SMS Health Care Services Limited

Everycare Romford

Inspection report

65B London Road
Romford
Essex
RM7 9QA

Tel: 01708693057
Website: www.everycare.co.uk/romford

Date of inspection visit:
08 November 2018

Date of publication:
04 February 2019

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Everycare Romford is a domiciliary care agency that was providing personal care to five people at the time of the inspection.

People's experience of using this service:

There were mixed views on the care provided by Everycare Romford. One person was unimpressed by the service provided and chose to seek care elsewhere. Other people using the service were happier with the care they received and felt the standard of care was good. Everyone thought highly of the registered manager (who has since resigned) and that they provided good support. People and staff informed us that the service was short of staff and this impacted on the care people received and the service provided.

Medicines were not always recorded and managed properly. Lessons were not always learned when things went wrong. We have made a recommendation about monitoring of accidents and incidents. Risks to people were not always recorded or identified. People told us staff were not always on time. Staff were recruited with people's safety in mind. There were safeguarding processes in place and staff knew what to do if they suspected abuse. Infection control measures were in place.

There were mixed views of staff skills. Staff were not always supervised on time. They told us they received inductions though there was no specific documentation for these. We made a recommendation about recording staff inductions. Staff completed foundation level training in social care. People's needs were assessed before they started using the service. They were supported to eat and drink. Staff communicated effectively with each other about people's needs. People were supported to lead healthier lives. We checked whether the service was working within the principles of the MCA and found them to be compliant.

People told us that staff were kind and caring. People were supported to express their views and were involved in decision making about their care. People's privacy was respected and their independence promoted.

People's needs and preferences were recorded in detailed care plans and they received personalised care. People completed activities they liked to with staff supporting them. They were able to make complaints and the provider responded to them.

The provider did not complete any audits or spot checks but told us they would begin doing so. We have made a recommendation about quality assurance. The registered manager did not feel supported in their role. They told us they felt they could not complete their responsibilities as they were often required to take on caring responsibilities. There were no meetings held but the provider felt confident they captured people's, relatives and staff views. No one had completed satisfaction surveys, but the provider was going to send some out to people. The service worked in partnership with others.

Rating at last inspection: This is the service's first inspection.

Why we inspected: This was a planned inspection based on our scheduling of regulated services.

Follow up: We identified a breach of regulation relating to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report. We have also made recommendations in this report that will be followed up at our next inspection. We will continue to monitor intelligence we receive about this service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Everycare Romford

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: There was one inspector.

Service and service type: Everycare Romford is a domiciliary care agency that provides personal care to people in their own homes. CQC only regulates the personal care provided.

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
We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed:
- The information we already held about this service, including details of its registration.
- Any notifications of significant incidents the provider had sent us.

On the day of inspection:
- We spoke with the registered manager and the nominated individual (the person with responsibility how the regulated activity is managed).
- We reviewed the care records relating to all people who used the service at the time of inspection.
- The recruitment and training records of all staff.
- We checked policies and procedures.

● We examined the quality assurance and monitoring systems in place.

After the inspection:
● We spoke with one person using the service by telephone.
● We spoke with five relatives of people who used the service.
● We spoke with two staff members.
● We reviewed information sent to us by the registered manager following inspection feedback.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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.

Assessing risk, safety monitoring and management

● Risks to people were not always recorded correctly. We looked at five people's care plans and saw that whilst each person had a risks assessment, these were not completed properly. People's needs assessments and risk assessments were part of the same document. This should have made the transfer of information from needs assessment to risk assessment easier for staff to complete. However, we found instances where not all risks identified in the needs assessment were accounted for in the risk assessment. Risk assessments were scored to indicate the level of risk there were to people in different areas of their lives. However, none of the of risk assessments we saw were scored. This meant not all people's risks were identified and it was not easy for staff to tell whether risks to people were high or low.

● We also found that one risk assessment had not been updated when a person's circumstances had changed requiring them to have their medicines administered by the service. This meant staff were unaware of any risks about administering this person's medicines.

● We spoke to the registered manager about these issues and they told us this had been an oversight on their part due to increased workload. They agreed to complete risk assessments scores and update the risk assessments for people who needed it and following the inspection they sent us evidence they had done so.

●The provider hadn't taken steps to fully assess and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Using medicines safely

● Medicines were not always managed appropriately. We found that some people were being administered medicines (prescribed cream) that were being recorded on the Medicines Administration Record (MAR) sheet, but that there was no record in the care plan of why this was being administered, when the decision had been made for it to be administered (as it was not in the original assessment) and whether staff should be aware of any negative reactions from it. This meant that staff would find it difficult to know why they were administering medicine and whether there were any possible risks to the person it was being administered to. We also noted that in all care plans we saw there was no specific reasons given for why a medicine was being administered, neither in the care plan or the MAR sheet.

● There had been no medicines audits completed or spot checks made on people administering medicines. However, the provider had only been administering medicines for a short period of time prior to our inspection and following the inspection sent us evidence indicating that medicines audits had been completed and spot checks done.

●The provider did not manage medicines appropriately. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Staffing levels

● People and staff had mixed views about the staffing levels. One relative told us, "If they're ever going to be late, [staff member] rings me to inform me so I can ring my [relative]." Staff confirmed some of the mixed views, one staff member said, "We've had too many people come and go. One only did the morning and left. They want more staff but there's no work. The people we've had have cancelled packages or died." We spoke to the registered manager about this and they told us that recruitment had been difficult given the business was in its first year and there were not too many people using the service. This had resulted in the registered manager having to cover some of the care visits. They cited having to undertake care visits whilst fulfilling their registered manager role as one of their reasons for their resignation. They showed us software that assisted them with rota employees to meet people's needs. This lack of employees meant that people did not always receive the care they wanted at a time that had been agreed.

● The provider had robust recruitment practices in place. We looked at all staff files and saw that all staff had provided adequate references, employment histories and had provided identification to prove they were who they said they were. The provider also completed Disclosure Barring Service (DBS) checks on employees. DBS checks verify suitability for working with vulnerable people by looking at their criminal history and whether they've been added to any lists that indicate they are unsuitable for care work. This meant the provider sought to keep people safe by employing the right people.

Learning lessons when things go wrong

● It was not clear whether the service acted appropriately when things went wrong. The registered manager showed us that incidents and accidents were logged on to the digital system used to plan people's care, however staff seemed unaware of any changes made due to incidents or accidents. This was likely due to the lack of team meetings to share any learning when things went wrong. When asked whether any lessons had been learned one staff member told us, "Not really," whilst another said, "I guess so." The registered manager told us that this would be something that would be discussed at future team meetings. We recommend that the provider seek and follow best practice guidance around recording and monitoring incidents and accidents and learning lessons when these things happen.

Systems and processes

● People and their relatives told us they felt safe. One relative told us, "Yes, they do [keep people safe.]" They also said the service was quick to inform them if something was wrong with their relative, "They have phoned me to say [person] has a bruise on their leg."

●The service had systems and process in place that safeguarded people from harm and abuse. The service had a safeguarding policy and procedure that staff were aware of. We also saw the safeguarding training that staff undertook at induction and found it to be comprehensive. One staff member said, "There are different types of abuse, sexual, financial etc. If I thought someone is abused I would tell the registered manager." We saw that there had been a safeguarding alert raised by the provider and found this to be warranted and appropriate. This meant that people were safeguarded from abuse as the provider ensured their staff were aware of abuse and knew what to do if they suspected it.

Preventing and controlling infection

● People were kept safe from infection. The provider had infection control policies and procedures in place and staff were trained in infection prevention and used personal protective equipment where appropriate. One staff member told us, "We use gloves and aprons and wash our hands."

Requires Improvement

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff skills, knowledge and experience

- Most people thought staff were trained how to do their jobs. Relatives told us, "Yes I think so [staff are suitably skilled and knowledgeable]." However, we received mixed views. We asked the registered manager about people's experiences of poor care and they told us that due to staff shortage, they had on occasion had to send staff usually based in the office to provide care, whilst these staff were inexperienced, they had received training.
- We saw staff training records and saw that staff received both face to face training and online learning. The face to face training was provided by the registered manager, who was a certified trainer. We looked at the training materials and found them to be appropriate. Staff also completed the care certificate. The care certificate is a nationally recognised foundation programme for people beginning work in care. This meant that people received care from staff who had been trained to do so.
- Staff did not always receive supervision. One staff member told us, "No – I didn't get any [supervision]." Whilst another said, "Yes I had one [supervision]." We saw the provider had a policy which stated supervisions should be every three months. We looked at employee's staff files and saw that in one instance one staff had only been supervised once in six months. We spoke to the registered manager about this and they told us that they had not been able to do them but would do so. They also added they spoke with the carers regularly and provided informal supervision, which the care staff confirmed. This meant people did not always receive care from staff who were supported in their roles.
- Staff told us they received inductions. One staff member told us what induction consisted of, "In class training, shadowing for one day, read the policies and procedures." Staff inductions were not recorded in employee's files, though they did sign a sheet to say they had read policies and procedures. We recommended the registered manager to document them so that it would be apparent that staff had received them. They told us they would begin to do so. This would show that people received care from staff who were ready to work with them having received an induction.
- No staff had received appraisals as the service had been operation for less than one year.

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

- People's needs were assessed before they started receiving care. One relative told us, "[Registered manager] was very thorough... they met with me and [person] and went thoroughly through [person's] needs. [Person] has dementia and forgets they have dementia – [registered manager] was sensitive in their approach around this." The registered manager completed assessments with people and or their relatives before starting care. These assessments were detailed and personalised. They held information about people's needs and preferences and were used both to indicate whether the service could meet people's needs and were used by staff as a document where they could find out about people's needs once in

treatment. Assessments contained information about people's physical and mental health needs, their medicines, their mental capacity and capability to carry out daily tasks. They provided detail on how people likes things done. This meant that people were cared for by staff who knew what their needs were and how to provide it in a way they liked.

Supporting people to eat and drink enough with choice in a balanced diet

● People told us they were supported to eat and drink. One relative told us, "They inform me how much of the meal [person] has eaten as they forget what they've eaten and what they like and [staff] make a note of it." Another relative said, "They support with the food – Cook the food... no issues." People's care plans recorded what people's needs and preferences with regards to foods and fluids and or whether they had special dietary requirements. This meant that where necessary people received support with their diet and eating and drinking.

Staff providing consistent, effective, timely care within and across organisations

● Staff communicated effectively with each other. People's daily notes and their care plans reflected that staff ensured information was passed on to each other. Notes we saw highlighted what the staff member providing care had done, any issues noted and any information they needed to pass on. This meant that people's needs were met as staff shared relevant information with each other.

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

● People were supported to access healthcare. A relative told us, "[Staff] sought the advice of a doctor and went to a chemist for [person] after an incident." One staff member told us, "[Person] had an allergic reaction to something… I called the doctor and they came round and then I phoned the chemist and got their prescription for them." People's care plans reflected that their health care needs were recorded and monitored and where necessary this information shared with relevant health professionals. For example, one care plan stated, 'report to district nurse and office if skin appears reddened or skin is broken.' Staff were also able to support people attend health appointments should they require it. This meant that people's healthcare care needs could be met with the support of staff.

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 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 We checked whether the service was working within the principles of the MCA and found them to be compliant.

● Staff had received training on the MCA and consent. One staff member - told us, "They are a person – I work with someone with severe dementia – they don't remember things – I talk them through their care and look after them." Another staff member told us the MCA meant, "Working in people's best interests." We reviewed the training materials and found them appropriate. We also specifically asked staff when they seek consent, one staff member told us, "All the time." The provider sought people's and relatives consent through their documentation and we saw that documents were signed by people or their family members. This meant that people with capacity issues were supported to lead as normal lives as possible.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported

● People and their relatives told us that staff were caring. One relative stated, "I'm really happy with the service, also my [relative] adores all carers from the agency." Another relative said, "Yes I do [think they're caring]." A further relative said, "Yes they are very caring." People and relative's views were reflected in case reviews we found in people's care plans. The registered manager regularly contacted people and their relatives to find out whether people's needs were being met. People's daily notes also recorded people in compassionate terms and when we spoke to staff they spoke of people in an empathetic manner. This meant that people at the service were treated in a manner with which they wanted to be treated.

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

● People were involved in the planning of their care and treatment. One relative told us, "I approached them and see how they could help [person] – I had an interview where we went through an assessment for [person]." Another relative told us, "I was [involved in planning the care]– it was good." We saw that people's views were captured at assessment and case review and that assessments were signed for by the relative or by the person. We spoke with the registered manager about how they captured information at reviews to ensure that people's consent was more evident as at the time of the inspection reviews were not signed. They told us they would do this. This meant that people were able to express views about their own care and decide how their treatment should be provided.

Respecting and promoting people's privacy, dignity and independence

● People and their relatives told us their dignity and privacy was respected. One relative told us, " I needed someone to care for [person] in the morning as they would go out in a state of undress. Staff are very good with [person] and they are good with their personal care." A Staff member told us that treating people with dignity was, "Treating someone with respect – doing things how they want." We saw that dignity and privacy was covered in staff training and as well as being specifically mentioned in people's care plans. For example, '[person] to be offered assistance with toilet, ensuring their dignity and privacy is upheld.' We also noted that people's care plans were securely stored either in locked cabinets or on password protected computers. This meant that people were afforded privacy with their personal care and treated with dignity by the staff who cared for them.

● Importance was placed on promoting people's independence. One relative told us, "[Person] has been empowered and they have taken more care in their appearance." One staff member told us, "I include them - I don't just do the care. I encourage them to do what they can." People's care plans were explicit with recording information about people's independence, what they were capable of and how they wanted support around their independence. This meant that peoples were supported to remain independent.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

Personalised care

● People's needs and preferences were recorded in care plans. One staff member told us they knew the people they worked with as they, "Speak to [person] beforehand, speak to the registered manager [who had assessed person] and read the care plan." Another staff member told us they get to know the people through care plans. They said, "Always read their care plans too – or whenever there's a change [in people's needs] I read the care plan in the office before I go." Care plans were detailed and personalised. They contained joint needs and risk assessments associated with people's needs and preferences. These covered medicines, breathing, skin integrity, mental health issues, communication, support structures, capacity as well as other topics that identified people's ongoing needs and preferences. One example of the personalised content from care plans was, 'care staff must recognise that [person] requires significant understanding and kindness. Care staff must NEVER judge.' This meant that people received personalised care.

●. Staff supported people with activities. One relative told us, "They hold regular activities in the apartment." A staff member said, "I take [person] out a lot – we do what they want." People's care plans reflected what relatives and staff told us and detailed the activities people liked to do and, where appropriate, contained risk assessments about completing activities. Activities we saw recorded included trips to shopping centres, places to eats, day centres and to the park. This meant that people got to do the things they wanted to do.

● Staff promoted equality in caring for all. One staff member told us, "I have a client [of faith] who eats bacon, it's their choice." Another staff member said, "I respect it [other's cultures] no matter what – I'll follow their rules." The service had numerous policies where people's equality and diversity needs were taken into consideration as well seeking to meet their needs through information gathering at assessment and care plan reviews. In this way the service ensured that people's equality and diversity human rights needs were met.

Improving care quality in response to complaints or concerns

● One relative told us, "Yes I would complain to [registered manager]. In the documents they left with [person] there are very clear guidance on complaints." Another relative told us, "I have a good relationship with the manager…I complained when the carer didn't turn up, it was a family emergency – it was a one off." We saw the provider had a policy for making complaints and the registered manager told us this was given to all people using the service. We also saw the records were kept of the complaints made, investigations of complaints completed and appropriate actions taken. This meant that people were able to raise complaints and concerns and when doing so, these were acted upon.

End of life care and support

● At the time of our inspection the service was not working with any people who were at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

● At the time of the inspection the registered manager told us they were not completing any audits or spot checks. The registered manager said the main reason these were not being done was due to shortage of staff and they're not having time to do it. They were able to provide us with evidence of reviews where people were contacted by phone and asked what they thought of the service, however we would also expect them to complete spot checks in the community to assure themselves that staff were doing their jobs properly. This meant the provider was not assuring the quality of the service being provided.

● The registered manager told us they would begin completing spot checks following our inspection and did inform us they had done so after the inspection. We would recommend they follow best practice guidance on quality assurance.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

● The service had a statement of purpose and a mission statement that stated Everycare Romford wanted to "significantly improve the quality of life for people with health and social care needs." The nominated individual, the person ultimately responsible for the regulated activity provided by the service, told us they wanted their business to grow and this was their first business in social care. Both the registered manager and nominated individual informed us that they whilst they wanted their service to grow and improve, they had been hampered by an inability to attract experienced staff who were willing to stay whilst the service grew. They were keen to be inspected by the Care Quality Commission as they felt that we might be able to highlight areas of improvement which could assist their growth. We discussed concerns identified during the inspection, such as incomplete risk assessments, a lack of audits, a lack of supervision for staff, a lack of staff meetings and no spot checks of staff. They told us that they would act upon what we had fed back and sent us various updates to demonstrate their willingness to improve. This meant that whilst they had difficulty doing so, the provider attempted to promote person-centred high-quality care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

● The service had a registered manager who was thought of highly by all people, relatives and staff we spoke to, including those we were unhappy with the service they had received. One person said, "[Registered manager] was the only little bit of good caring we got from there." A relative told us, "I thought [registered manager] was very caring – they put me at ease, it was my first time having to deal with something like this…they had great personal skills." A staff member told us, "I can talk to [registered manager] about everything. With [registered manager] you can let them know and they deal with it."

● Staff knew their roles and had a desire to provide personalised high-quality care. However, the registered manager knew what their role and responsibilities were but stated that they did not have time to do their job as they had to pick up caring responsibilities in lieu of staff shortages. They told us this impacted on their ability to fulfil their role and was ultimately their reason for resigning. They informed us they had resigned before the inspection and worked out their notice following the inspection. The registered manager told us that they had not received formal supervision but had met with the nominated individual numerous times but did not feel wholly supported in their role. They told us there were national meetings for registered managers from the provider brand but these were six months apart and not a source of ongoing support. This meant that the registered manager was not supported in their role which negatively impacted on the care people received.

●Following our inspection we were informed by the service that they were attempting to recruit a new registered manager and would fill the position as soon as they could. They informed us that the existing administration manager would fill the role during the interim period.

Engaging and involving people using the service, the public and staff

● At the time of our inspection there had been no meetings held for people, staff or relatives. As a small domiciliary care service, it would not be unusual for there not to be meetings of people or their relatives (in a joint setting). The registered manager felt confident they captured people's views through the service review calls they made to people and their relatives. This, coupled with people's understanding of the complaints policy and process, meant that people could engage with the service and feel confident their views heard.

●Staff told us they felt listened to and could raise issues with the registered manager. The registered manager informed us that they had not had staff meetings as the service was still small and they did not feel it was necessary. They highlighted that they were in constant contact with staff and any updates or lessons learned would be shared through this contact. They were confident that once the business had grown and there were more staff they would hold meetings regularly. This meant that although there were no staff meetings, staff were able to raise concerns.

● The provider had not asked anyone, people, staff or relatives, to complete any surveys. The registered manager informed us they planned to begin doing so before Christmas.

Working in partnership with others

● The registered manager had worked in the care industry for many years and had established local connections. They had links with other providers in the area and with the local authority. The provider had set up stalls in the local shopping centre to both market their brand and build their name with the local community. They had also set up social media accounts to better interact with those with online access. We also noted conferences the provider had attended to network and discover possible innovation that could improve the service. All these actions and relationships enhanced the service provided to people.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Risk to people were not always identified and mitigated against. Medicines were not always managed appropriately.