmonary Resuscitation). Quality checks did not ensure medicines competency assessments were carried out by a skilled and competent person. There were no quality monitoring systems in place to ensure calls to people were not missed. Quality checks did not ensure needs assessments were always carried out prior to people using the service. Quality monitoring checks did not ensure equality and diversity was included in the assessment and care planning.</p>