

Daram Care Ltd

Ever Care

Inspection report

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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

About the service

Ever Care is a domiciliary care and supported living service providing personal care and support to 14 people at the time of inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. No people were supported with personal care from the supported living service at the time of inspection.

People's experience of using this service and what we found

The service ensured people's hydration and nutritional needs were met and exceptional attention and action was taken for these needs where a person was considered at risk of their health deteriorating due to a medical condition. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks to people's health and safety were assessed and the registered manager ensured risks were documented for staff to follow. Medicines were administered safely and improvements for "as required" medicine protocols were implemented. People were protected from the risk of infection and were supported by staff who had been recruited safely and had undergone necessary checks before they started to provide care. People felt safe with the care they received.

People felt they were cared for by staff who knew them well and were treated with dignity and respect. People's preferences were respected and people and their relatives were involved in the assessment process to ensure their views were captured.

People's communication needs were assessed and they were supported with access to different communication methods where required. People and relatives knew how to raise concerns and said the service was responsive to their needs.

The service was well-led and the registered manager ensured there was effective managerial oversight of safety and risks. People were engaged by the service to provide feedback about their care and prompt action was taken when required. The service worked effectively with external health and social care professionals to ensure people's needs were met.

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

Why we inspected

The service was registered with us on 22 April 2021 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ever Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service also provides a supported living service to a person in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of inspection, no people were receiving support within the supported living setting.

Registered Manager

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 October 2022 and ended on 4 November 2022. We visited the location's

office on 19 October 2022 and 2 November 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 5 relatives. We spoke with 4 members of staff including the registered manager and 3 care assistants. We reviewed 4 people's care records, 3 staff files and multiple medicine records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and safety had been assessed and systems were in place to monitor these. However, during the first inspection visit, we found risks identified by the registered manager had not always been recorded thoroughly. This meant staff did not always have complete written information regarding people's risk management. The registered manager was informed of these findings and on the second inspection visit, this had been resolved.
- Despite the initial lack of written information, the registered manager and staff understood risks relating to people's health and care needs and what action was required to mitigate risks. For example, one person required continence products and a staff member told us, "We'd be looking for sores or damage to their skin. If there are any issues then I report it to the manager." A relative told us, "Staff check [name of person's] skin all over. The carer chased the GP up because they were concerned about [name of person's] skin and got a cream prescribed, it's now improving."
- The registered manager maintained detailed records of identified and developing risks and the actions they had taken to mitigate these.

Using medicines safely

- Medicines were administered safely. Where medicines were administered by staff or if people self-administered their medicines, this was recorded. Staff responsible for administering medicines were trained and their competencies had been assessed.
- During the first inspection visit we found a small sample of 'as required' medicines did not include protocols to advise staff of when to offer or administer these medicines. However, staff we spoke with understood what 'as required' medicines people required and when to offer these. All 'as required' medicines were identified on the medicine administration records (MAR) for staff to refer to. On our second inspection visit the registered manager has ensured all 'as required' medicine protocols were in place.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had policies and processes in place to identify and respond to safeguarding concerns.
- Staff were able to explain what potential abuse may appear as and the actions they would take if they had concerns, including alerting the registered manager.
- People and relatives told us they felt safe with the care provided and had contact numbers for the registered manager if they had concerns about safety. Contact information for the local authority and CQC were also provided.

Staffing and recruitment

- We found there were enough numbers of staff to ensure visits to people were completed as required and at the correct times. People and relatives told us staff never miss visits and were contacted if there were any delays. One relative told us, "we haven't had any missed calls but if staff are stuck in traffic they will message us in advance."
- Staff told us the registered manager undertook pre-employment checks to ensure they were suitable for their roles and records confirmed this.

Preventing and controlling infection

- Staff had access to and wore suitable personal protective equipment (PPE) in order to reduce the risk of infection. One relative told us, "Staff have always got masks on and wear aprons and gloves. They make sure this is thrown away properly too."
- The provider had infection controls policies in place and staff had completed mandatory infection control training.

Learning lessons when things go wrong

- The provider had appropriate reporting systems in place for staff to alert the registered manager to any incidents, accidents or concerns. One staff member told us, "If anything happens and I'm worried I'd speak to [registered manager] in the first instance and document everything, as if it's not written down it didn't happen."
- We found where issues had been identified, the registered manager acted on the information and sought appropriate advice and organised timely support.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People received effective support to ensure they had enough to eat and drink. Care plans detailed whether people required support or could do this independently and daily care records documented when support had been provided. For example, one person told us, "They [staff] makes sure I have everything I need. They make me a coffee in a flask so I can have it later and a jug of colder water in-between their visits." A relative told us, "[Name of person] has dementia and forgets to make drinks and food. [Staff] make sure [person] has enough. They make ready meals and a lot of soup which [person] enjoys."
- A staff member told us, "We make people drinks and meals when we go to visit them and if they need monitoring, we complete diet and fluid input charts so we can check they are having enough."
- The registered manager proactively supported a person living with diet-controlled diabetes to access health appointments to monitor their condition. A staff member told us the registered manager directly supported the person to obtain and introduce ingredients for a varied diet as this was previously very restricted, potentially impacting on their condition. We reviewed records that showed the registered manager persisted in obtaining a diabetes review for the person which identified their condition was now being managed effectively.

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

- People's needs were effectively assessed prior to care commencing. People and relatives, where required, were involved in the care planning process to ensure personalised plans were in place. Paper and/or electronic care documentation were made available to people, their relatives and staff which detailed the care required and the approaches staff should take. One relative told us, "I have a copy of the care plan and I also use the [electronic] phone app so I can see the interaction [person] has had and the food they have eaten etc. It's really helpful and gives me a lot of reassurance about how [person] is being looked after."
- Staff told us care records gave them enough information to understand people's needs and how to best support them. For example, one staff member told us, "Care plans and risk assessments are on the system and they have everything we need to know in there."
- The registered manager told us they ensured people's care records continued to reflect their needs. Reviews of care were completed seven days after care commencing, then at six weeks and 6 months respectively which records confirmed.

Staff support: induction, training, skills and experience

- Staff received an induction when starting their position and completed mandatory training which records

confirmed. All care staff had either completed the Care Certificate or had equivalent qualifications or were working towards this. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme

- Staff completed onsite care for people alongside the registered manager who checked staff members competencies in providing safe and effective care. The registered manager told us where any additional support or training is identified this would be provided to staff.

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

- People were supported to access external health professionals when more complex care and treatments were required. One person told us, "They call my GP if I need anything and take me there sometimes. They are taking me today actually, they are really good." A staff member told us, "Any issues I have raised are acted upon quickly by [registered manager], [they] are on the ball, but I could also call the district nurses for example if needed. We then record all the information on the app [electronic care record]."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People were provided with copies of their care plans which they signed to evidence their consent to receiving care. Where people did not have the capacity to consent to care being provided; there was evidence of the person's representative/s being involved making decisions in the person's best interests.
- Staff supported people to make day to day decisions which were important to them. One staff member told us, "When I support people I ask them if it is ok to provide them with care such as washing and dressing and I talk them through the process so they know what I want to help them with next."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt cared for by staff. One person told us, "The staff are kind and friendly and I feel safe. I've been with them about a year, so they know me well." A relative told us, "I honestly don't see anything they could improve on. The key thing is how they interact with [person] and [person] genuinely loves all of them. To me they are outstanding."
- Staff told us they got to know people well and understood their preferences. One staff member told us, "I visit the same group of people which is good as they get to know you and you get to know them much better; what they like or don't like."

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

- People were included in planning their care and where required, relatives were involved in this process. Initial assessments took place where peoples' care and support needs were discussed and these were reviewed.
- People told us they felt involved in making decisions about how their care was provided. One relative told us, "[Person] was asked about the care [they] wanted. We were included in the process as [person] needs support in expressing [themselves]. We asked for the registered manager's input and suggestions as well, it was really helpful."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance in supporting and maintaining people's dignity. One staff member told us, "When I support people, I ask them if it is ok to provide them with care such as washing and talk them through the process so they know what I want to help them with next. We aren't rushed or pressured to get in and out of calls and we can spend time with people."
- A relative told us, "[Person] needs a lot of encouragement to get dressed and staff try supporting [them] from a different angle or approach. When they support [person] they use a towel to make sure they are covered over and close the curtains."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were placed at the centre of their care and their preferences were supported by the service to promote social inclusion and engage people in their interests. Care records described what people enjoyed doing already and what they wanted to achieve with support. Care call times were adjusted on specific days to enable people to take part in activities important to them.
- For example, before the service became involved, one person was unable to socialise independently and experienced low mood as a result. Their relative told us, "Anything we ask for is not too much trouble. [Registered manager] supported me getting [person] into a day centre group three times a week. Staff will prepare breakfast and transport [person] to the centre and pick [them] up again."
- The service identified people's faiths or religious beliefs and included this within their care plans. Where people expressed an interest in practicing their faith, the service supported them to attend places of worship.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Documents were available in different formats on request, or if this was identified as a need during the assessment stage.
- Where people were unable to speak English or this was not their first language, the registered manager ensured where possible, people were paired with staff who could speak their language to support reliable and inclusive communication.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise concerns and who to speak to if they were unhappy with the service. One relative told us, "We've got all the information we need, like contact numbers for [registered manager] and also the council and health teams if we needed them."
- The service had an appropriate complaints policy and procedure in place for the management of concerns. The service had received 1 complaint which was addressed promptly and appropriate action was taken.

End of life care and support

- The service was not supporting any people with end of life care and support needs at the time of inspection. However, the provider had an appropriate End of Life policy in place and resources available to support people towards the end of their lives.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had effective oversight of the safety and quality of care provided. Audits of care and medicine administration records were completed daily to ensure people's needs were being met as planned. Where any issues were identified the registered manager communicated with staff promptly to alert them to this and contact was made with people or their relatives to keep them informed.
- People and relatives told us the registered manager was responsive to their needs. One relative told us, "[Registered manager] is there when we need it. There was a time when we needed extra support at the last minute and [registered manager] supported by providing her own staff."
- Staff felt supported and had the information needed to care for people safely. For example, one staff member told us, "I really like this company, everyone is nice to me and if I need anything they always help. All the paperwork is available and ready to read and if we meet new clients there is enough information to know their likes or dislikes and how to support them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager was able to inform us of the process they would follow in the event of any mistakes made that could impact on people's health and safety.

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

- People and their relatives were asked for their opinions on the service regularly via regular care plan reviews or feedback requests. One relative told us, "[Registered manager] asks for feedback. If I feel anything could be done differently, things happen as seamlessly and smoothly as possible and I've never had to chase anything up."
- Staff told us they were supported in their employment as the registered manager considered their personal circumstances and fitted their work around other commitments and needs.

Continuous learning and improving care; Working in partnership with others

- The registered manager identified when additional training and experience was required. They had applied for training courses for care planning and risk management and diabetes awareness.
- The service had systems in place to monitor people's needs and request professional support when needed, The registered manager and staff worked with external health and social care professionals to ensure people's needs were being met. Where advice and guidance was provided, this was included in people's care documentation for staff to follow.