

Everycare (MK & Beds) Limited

Everycare Bedford

Inspection report

Unit 8-9, 106A Bedford Road
Wootton
Bedford
Bedfordshire
MK43 9JB

Tel: 01234339184

Website: www.everycaremk.com

Date of inspection visit:
26 March 2019
31 March 2019

Date of publication:
14 May 2019

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 Bedford provides personal care and enablement support to people in their own homes. At the time of our inspection 31 people were receiving care and support from the service.

People's experience of using this service:

- People felt safe having their care provided by staff at the service. Risk assessments were in place to identify possible risks to people's health and well-being and measures were implemented to mitigate the risks. Staffing levels were appropriate to meet the needs of the people using the service. Medicines were safely managed.
- Staff knew the people they supported well. They received regular training updates. People's care and health needs were identified so staff could meet these. People were supported to maintain good health. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.
- People's privacy and dignity was protected and promoted. People had developed good relationships with staff who had a good understanding of their needs and preferences.
- People told us staff were kind and caring and helped them. People's personal information was kept confidential. People were involved in discussions about their care and felt that communication with staff and the management was good. People told us they had not had to raise any concerns. They said they would be confident they would be listened to should they need to do so.
- People received person centred care that met their needs. Care plans gave details of how people would like their needs met.
- People and staff told us the service was well managed. Staff said the service had a family atmosphere and they felt well-supported. Managers and staff worked in partnership with other agencies to ensure people got the care and support they needed.

Rating at last inspection: Good (Published in June 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

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 Bedford

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Consisted of one inspector and one inspection manager.

Service and service type:

Everycare Bedford. This service is a domiciliary care agency. It provides care and short term enablement service to people living in their own houses and flats.

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:

This inspection was announced. We gave the service 48 hours' notice of the visit to the office because we needed to be sure that staff would be available.

What we did:

Before the inspection we reviewed all the information relating to we have in relation to this service. The provider had 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 improvements they plan to make. We reviewed other information we had relating to the service. including notifications. A notification is information about important events which the provider is required to send us by law.

The Inspection site visit activity started on 27 March 2019 and ended on 31 March 2019. We visited the office location on 27 March 2019 to see the registered manager and office staff; and also, to review care records, policies and procedures. As part of this inspection we also carried out telephone calls on 31 March 2019? to

people who used the service and relatives in order to get feedback about the service that people received.

We looked at two person's care and support records. We viewed records relating to the management of the service. These included training records, recruitment records and medication recording.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The provider had safeguarding systems in place. Staff told us they had received appropriate and effective training. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- People who were supported by the service told us they felt safe. One person said, "[Staff] are all lovely, they come into my home but I always feel safe when they are here."

Assessing risk, safety monitoring and management.

- Care plans contained detailed information for staff to follow to keep people safe. Staff were able to describe the action to take to reduce the risk of harm for people they supported. For example; when supporting people to move around their home. Records for people's identified risks such as falls were well maintained.
- We saw evidence that an electronic scheduling tool was in operation to assess and monitor the accuracy of staffing numbers and care visit times. This ensured that visits were covered and people received the care and support at the required times. The registered manager also provided evidence that confirmed that no care visits had been late (outside of the fifteen minute parameter) and there were no missed care visits recorded.

Staffing and recruitment.

- People's care and support needs were assessed and there were enough staff to meet these needs.
- People told us that on occasion they had had a late care visit, this had not impacted on their care. One person said, "They always come on time but on the rare occasion they are running late, which is only usually five or ten minutes, the office always calls ahead to tell us." Another person said, "I always know who is coming which gives me great peace of mind."

Using medicines safely.

- Staff were able to describe the process for administering medicines to people who required support.
- People told us they were happy with the support they received to take their medicines. One person told us, "The [staff] guide me with my medicines, but I take them myself, they just check I have got the right day and time."

Preventing and controlling infection.

- Staff were able to explain infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- The provider was able to explain the action they would take following an accident or incident to reduce the risk of these reoccurring.
- The service had experienced a recent safeguarding incident. We reviewed the information and documentation in relation to this incident and found that the provider had acted appropriately. We also saw that additional safety measures had been put in to further protect people from harm. This included updating the protocol for reporting safeguarding concerns.

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.

Good: 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.

- People's assessed needs were reviewed on a regular basis.
- Care plans contained information about people's needs and was regularly reviewed. Staff knew people well and were able to explain people's care needs in detail. The majority of people who used the service had been known to the provider for a number of years. One person said, "Staff are always familiar and friendly, I get the same carer all the time which is important to me."

Staff support: induction, training, skills and experience.

- Staff told us they received enough training and support to carry out their roles effectively. Each member of staff had information on their files the training they had undertaken.
- New staff were able to explain their induction. They told us they worked alongside other experienced colleagues until they felt confident to work alone. One member of staff said, "I feel because we are a small company we know each other very well and I know I can pop in anytime if I have a concern about any of the people I support. Yes, I feel very supported."
- Staff all told us they received regular supervision and support to carry out their roles effectively.

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

- People who required help were supported to eat and drink. Information was recorded in people's care plans appropriately.

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

- The registered manager told us that when people's care and support needs had changed they would liaise with social services.

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

- Staff supported people where needed to make or attend external health care appointments. One person told us, "My family usually take me to my appointments but if for any reason they cannot do this, I ask the office and they arrange for one of the carers to help me."

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 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 with appropriate legal authority. For people living in their own homes, applications to do this must be made to the Court of Protection. No applications had been made for people who received care from this service.
- People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- Staff had a caring approach when supporting people. People were very positive about the care they received. One person told us, "I am looked after very well by all the carers. I think this is partly due to the company being quite small and everyone knows each other, carers and staff."
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked.
- Staff enjoyed working at the service. One member of staff told us, "We are here to give people the best possible care and treat them like we would like our own mum to be treated." Another member of staff said, "I love what I do and we are a small and friendly team."

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

- Peoples' daily care and support was recorded within their care plans. One person told us, "They come five days a week to help me and I couldn't do without them."
- Staff told us they provided care to people in a way that the person preferred. One member of staff said, "We always make sure when we first arrive that we have a proper chat before we start supporting the person. I also read the daily notes to make sure I know what has happened since my last visit." Another staff member told us "We always pop into the office to find out if there any changes to the people we are going to visit."

Respecting and promoting people's privacy, dignity and independence.

- People and their relatives told us that staff respected their privacy and dignity. One person told us, "Staff always knock on my door and ask to come in." Another person said, "Staff always ask my permission before they start helping me." A relative we spoke with told us "When I see the carers they always work with the upmost respect to (name) and treat them with respect."
- Staff encouraged people to do what they could for themselves. Everyone we spoke with told us they try and be as independent as they can be.
- People's confidentiality was maintained; records were kept securely in the office.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Personalised care.

- People were enabled to make choices, develop their care and support plans. People were supported to have as much control and independence as possible.
- People had personalised care plans in place. These were detailed to give staff the information to provide staff with guidance on how to respond to people's needs effectively and safely.

Improving care quality in response to complaints or concerns.

- People were provided with opportunities to give feedback to the provider about their experiences of care and the service provided a range of accessible ways to do this. One person said, "Yes I have completed a questionnaire and [name of registered manager] speaks to me regularly to find out how things are going."
- People knew how to make complaints should they need to. They all told us they believed they would be listened to and action would be taken. One person said, "I have no complaints I couldn't ask for better carers." A relative said, "No complaints, we receive a fabulous service." The service had also received a number of compliments which thanked staff for an "Amazing job."

End of life care and support.

- The service was not currently supporting anyone receiving end of life care. The registered manager told us that if they had anyone that required end of life care they would seek the support required at the time. A number of the staff had completed end of life training courses prior to starting at the service. Although training for end of life care was in the process of being arranged.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager and staff demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- The registered manager encouraged feedback and acted on it to continuously improve the service, for example by undertaking regular reviews with people about their care and support needs.

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

- The service was well-run.
- Staff told us they liked their job. One staff member said, "We all work well together. It feels like we are one big family." Staff confirmed support was provided on an ongoing basis.

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

- The service involved people and their relatives where appropriate in day to day discussions about their care. One relative told us, "We are always being asked if we have everything we need. They look after me as well as [family member]."
- The service had good links with the local community and key organisations, such as local mental health services and older people's community services reflecting the needs and preferences of people in its care. Also, to aid service development.
- Staff told us that they attended meetings in person where possible and minutes were available if they were unable to attend.

Continuous learning and improving care.

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement. The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.

Working in partnership with others.

- The service worked in partnership with health and social care professionals who were involved in people`s care.