

Everlasting Care Ltd

# Everlasting Care Ltd

## Inspection report

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25 June 2018

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

This inspection took place on 20, 22 and 25 June 2018 and was announced. This service is a domiciliary care agency based in North Tyneside. It provides personal care to people living in their own homes throughout North Tyneside. Services were provided to adults with a wide range of health and social care needs. At the time of our inspection there were 65 people receiving a service.

Not everyone using Everlasting Care receives regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a registered manager in post. The registered manager had been in post since the service first registered in 2014. A registered manager is a person who has registered with the CQC 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.

At the last inspection in April 2017 we rated the service as 'Requires Improvement', we asked the provider to take action and make improvements to the induction and training of staff at the service. We also recommended that guidance was sought around specific risk assessments and a review of quality monitoring and record keeping was completed. We found these actions had been promptly completed and good practice has been sustained. We have therefore rated the service as 'Good'.

People were supported by staff to maintain their health, safety and welfare in their own home. The office staff had fully completed risk assessments of the known risks people faced. These were reviewed and updated to reflect changes in people's needs. Care records now included information in case of an emergency within people's homes.

New staff had received a company induction and a robust induction programme was now fully embedded into the service. Staff training was up to date. Most staff told us they now received regular supervision sessions, an annual appraisal and staff meetings took place. Records confirmed this. Staff told us they felt supported by the office staff.

The registered manager ensured the service was properly monitored. We saw audits had been improved and new audits and analysis of all aspects of the service had been implemented. We saw action plans were in place to ensure any issues highlighted were dealt with promptly.

Policies and procedures were in place to help staff safeguard people from harm. Incidents of a safeguarding nature had been recorded, investigated, reported and monitored. The local authority had no concerns about the service. People told us they felt safe with the regular support from staff.

Medicines were managed safely. Medicine administration records were up to date and fully completed. Competency checks on care workers were now in place to ensure staff remained competent in their role. Regular unannounced spot checks were conducted to ensure high standards were maintained.

Staff recruitment continued to be safe and robust. There were enough staff employed to safely meet people's needs. People told us that care workers did not rush their duties and that they had regular care workers who arrived as expected most of the time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans had been re-written and now included person-centred information. We saw a new review system had been implemented following our last inspection to ensure people received suitable care to meet their needs.

People told us that care workers made meals of their choice. External healthcare professionals were involved with people's care to monitor their health and welfare.

Without exception, people and relatives told us their care workers were friendly and they were respected in their home. People said their dignity and privacy was always maintained.

There was a complaints policy in place. We saw all complaints and minor issues had been logged, investigated and resolved in a timely manner. No-one we spoke with raised any complaints about the service.

Customer and staff surveys had been carried out which showed mostly positive results. Our pre-inspection questionnaire responses corroborated this.

## 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.

Accidents, incidents and safeguarding matters were investigated and reported as required.

People told us they felt safe with support from their care workers and they received their medicines in a safe manner.

People's care needs had been risk assessed and control measures were in place.

Staffing levels were appropriate and recruitment remained robust.

### Is the service effective?

Good ●

The service was effective.

Staff were trained in a variety of key topics to meet people's needs. Competency checks were carried out.

Care workers were supported through supervision, appraisal and team meetings.

Consent to care and treatment was sought from people.

People were supported by staff to eat and drink well to maintain their well-being.

### Is the service caring?

Good ●

The service was caring.

Staff understood people's needs and responded well to these.

People and relatives told us staff were caring and friendly. People told us they were treated with dignity and respect.

People were involved in decisions about their care and were given choice and control over their own lives.

### **Is the service responsive?**

The service was responsive.

People's needs were routinely assessed and regularly reviewed.  
Care plans were person-centred.

Staff offered a flexible service and people could re-arrange their service if needed.

A complaints policy was in place and people were aware of how to complain.

**Good** ●

### **Is the service well-led?**

The service was well-led.

There was an established registered manager in post.

Detailed and accurate records were kept to monitor the quality and safety of the service.

Audits and checks of the service were analysed and acted upon.

Staff told us they were supported and felt valued in their role.

**Good** ●

# Everlasting Care Ltd

## 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.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, safe, effective, responsive and well-led to at least good. At this inspection we found that significant improvements had been made in these areas.

The inspection site visit took place on 20 and 22 June 2018. The inspection was announced. We gave the provider short notice of the inspection because we needed to be sure the office would be open to access records. One inspector visited the office location to see the registered manager and office staff; and to review care records, policies and procedures. The inspector conducted telephone interviews with people who were receiving care in their own homes, their relatives and friends on 25 June 2018.

We spoke with five people who used the service, three relatives and a friend to gather their views about the service. We also spoke to the two deputy managers, a senior care worker and the registered manager. We reviewed a range of care records and the records kept regarding the management of the service. This included looking at six people's care records, five staff files, the rostering system and records monitoring the quality of the service.

Prior to the inspection we reviewed all the information we held about Everlasting Care, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Before the inspection we asked the registered manager to complete a Provider Information Return (PIR). This is a form that the provider sends to CQC at least once annually with key information about the service, what improvements they have planned and what the service does well.

In addition, we contacted North Tyneside local authority commissioning team and adult safeguarding team to obtain their feedback about the service. This information helped to inform our planning of the inspection.

The inspection was partly informed by feedback from questionnaires we sent to people using services, their relatives and staff. The responses showed that overall people were satisfied with the service they received and the staff were happy in their role.

# Is the service safe?

## Our findings

At our last inspection in April 2017 we identified the service was not entirely safe. This was because risk assessments were not specific to individual people and robust. We recommended the registered manager sought advice and guidance on person specific risk assessments. Following that inspection, the registered manager sent us an action plan which described how they planned to address this and by when. At this inspection we found the registered manager had implemented the necessary changes to improve the safety of the service.

Trained office staff had assessed the individual risks people faced, such as to their physical and mental health as well as risks related to the home environment. Risk assessments were comprehensive and described what strategies care workers should implement to reduce any identified risks and who they should report their concerns to. Daily notes made by care workers demonstrated that they recognised risks and reported it to the office staff. For example, we saw an incident was documented about a person which involved a catheter blocked with blood clots and no urine passed all day. There was evidence of staff understanding catheter care, recognising risks and acting to ensure the safety of the person. Staff had contacted a GP and district nurses, then they themselves took the person directly to hospital for treatment as the concerns were so serious.

Regular reviews were conducted to ensure information was kept up to date and this was cascaded to care workers. Individual care records now included information for care workers around what action to take in the event of an emergency in people's homes, such as a fire or flood. This meant care workers could provide safe care which met people's current needs.

Accidents and incidents were now fully recorded and investigated to ensure all possible action could be taken to reduce the likelihood of a similar event.

People told us they felt safe with support from the staff. One person said, "Yes, I feel safe, I was terrified before and wouldn't use the shower." Another person said, "Yes I feel safe with them (care workers) coming in." A friend told us, "I have confidence [my friend] is in safe hands." A relative told us, "They (staff) built up our confidence after an awful experience in a care home."

Safeguarding policies and procedures remained in place. Staff training was refreshed regularly and those staff we spoke with were aware of their responsibilities towards protecting people from harm. Office staff had attended local authority safeguarding strategy meetings and implemented the agreed strategies during their home visits to ensure people remained safe. Everyone we spoke with said they were not concerned at all about the safety of this service.

Medicines were safely managed. A policy was in place and staff received regular training. Competency checks had been carried out with care workers by a qualified assessor. We reviewed medicine administration records and found them to be accurate and up to date. People told us they received their medicines as they expected to.



A policy was in place to protect people from the risks of infection. The company provided staff with personal protective equipment (PPE) such as disposable gloves, aprons and hand sanitising gel to reduce the possibility of cross contamination. Everyone we spoke with confirmed this. A relative said, "They deal with the (incontinence) pads properly to prevent infection." Another relative said, "They use gloves and put them in the bin properly, they clean up after themselves and make sure everything is OK."

A robust recruitment process remained in place. A recruitment checklist had been introduced into files for oversight. This meant all office staff could see what checks had been completed and what was still outstanding. Staff files showed that new employees had been through thorough pre-employment checks. Application forms were completed, interviews were recorded, references had been obtained and an enhanced check with the Disclosure and Barring Service (DBS) had been undertaken. DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. The registered manager ensured staff remained suitable to look after vulnerable people by following the disciplinary and sickness policies as required.

We considered the service had enough staff to operate safely and efficiently. We reviewed six care workers' rotas for the previous four weeks and saw they had appropriate hours and suitable breaks. There were no calls overlapping which meant travelling time had been properly planned to enable care workers to get from one home to the next. 92% of staff who responded to our pre-inspection questionnaire told us, the time allowed for each visit means they can complete all the care and support required by the person's care plan. People told us they didn't feel rushed by their care workers and there was enough time to complete the tasks they required assistance with. One person told us, "They are reliable and come when I expect them to" and, "Sometimes they are held up, but there is always a good reason." Another said, "They never rush me, they always finish even if time has run over." A relative said, "They are very reliable, they have only been late once and they rang to let us know." A friend said, "They are reliable and consistent and we get regular carers."

The business continuity plan had been routinely reviewed and updated. Clear plans were in place to deal with emergencies which may disrupt the service.

The office staff managed an 'on-call' service which was operated outside of normal office opening hours. They were available to support staff and people in urgent situations. One person said, "There is always someone on the other end of the phone." A relative told us, "I can ring the office staff at weekends to cancel calls and they are flexible with switching things around." Electronic logs were now made of all incoming and outgoing calls during this time to ensure that issues and concerns about people were reported and acted upon as necessary. Office staff told us this had been a big improvement and made a massive difference to them. The registered manager had oversight of this to ensure timely action was taken.

## Is the service effective?

### Our findings

At our last inspection, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled Staffing. This was because a robust induction package was not provided to new staff, some training was out of date for existing staff and there were some topics which would have benefitted staff which had not been provided. Staff were also not formally supervised on a regular basis. After the inspection the registered manager sent us an action plan which showed how they planned to address this and by when. At this inspection we found the necessary improvements had been made.

All new staff had or were in the process of completing the Care Certificate. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective and compassionate care. Staff also completed an operational induction and were trained in key topics such as health and safety, safeguarding, moving and handling, food hygiene, infection control and safe medicine administration. The provider employed a qualified training manager to deliver induction and training. This person was qualified to assess the competency of care staff.

New starters shadowed experienced care workers during a probationary period and had their competencies assessed through planned and unplanned spot checks. Existing staff had their skills and knowledge regularly refreshed with training updates. Topics which were beneficial to care staff who supported people with particular needs were now routinely delivered to all staff. This included, dementia care, epilepsy and diabetes awareness.

Regular one to one supervision sessions and annual appraisals were now held with a member of office staff. This demonstrated that people received effective care from staff who had the skills and knowledge to suitably perform their role. A relative told us, "They are all so knowledgeable, I feel I could ask them for advice. They were really supportive of [my friend] with her recent diagnosis of macular degeneration and vascular dementia."

People experienced positive outcomes. Everyone we spoke with told us they received the help they wanted and needed from the service. 100% of staff who responded to our pre-inspection questionnaire told us, they were told about the needs, choices and preferences of the people they provided care and support to. A deputy manager shared multiple positive examples with us of where support from staff had really benefitted people and increased their quality of life. For example, one person had been supported with PEG feeding after they suffered an illness which resulted in them losing their ability to swallow. With guidance from the speech and language team, as well as reassurance from staff, the person was able to slowly introduce solid foods back in to their diet. This had given them the confidence to enjoy their life and socialise with family and friends in restaurants and café settings. The person now no longer requires PEG feeding and can eat a soft diet, without any formal support. Percutaneous endoscopic gastrostomy (PEG) is a medical procedure in which a tube (PEG tube) is inserted into the stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not possible.

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. The office staff had considered people's capacity upon initial referral and used the local authority capacity assessments to inform their care planning.

At the time of our inspection there was no one who used the service who were subjected to restrictions under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA) legislation. The Court of Protection advocates on behalf of people who are deemed to lack mental capacity and makes important decisions on their behalf. One friend held a Lasting Power of Attorney (LPA) for a person who used the service. An LPA is a way of giving someone (usually a relative) the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself.

People told us that their care workers always asked for verbal consent before carrying out any tasks. Care plans showed that people had been involved in their assessments and had consented to their care and treatment.

People and relatives told us there were no problems with communication. A relative told us, "I told one care worker some information from a district nurse, by the time I told the next carer, she told me she already knew because the first carer had reported the new instructions to the office staff and they had passed it on to all the care workers who were coming. It worked really well and fast!"

People told us they were supported to get enough to eat and drink. One person said, "They ask me what I want and then they make it." Another person said, "The meals are OK, I have no complaints there." A friend told us, "They go the extra mile, [my friend] had a physio appointment and they moved the lunch call so that she got a hot meal before she went." Entries made in daily notes demonstrated that care workers monitored nutrition and hydration needs and encouraged people to maintain a balanced diet. If required, care workers completed a food and fluid intake chart to assist families and external health care professionals monitor a person's nutritional intake to ensure their health and well-being.

People were supported to maintain their general health and ensure all their needs were met. Care records showed staff involved external professionals such as a district nurse, social worker and a speech and language therapist as necessary. Daily notes showed care workers reported their concerns to the office staff regarding people's needs. One person said, "They sorted out the pads for me from the incontinence service, they knew who to contact, I didn't." A relative said, "They (staff) worked really well with the district nurse." Another relative said, "They would ring the district nurse if needed."

## Is the service caring?

### Our findings

The conversations we had with people demonstrated that they experienced a good relationship with their care workers. Comments about care staff included, "They are nice girls, a ray of sunshine into my life"; "They are very, very friendly"; "They are wonderful, I can't complain about one little thing"; "They are a godsend, I couldn't do without them" and, "I'm always singing their praises."

Relatives added to the positive feedback. One relative said, "They were just brilliant, couldn't have been better, always cheerful and a bit of fun" and, "They were very careful, they know him so well, he was really attached to them before in went into the nursing home." Another relative said, "We are very satisfied, they are very pleasant. (Care Worker) is always there, she is really canny." A friend told us, "They (office staff) rang me regularly when [my friend] was in hospital, they were lovely" and, "It's a vocation, care work. They really do care about people. The managers really do too."

A relative told us that the provider were given an easy chair and in turn they donated it to her father. They said, "They passed the chair onto us and even delivered it." They also told us, "The staff took an interest in my dad and his army days, he loved that, they are lovely girls."

People and relatives said that staff respected their property, their belongings and their visitors. They told us all staff spoke respectfully. People we spoke with told us care staff maintained their dignity and respected their privacy during intimate personal care and support. For example, by ensuring they could use the bathroom in private, closing doors and blinds. Comments from people about care staff included, "They have a very good manner"; "They protect my dignity in the shower, I was glad to be home from hospital" and, "They are absolutely respectful." A relative said, "They are friendly and respectful." Another relative said, "They speak nicely with my mam."

People and relatives/friends told us that all staff had a good knowledge of their likes, dislikes, preferences and routines. A friend told us, "I am very happy with what I have observed, they (care workers) are very aware of [my friend's] preference regarding waste and recycling." This all demonstrated that staff had developed positive, caring relationships with the people who used the service and their relatives and friends.

People and the relatives/friends we spoke with didn't raise any issues about continuity of staff, however the responses from our questionnaires showed that 25% of people said they didn't always get introduced to their care and support workers before they provided care or support. 43% of relatives and 46% of staff also said that people didn't always receive care from familiar and consistent care workers. We fed this information back to the registered manager for their attention.

The service was very accommodating of people's needs and changes. People told us the office staff always helped them and there was never a problem if a visit had to be changed. Through discussions we found the service was very flexible to suit people's needs and wishes. One person told us, "They changed my time on a Tuesday so I could have a lie in once a week – they didn't have to do that, I know it would have meant changing things round." Another person said, "I've rang the office to change things, they were a great help."

A relative said, "They are very flexible, they have changed an appointment when we have needed it."

Staff had attended equality and diversity training. Care plans had been developed to reflect people's individuality and identity. This raised awareness and encouraged staff to promote individuality and ensure people's personal preferences, wishes and choices were respected.

People told us their independence was promoted by the staff who supported them. One person who had been originally cared for in bed after being in hospital for months without improvement had regained some of their independence. A deputy manager told us, "Prior to discharge from hospital we were told (person) was non-compliant with staff in hospital and would often refuse medication or support. Following the support and continuity of care given by our care staff, they began to build excellent relationships with the care workers supporting them, which in turn resulted in them becoming more compliant. As of April 2018, (person) is now able to mobilise around their home with the support of only one care worker, and has reduced their calls from four times per day to three times."

Care records showed people had been involved with the planning of their care. Office staff visited people at home to carry out an assessment of their needs and they gathered information to allow care workers to get to know how people preferred their care to be delivered. Where ability allowed, people had signed their care records themselves or an appropriate person had signed it on their behalf with their consent.

There was no-one currently supported by an independent advocate. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, to ensure that their rights are upheld. The office staff were aware of how to refer a person to an advocate from the local authority if people needed that level of support.

People had been given a 'service users guide' which contained information about the provider; what to expect from the service, what assistance could be offered, core policies and procedures and contact details. Other information which would benefit people, such as the local safeguarding details and the Care Quality Commission (CQC) contact details were also made available.

Sensitive information about people and staff continued to be stored securely to maintain confidentiality. Office staff were aware of the legal requirement to keep information about people safe and secure under data protection laws.

## Is the service responsive?

### Our findings

At our last inspection in April 2017 we identified the service was not entirely responsive to individual needs. This was because comprehensive person-centred support plans had not always been drafted by the office staff for care staff to follow. Following that inspection, the registered manager sent us an action plan which described how they planned to address this and by when. At this inspection we found improvements had been made.

The office staff completed initial care needs assessments and undertook regular reviews of the support people received to ensure that if their needs changed, their care plans were changed to reflect the current situation. The registered manager had implemented new review documentation and we found these were now comprehensive and fit for purpose.

The six care plans we reviewed were very person-centred and included information about people's background, lifestyle, preferences, routines, important people in their lives, hobbies, strengths and interests. This meant the office staff could match people with a suitable care worker, for example a male or female care worker or staff with similar interests. The records demonstrated that the service took a holistic approach to assessing people's needs as they had considered all aspects of life such as health, personal care, emotional, social, cultural and religious needs. This ensured staff could deliver a personalised service to each individual person.

Care plans explained people's individual needs and included instructions for care staff of how to meet those needs. For example, one person's records contained very specific information about how care staff should respond to an epileptic seizure. The 'epilepsy care plan and risk assessment' stated there was a medium to severe risk of seizures which were controlled by prescribed medication. The plan included information for care staff about epilepsy and seizures, what to do in the event of a seizure, do's/don'ts, the recovery position, types of seizures, when an ambulance should be called, medicines, triggers and behaviours. A seizure description and a support guide about the type of seizures the person suffers, what medicines to give, who gives it, how long a seizure usually lasts and how often they occur was included in the care plan.

People and relatives/friends told us that the service was flexible and they had been able to plan their visits at short notice to accommodate appointments and social outings. One person said, "There is always someone at the end of the phone." A friend told us, "I actually chose Everlasting Care because they always answered the phone, other companies didn't. There is always someone there to help you."

The office staff told us that when people's needs changed they had been able to respond immediately with additional support. Equally, some services had been decreased for people who had regained independence. One person told us, "My service has been increased and then decreased. I only get AM and PM calls now and I can manage my own meals now." A friend told us, "[My friend] used to get four calls per day but now she can manage with three." This demonstrated that the service was responsive to the needs and wishes of people.

The office staff carried out checks of the records kept in people's home. During one of these checks it was identified that a person was struggling to maintain their own safety at home. Office staff responded immediately by contacting social services and arranging emergency respite for that person. On another occasion, we saw a person's services were increased following a home visit from office staff which was initially just to check the contents of their care file.

People told us they were given choice and control over all aspects of their care. They told us the staff asked them what they wanted. People said their routines were respected. People told us the staff had respected other choices such as what they wanted to eat, what they wanted to wear, what time they got up and what time they went to bed.

No-one currently using the service required end of life care. In the past, the service had supported people at the end of their life and they had provided palliative care to people in their own homes with the support of GP's, district nurses and families. Care plans contained information about advanced decisions and preferences around emergency treatment and resuscitation and staff were trained to deliver this type of care. A compliment from a palliative care nurse read, (Care worker) really stood out, he was kind and sensitive and maintained the client's dignity throughout."

A complaints policy and procedures were in place and these had been given to people who used the service in a 'service user guide' and 'statement of purpose'. The people and relatives we spoke with during the inspection had no complaints at all about the service. One person said, "I have no complaints at all with the service I get." 92% of staff who responded to our pre-inspection questionnaire told us, they would feel confident about reporting any concerns or poor practice to their managers.

The service had received two complaints since our last inspection. They had been investigated and responded to by the registered manager in a timely manner and in line with the provider's complaints policy. The office staff told us they dealt with smaller issues immediately which were resolved over the telephone or with a home visit.

The service had received multiple compliments, one of which read, "Any words are inadequate to express my gratefulness."

## Is the service well-led?

### Our findings

At our last inspection we recommended the provider reviewed their policy with regards to monitoring the quality and safety of the service and record keeping. This was because audits and checks of the service were not supported by comprehensive record keeping. At this inspection, the registered manager had implemented a more robust quality assurance programme.

In July 2017, following our last inspection, the registered manager conducted a thorough internal audit of the whole service. We saw the audit was a working document which was updated monthly following the completion of a wide range of checks on the service. An action plan had been drafted after the initial audit, with areas for improvements identified, timescales for completion and who was delegated the responsibility for ensuring the improvement was implemented.

Record keeping had significantly improved. We found that an in-depth and systematic approach to record keeping had been implemented and maintained throughout the last 12 months. 'Client Contact' logs had been started, whereby the office staff logged a note every time someone contacted them about a customer. The note also included any action taken to resolve an issue. These logs were maintained electronically and therefore could be accessed outside of office hours, which meant a seamless transition was in place to record any communication with people, relatives or staff who contacted the 'on-call' service.

Other record keeping improvements included the introduction of a supervision and appraisal matrix to track when staff were due a meeting, competency questions being added to routine spot checks forms and new customer review documentation which focussed on people's care needs and outcomes to ensure that the care delivered was appropriate to meet those needs.

Accidents, incidents and safeguarding matters continued to be infrequent. They were accurately recorded, appropriately investigated and resolved. The registered manager now conducted an analysis of these matters to help identify any trends. Other issues such as missed calls and medicine errors were also very low in occurrence, however a tracker was implemented to record the details, level of risk, any harm, what happened, who was responsible, action taken and an outcome. This corresponded with an analysis of the staff involved to track how many errors individual staff were making and the reason for it. We saw the registered manager had used the provider's disciplinary policy accordingly.

Office team members reported huge improvements since last year to us. They told us they were pleased with the actions taken to make the record keeping more detailed. One staff member said, "We don't know how we kept all that information in our heads for so long."

Communication between the whole team had improved. A communications log from office to care staff was in place which we reviewed for the past month. It contained evidence of regular communication about people's care needs, health and well-being. It also included reminders for staff about 'best' working practices such as the 'no reply' reporting procedures, General Data Protection Regulations (GDPR), use of care monitoring charts and messages about professional conduct and record keeping.



Office team weekly meetings took place to ensure all office staff were updated on current events, staff concerns, operational requirements and any other relevant issues. Once a month a care staff representative joined an office team meeting to ensure the care staff had input and could formally share their views or raise any issues they or their colleagues may have. We saw that in one meeting the quality of the PPE (Personal Protective Equipment) was discussed and the registered manager arranged for a review of this and subsequently changed the supplier. Other improvements included the implementation of a newsletter for staff and a new post box outside the office door for staff to post any anonymous concerns if they felt they could not raise it in person. However, only 54% of staff who responded to our pre-inspection questionnaire felt that managers asked them what they thought about the service and took their views into account. We fed this information back to the registered manager for their consideration.

Feedback had been formally sought from customers and staff since our last inspection. The overall results for both surveys were positive in 2017 and in 2018. Comments from the customer survey included, "My life is enriched with half an hour of female interaction"; "I have tried several firms and none are anywhere as good as Everlasting Care" and, "The management are very approachable and the girls (care workers) are fantastic." The staff survey received little response, but one staff member commented, "I feel very supported as an individual in my job role. I feel at ease to approach my management at any time. I am very satisfied with my job."

This service is a family run business which has been in operation for 14 years. A friend told us, "This is an organisation I recommend to everyone." There was a well-established registered manager in post and they have been registered with the Care Quality Commission (CQC) to manage the carrying on of a regulated activity since the service was first registered with the CQC in 2014. This was in line with the requirements of the provider's registration of this service.

The registered manager was aware of their responsibilities and had submitted notifications to CQC as and when required. The outcome of our last inspection was on display on the company website and in the office as legally required. The service was open and transparent and worked well with partnership agencies such as the CQC and the local authority to ensure any reportable matters were correctly escalated, investigated and resolved as necessary.

The registered manager and deputy managers were present during the inspection and they assisted us by liaising with people who used the service on our behalf. They demonstrated that they endeavoured to provide safe and effective care to the people who used the service and were very knowledgeable about people's specific needs. They presented as passionate about their local community and with providing a responsive and caring service to the people who lived in it. Everyone we spoke with expressed high regard for the registered manager and deputy managers.

The service had several accreditations with relevant care industry organisations, which included nationally recognised initiatives such as, being 'Dignity Champions' and signed up to 'The Social Care Commitment'. They were also successfully endorsed by 'Disability Confident' for staff recruitment and CHAS for compliance with health and safety legislation. The staff were also officially recognised 'Supporters of The Royal Regiment of Fusiliers 2018' as they had fundraised for this chosen charity.

A formal staff reward scheme was not in place but the registered manager told us that all staff were invited out at Christmas for a meal and drinks as a sign of the provider's appreciation of their hard work and efforts throughout the year. A relative and a friend told us they had passed compliments to the office staff and were extremely pleased to hear that these had been passed onto the care staff. They added, "It's really good to hear they do that. Other companies I've used don't do that."

Staff who responded to our pre-inspection questionnaire told us, "It's a great company to work for, all work is set out properly so you aren't backwards and forwards. Friendly managers, supervisors and staff. Would highly recommend"; "I have had no problems at all in my six years of working for this company" and, "I have worked for Everlasting Care for the last 10 years and have had every opportunity to develop within my role. This is a family run business and we strive to ensure those we support receive the best possible care."