Shankaraya Ltd

Everycare Hillingdon

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Everycare Hillingdon is a domiciliary care agency providing a range of services including personal care for people in their own homes. All the people using the service were paying for their own care. This inspection took place on 5 October 2015 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The service registered with the Care Quality Commission (CQC) in 2013 and had not been inspected before.

At the time of our inspection, Everycare Hillingdon was providing care to 36 people. People received support from one day to seven days a week. They were supported in a variety of ways including cleaning and laundry, companionship, outings, meal preparation and personal care.

The registered provider also manages the service and has applied to become the registered manager. 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.

Summary of findings

The provider had a policy and training in place in relation to the Mental Capacity Act 2005 but they did not have procedures in place to ensure people using the service had been assessed as to whether they were able to make decisions about their lives.

Feedback from people using the service, relatives and care workers was positive. People said the carers were good at their jobs and well trained. Comments from people included: “I’ve got nothing but good to say”, “they are all very kind and helpful”, “I’m on good terms with the manager. He’s been very supportive”.

Some people said that care workers could sometimes be up to 10 or 15 minutes late, although they added that this was not a great problem. One person said that they received a telephone call if a carer was running late.

The service offered companionship calls. This enabled some people to go out for a walk, or just sit and chat. One person told us that this service was the only one offering this means of support.

Care workers told us that they felt supported by their manager and the field care supervisor. Their comments included: “Things get done, they listen”, “they are so lovely, always happy to help, I love it”, “my induction and training have been good”.

There were procedures for safeguarding adults and the care workers were aware of these. The risks to people’s wellbeing and safety had been assessed. Care workers knew how to respond to any medical emergencies or significant changes in a person’s wellbeing.

There were systems in place to ensure people received their medicines safely. The care workers were trained and their competencies regularly checked by the field care supervisor.

The service employed enough staff to meet people’s needs safely and contingency plans were in place in the event of staff absence. The service followed safe recruitment practices.

People’s needs were assessed prior to receiving a service, and care plans were developed from the assessment. The care plans were detailed and included people’s background as well as their choices and preferences.

People’s health and nutritional needs had been assessed, recorded and were being monitored. These informed care workers about how to support the person safely and in a dignified way. Care workers received an induction, training and support so that they could provide care and support to people effectively.

There was a complaints procedure in place which was followed by the provider. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

We found a breach of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

There were procedures for safeguarding adults and staff were aware of these.

The risks to people's safety were assessed and regularly reviewed.

People were given the support they needed with medicines and there were regular audits by the provider.

The service employed enough staff and had contingency plans in place to cover calls in the event of staff absence.

The service followed safe recruitment practices.

Is the service effective?

Requires improvement

The service was not always effective.

The provider had a policy in place in relation to the Mental Capacity Act 2005 but people using the service had not been assessed to see if they could make decisions about their lives.

The provider was not meeting the requirements in relation to the Deprivation of Liberty (DoL) and legislation to protect people's human rights in relation to capacity and consent.

Staff received the training and support they needed to care for people.

People were supported to make choices about the food they wished to eat and staff respected those choices.

Is the service caring?

Good

The service was caring.

Feedback from people was positive in relation to the care staff and the management.

People and relatives said that the care workers were all kind and helpful and treated them with dignity.

People and relatives were involved in decisions in relation to their care and support.

The provider conducted three monthly satisfaction questionnaires of people and these were analysed in order to gain information about the quality of the care provided.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People's individual needs had been assessed and recorded in their care plans. People's needs were regularly reviewed and they and their relatives contributed to the reviews.

The service had a complaints procedure and staff, people who used the service and their relatives were aware of this.

People knew how to make a complaint and were confident that the provider would address any concerns.

Is the service well-led?

Good

The service was well-led.

People and their relatives found the provider to be efficient, supportive and approachable.

Care workers felt supported by the management team, and were happy to work for the company.

There were effective systems in place to assess and monitor the quality of the service provided. Where improvement were needed, plans were put in place and action was taken to make improvements

There was a culture of openness and transparency and a desire to learn from feedback to drive improvement.

Everycare Hillingdon

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.

This inspection took place on 5 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews with people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had personal experience of caring for an older person.

Before we visited the service, we checked the information that we held about it, including notifications sent to us informing us of significant events that had occurred at the service. We telephoned ten service users and two relatives to obtain feedback about their experiences of using the service. We contacted the local authority to obtain their feedback.

At the inspection we looked at four care plans, three staff records, quality assurance records, accident and incident records, policies and procedures, meeting minutes, training records, complaint and compliment records and staff rotas.

During the inspection, we met with the provider, a field care supervisor and three care workers.

Good

Is the service safe?

Our findings

People said they received support from Everycare from one day a week to seven days a week to help them in a variety of ways including cleaning and laundry, providing companionship, taking them out, preparing meals and supporting them with personal care.

People said they felt safe when supported by the carers from this service. One person said that staff stayed in their home whilst they had a bath in case they fell and another said that staff checked they had their medicine and they had their emergency buzzer to hand. People's comments included "they are all very kind and helpful" and "I have nothing but good to say".

One person suggested that they felt safer with one particular carer as they appeared more experienced than others. They told us: "The others are only youngsters. I think they haven't had the experience of life".

One person told us that they did not get on with a particular carer. They contacted the manager who changed the carer. They said: "I did have an occasion where I did not get on with somebody. The manager put that right straight away".

The provider told us that the carers were expected to be punctual and to let the office know if they were running late. They would then telephone the service users to inform them of this.

Most people said that staff arrived on or around the agreed time and stayed the length of time required. One person told us that carers did everything they needed them to do and that "they usually say: is there anything I can do for you?".

A relative said there was an occasion when a carer was two hours late to provide support. They contacted the manager who sorted this out. We saw evidence that appropriate action was taken by the provider.

Some people said that staff could be up to ten to fifteen minutes late, although some suggested this was not a great problem. One person said that they always received a telephone call to let them know if a carer was running late.

Not everyone we spoke to was supported by the same carer. Some people were happy with this, whereas others were not quite so satisfied. One person said they had a number of different carers and this did not bother them. One person told us: "I've asked for the same one… I've always had the same one"

People felt that carers supported their independence. A relative said: "They encourage (my relative) to get washed and dressed every morning". One person described how carers went out with them, every day which allowed them to get out of the house. They told us the care workers supported them to use their wheelchair safely. One person told us that they had carers to provide them with company and to have a chat.

Staff told us they received training in safeguarding adults, and the training records confirmed this. The service had a safeguarding policy and procedure in place. Staff were able to tell us what they would do if they suspected someone was being abused. They told us that they would report any concerns to their supervisor or their manager, as one of them was on call at all times. One care worker told us: "I am confident that if I had any concerns, they (managers) would do something about it straight away".

Where there were risks to people's safety and wellbeing, these had been assessed. These included general risk assessments of the person's home environment to identify if there would beany problems in providing a service. Risks were assessed at the point of initial assessment and reviewed as often as needed to keep people safe.

The provider told us they employed sufficient staff to meet people's needs, and systems were in place to ensure that staff absences were appropriately covered and people received the care as planned.

There were robust procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a criminal record check, such as Disclosure and Barring Service check and proof of identity. Newly recruited staff attended a formal interview.

People and their relatives told us that they had the contact numbers of the office and the out of hours number in case of emergency. The manager assured us that people always received the care they needed because they had staff available to cover absences and the field care supervisor was always willing to help when necessary.

Good

Is the service safe?

Everybody spoken with were able to say where and who they would contact if they had a problem or concern and confirmed that they had the numbers they needed to contact the service. A relative told us: “I’m on good terms with the manager. He’s been really supportive”. People’s comments included: “I’d phone head office”, “I know the manager, he says to contact him immediately” and “I’d ring their boss”.

Care workers supported some people with either prompting or administering their prescribed medicines. We saw three Medicines Administration Records (MAR). They showed that the staff had administered all the medicines as prescribed, and showed no gaps in signatures. Staff we spoke with said they were clear about only administering medicines that were recorded on the MAR charts. Medicine risk assessments were in place and were reviewed to ensure they were accurate. Training records showed that staff had received training in medicine administration and that they received yearly refresher training. The field care supervisor carried out regular audits and spot checks in people’s homes to ensure that people were supported with their medicines. This meant that people were protected from the risk of not receiving their medicines as prescribed.

We checked the accident and incident records. They were recorded appropriately and there was evidence of follow-up actions by the manager, which included an investigation of the cause of the accident or incident, and a review of the service user’s needs. The care plans and risk assessments were updated accordingly. This ensured that risks were reduced in order to keep people safe in their environment.

Requires improvement

Is the service effective?

Our findings

The provider was not meeting the requirements in relation to the Deprivation of Liberty (DoL) and legislation to protect people's human rights in relation to capacity and consent. The MCA is a law protecting people who are unable to make decisions for themselves to maintain their independence. The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty. This is a process to ensure people are only deprived of their liberty in a safe and correct way which is in their best interests and there is no other way to look after them.

The provider told us that most of the people using the service had capacity. However, at least three people were identified as unable to make decisions in relation to their care and daily life and their relatives had been identified as making decisions on the their behalf. For example, for one person their care plan recorded that their medicines were kept in a location unknown to them because they had been identified as unable to manage their own medicines. The family had been involved in the decision and had signed the care plan. Another person was assessed to be at risk if they went out unaccompanied so the family had agreed for the door to be kept locked when the person was alone for their own safety. This meant they had been deprived of their liberty unlawfully. There was no evidence of a best interest meeting having taken place for either of the people.

There had been no contact with the local authority to confirm the mental capacity of the people using the service and to identify if their relatives had a Lasting Power of Attorney in care matters in place. A Lasting Power of Attorney legally enables a relative to make decisions in the person's best interest as well as sign documents such as the care plan on their family member's behalf. This meant that people were not appropriately supported when decisions about their care were made to take into account their wishes whenever possible.

Two of the support plans we looked at were agreed by a relative although the person was identified as having capacity to make decisions about their care and support. We were told that these people were happy for their relatives to sign on their behalf. There was no record in the care plans to show that people using the service had requested their relatives to be involved in the planning and provision of their care.

In one of the care plans we looked at, staff had hand written "DNAR" (Do Not Attempt Resuscitation), which means that it had been considered in the person's best interest that if they stopped breathing the staff should not attempt to resuscitate them. The form did not have the correct authorisation and there was no clear information for the care staff.

Staff had received training in MCA and Deprivation of Liberty Safeguards (DoLS) but did not fully understand what it meant for people using the service. All the care workers we spoke to told us that if a person did not have the capacity to make decisions about their care, the family made the decisions on their behalf. However, family members may not have had the legal authority to make the decisions and decisions may not have been made in their best interest. They were no capacity assessments in place.

The above demonstrates a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people were being cared for by care workers who had received the necessary training and support to deliver care safely and to a good standard. People felt that carers had the right skills and knowledge to support them, although some said they felt that experience varied from carer to carer. People told us "They are very very good. If they see things that want doing they do it" and "they all seem proficient to me".

We viewed training information for all staff. The manager used a computer software package which recorded each staff's training needs and flagged up when a course was due to be updated. This meant that all staff were up to date in their training. They had not started training in the new Care Certificate yet but were planning to start in the near future. The Care Certificate sets out learning outcomes, competencies and standards in care for care workers. All staff received mandatory training in their induction period. This included moving and handling, first aid, infection control, health and safety, MCA and DoLS, equality, diversity and inclusion, fire safety, data protection, dignity in care, medicines administration, food hygiene and safeguarding adults. The manager told us they expected all care workers

Requires improvement

Is the service effective?

to complete refresher courses annually. They also told us that specific courses were provided for care workers depending on the care needs of the people using the service. These included courses relating to dementia and diabetes.

Care workers told us that they felt "supported and listened to" by their manager and supervisor. We saw in the care workers' files we checked that the supervisor carried out regular unannounced spot checks. All staff received three monthly supervision and yearly appraisals. All new care workers had to complete a probation period in order to determine if they were suitable to continue being employed by the company. We saw evidence that one person's probation had to be extended because they had not attended and completed all their mandatory training. No further work had been offered to the person until they had completed their training.

The provider aimed to have three monthly staff meetings. However, they told us that it was difficult to arrange a suitable time for all staff to attend due to the variety of the calls provided to people. We saw evidence of meeting minutes, which included discussions about policies, staff availability, training, incident/accident forms and up to date information for staff. Staff we spoke to told us that they talked to the manager and the supervisor all the time, and felt able to raise any concerns with them.

People felt that carers listened to them and communicated effectively. One person said they were able to "have a laugh" with some of them and others said: "we're all very friendly and we can discuss things", "yes they're kind and humorous and they speak clearly".

In the care plans we looked at we saw a section called: "Tips for talking to me". This included the person's preferred way of communication and whether they had any impairment. This enabled staff to communicate effectively with the people they cared for.

Only three people said that carers prepared food for them. All three said that carers made them what they wanted. One person said: "They prepare what I ask them to prepare". Staff told us that they mostly re-heated snacks for people. We saw that people's individual dietary needs were formulated at the point of initial assessment and recorded in the care plans. This included a person living with dementia who forgot to eat and drink, and another person with diet-controlled diabetes. Staff ensured that they always left snacks and drinks out for them, and checked food stock daily to make sure they did not run out. Care records showed that staff were following the care plans appropriately.

Good

Is the service caring?

Our findings

We received positive comments from people about the staff that cared for them. Comments included "They're very friendly", "they treat me like a mate. If my family members are not available, they are there". One person said they thought that the carers were "very kind indeed". A relative said: "They are very patient."

The care workers we spoke to told us they loved caring for people and respected them at all times. One told us "I love getting to know them and having little chats", another said "We should always respect people, it is their choice."

Care workers told us that they respected people's choices and encouraged them to be as independent as they could be. We saw that care plans were personalised and included background information about people's early life including work, hobbies and family. The care plans were clearly written and included daily instructions of people's wishes and choices. There was a section in the care plan called "feeling valued and respected". Information in this section included: "staff to call me by my chosen name", "give me choice at all time", "respecting my views" and "learning about my likes and dislikes".

One person said they enjoyed being taken out by their carer to places they used to go to when they were young. On the day of the inspection, the person was celebrating their 101st birthday. The supervisor told us they were delivering their birthday card on the way home.

People felt they were treated with respect and dignity and that their privacy was maintained. Although most said there wasn't a need, one person said that carers shut doors and curtains. People said that carers asked permission before they did anything and one person said: "They don't take advantage". Another person said: "They do all they can do to make everything comfortable and dignified". Another person said "When I go for a shower, they would not come in without asking". A relative told us that the carers asked permission of her relative to do things for them and said "They always respect (my relative's) decisions not to have something done."

Everybody said they had been involved in an initial assessment with the manager of the service, and sometimes a supervisor, to establish their care and support needs and had signed to give their consent. People said: "He asked me exactly what I wanted done. What I had been used to having". A relative told us: "It's professionally done".

People told us that their needs were regularly reviewed. Comments we received included "The supervisor came round not long ago to see if I was happy" and "they come to check every now and then". A relative confirmed that reviews were regular. Therefore people using the service felt confident that their needs were regularly reviewed and that the agency planned the right care to meet any changes in need.

The provider told us that all the people using the service wished to have their care delivered by female staff. They told us all the staff employed were female as there had been very little demand for male carers to work for the service. Whenever possible, carers were matched to people's preferences and personalities. The information was gathered at the point of initial assessment and included religious and cultural preferences. This included one person who had requested a lively chatty carer rather than a quiet one and had developed a very good rapport with them.

People were consulted at the point of assessment as to what their end of life wishes were, and if they had any particular cultural or religious needs. Where people were willing to discuss this, the information was recorded in their care plan. At the time of the inspection, we were told that nobody was assessed as being at the end of their life.

Good

Is the service responsive?

Our findings

People felt that the care and support they received responded to their individual needs. One person said: "I do get somebody and that somebody will take me out in the wheelchair". They went on to say that they had not been able to find another service that would take them out.

Everybody we spoke to was able to say who they would contact if they had a problem or issue with the service and they had the telephone numbers they needed to contact the service.

One person told us they were not happy with the relationship they had with their carer, they spoke to the manager who changed the carer straight away.

People told us that when regular carers were not able to come, those replacing them were very good and always looked in the care plan to find out what to do. People said: "if anybody new comes in they read the book", "the girls are most accommodating". One person said that they explained to one carer what was usually done, but the carer replied that everyone had their own way of doing things. The service user added that this carer had not been again and went on to say: "I want somebody I can get to know or know they're coming a couple of times a week regularly".

The provider told us that people's needs were assessed and the support and care provided was all agreed prior to the start of the visits. Records indicated that people and their relatives were involved in the assessments, and they confirmed this. Information related to mobility, medicines, care needs and personal preferences was recorded so that comprehensive information was available. The care plans were developed from the information gathered from the general needs assessment. They were based on people's identified needs, the support needed from the care workers and the expected outcomes. Care plans were well organised, person-centred, and took into consideration people's choices and what they were able to do for themselves. People and relatives confirmed that the carers encouraged people to remain as independent as they could.

We looked at a sample of daily records of support and found they had been completed at every visit and described a range of care tasks undertaken including information regarding people's wellbeing, social interactions and anything relevant to the day. Some comments recorded included: "….. showed me his photos", "we had a nice chat", "we had a lovely chat about photography". This showed that care had been provided as planned.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. On the day of the inspection, a care worker was meeting with the supervisor and the manager to discuss the deteriorating health of a person. We saw that appropriate action was taken to address the concerns raised by organising a review the next day between the supervisor and the relative. The manager informed us later that following the review, the care needs of the person had been reviewed and the care plan and risk assessments had been updated to reflect the person's changing needs. We saw that questionnaires were being sent to people and their relatives every three months to ask people's views in relation to the quality of the service. Those questionnaires included questions relating to how they felt they were being cared for by the care workers, if their care needs were being met and if the care workers were reliable and punctual. We saw that questionnaires returned to the service indicated that people were generally happy with the service. Where they had a concern, the provider took steps to improve the service. This included addressing lateness with a care worker.

We spoke to the local authority who had recently inspected the service as part of their quality monitoring. They told us that they found the service good and responsive and did not have any concerns.

We saw that the service had a complaints policy and procedure in place. The manager used a computer software package to log all complaints. The manager told us that complaints remained open and continued to flag up until they were fully resolved. It ensured that no complaints were ever left unresolved. People and care workers told us they believed the manager would deal with any complaints they might have. Where complaints had been received by the service they had been responded to in a timely manner and the outcome recorded.

Good

Is the service well-led?

Our findings

People were very positive about the quality of the service they received. People said: "I think it's excellent. I'd recommend it to anybody", "I'm so happy I could not complain at all", "I think it's as good as it can be". One person added: "On a social side they come in and we chat for an hour and we have a laugh. It's just like a friendly call".

One person said that carers did everything they asked them to do "with good grace and politely". A relative said: "I think it's good" then went on to say: "I've got peace of mind. I know they are ok with [my relative]".

Everybody we spoke to said they had met the manager. People said: "He's very polite and helpful", "he's been round a couple of times", "yes I've seen him several times". Three people said they had not been asked for their views of the service. Others said that staff had asked for their views of the service, and suggested that this often happened at the same time as reviewing their care.

Staff told us they felt empowered to deliver high quality care by receiving support and training and feedback from people and their relatives indicated that staff were kind and caring. Records indicated that staff were praised and supported to deliver good care and to develop within their roles. However, the manager told us, and we saw evidence that they challenged poor practice whenever necessary. Staff, people and relatives told us they were confident in the ability of the management to deal with issues efficiently and professionally.

We asked some care workers if they felt supported by their manager and if they thought the service was well-led. All four staff we spoke to said that they felt very supported. They told us that the manager and the field care supervisor were always on call and willing to give them support. Their comments included: "They are so lovely and supportive, and always willing to help", "I love it. Would not work anywhere else".

The service used a computer software called People Planner. This system flagged up when risk assessments and care plans were due for a review. It allowed for all the staff information to be recorded including recruiting checks and any training needs. The provider told us that the system enabled them to keep their records up to date and meet the needs of the service users and staff.

The manager had in place a number of different types of audits to review the quality of the care provided. The field care supervisor was involved in audits taking place in people's homes. They included medication audits, spot checks about the quality of care people received, environmental checks and health and safety checks. This was recorded and signed. We viewed a sample of audits which indicated they were actively used to plan developments and had been actioned and recorded thus driving continuous improvement.

The manager told us they were keen to keep abreast of information and changes within social care. They had attended providers meetings organised by the local authority but these had become irregular. They told us that they attended regular workshops and training organised by Skills for Care.

We saw letters and cards on file from satisfied relatives thanking the service for the care their relatives had received. Comments included: "The carers are absolutely lovely", "I have not met her other carers, but if they are anything like [carer], we are very very happy", "your girls are fantastic", "we could not wish for kinder people".

The service was recommended by 24 of the people using the service and their relatives. This had led to the service being awarded as one of the "top ten recommended home care agencies in London". We saw this award displayed in the office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person had not acted in accordance with the Mental Capacity Act 2005. Regulation 11 (3)