

Evershining Care Services Ltd

Evershining Care Services

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

Evershining Care Services provides personal care for adults living in their own homes. On the day of the inspection the registered manager informed us that there were a total of five people receiving care from the service.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and a representative we spoke with told us they thought the service ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

Risk assessments were not comprehensively in place to protect people from risks to their health and welfare. Staff recruitment checks were, in the main, in place to protect people from receiving personal care from unsuitable staff.

Staff had received training to ensure they had skills and knowledge to meet people's needs. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) to ensure people had effective choices about how they lived their lives.

People and a representative we spoke with all told us that staff were friendly, kind, positive and caring. They said they had been involved in making decisions about how and the type of what personal care was delivered to they needed to meet care needs.

Care plans were individual to the people using the service and were in place to ensure that their needs were met, though they did not include all relevant information such as people's past histories.

People and a representative told us they would tell staff or management if they had any concerns, and they were confident these would be properly followed up.

People and their relatives were satisfied with how the service was run. Staff felt they were supported in their work by the registered manager. Management carried out audits in order to check that the service was meeting people's needs and to try to ensure people were provided with a proper service, though more areas needed to be reviewed to ensure people were always provided with a comprehensive quality service.

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.

People and a representative thought that staff provided safe care and people felt safe with staff from the service. People had received care at agreed times to safely promote their health. People have been prompted to take their prescribed medicines. Risk assessments to protect people's health and welfare were not fully in place to protect people from risks to their health and welfare. Staff recruitment checks were had not been fully in place to protect people from receiving personal care from unsuitable staff.

Is the service effective?

Good ●

The service was effective.

Staff were trained, in the main, to meet people's care needs, though further training was needed to cover all people's care needs. Staff had received support to carry out their role of providing effective care to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People's nutritional needs had been promoted and protected. People's health needs had, in the main, been met by staff.

Is the service caring?

Good ●

The service was caring.

People and a representative we spoke with told us that staff were kind, friendly and caring and respected people's rights. People and a representative had been involved in setting up care plans that reflected people's needs. Staff respected people's privacy, independence and dignity.

Is the service responsive?

Good ●

The service was responsive.

People told us that staff were responsive to their needs. Care calls were on within time to meet people's assessed needs.

People and a representative were confident that any concerns they had would be properly followed up by the registered manager. Care plans contained information on how staff should respond to people's assessed needs, though information on people's histories was limited.

Is the service well-led?

Good ●

The service was well led.

People and a representative said it was a well-managed and well- led service. Staff told us the registered manager provided good support to them. They said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their assessed needs. Some systems had been audited in order to measure whether a quality service had been provided, though more areas needed to be covered to ensure people received a comprehensive quality service.

Evershining Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 March 2017. The inspection was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the service. We were told that they had no information of concern about the provision of personal care to people using the service.

During the inspection we spoke with two people who used the service and one representative of a person. We also spoke with the registered manager and two staff.

We looked in detail at the care and support provided to two people who used the service, including their care records. We also looked at audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Is the service safe?

Our findings

The people using the service and representative thought that personal care had been delivered safely. They were unanimous that staff kept people safe. A person told us, "I feel perfectly safe. I am just so lucky. They are really lovely carers." Another person said, "They are really good. They always lock my door when they leave" A representative told us, "They are lovely people."

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. They also knew how to escalate concerns if they did not think they had been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring it to the relevant safeguarding agency.

The whistleblowing policy contained in the staff handbook directed staff to a relevant outside agencies, such as the local authority safeguarding team and CQC, but not the police. The registered manager said this procedure would be amended so that staff understood under what circumstances they should report concerns to the police. This would help to ensure that staff have all the information they need as to how to action issues of concern to protect the safety of people using the service.

Staff told us they were aware of how to carry out checks in people's homes to ensure they were safe. For example, they checked rooms for tripping hazards, and checked that equipment was in a proper working condition when assisting people to move.

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. For example, there was information in place which directed staff to support a person who had seizures owing to their epilepsy condition. This had relevant information in it such as how to position the person to ensure the person was safe during a seizure.

There was also a risk assessment in place which directed staff to support a person who was at risk of falls and the staff support whilst they were walking or washing themselves in the bathroom. This information helped to keep this person's safe by reducing the risk of falls.

Care plans did not always contain risk assessments to reduce or eliminate the risk of all issues affecting people's safety. For example, it was not stated that a person at risk of developing pressure sores needed cream to be applied after personal care had been provided. However, the daily record we checked indicated that cream had been applied on each visit. The registered manager said this issue would be reviewed and a full risk assessment put in place to protect the safety of the person.

There was information in place with regards to checking risks in the environment in order to maintain

people's safety, For example with regard to utilities, such as gas and electricity supplies. This information assisted staff to ensure that facilities in people's homes were comprehensively safe.

We saw that safe staff recruitment practices were, in the main, in place. Staff records showed that before new members of staff were allowed to start work for the service, two suitable references were requested. Checks had been made with previous persons known to the respective staff member. However, with two of the records we looked at, we only found one suitable reference in place. With the first of these, the registered manager said she had tried to obtain the second reference but this had not been forthcoming. She said she would try again to obtain this. With the second, one of the references was not from a previous employer who provided care services so might not be deemed suitable. This meant the provider was not always undertaking thorough recruitment checks to ensure staff were safe to work with the people who used the service. The registered manager said this issue would be followed up so that in future two suitable references from previous relevant employment would always be sought. She informed us of this information after the inspection visit.

All staff records we looked at had a completed Disclosure and Barring Service (DBS) check in place. DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character.

People and relatives we spoke with said that staff were on time when they came to their homes so care was delivered as planned. There had been proper timeliness of calls to deliver care. One person said, "They always turn up on time. If there is any delay they telephone to warn us." We also saw evidence in people's care records that calls were at agreed times, so there was no risk to their safety due to staff being late.

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about this. A person told us, "Staff remind me, which I am grateful for." Another person told us, "[Staff member] checks my medicine to see I have taken it properly, which is good."

We saw evidence that staff had been trained to support people to have their medicines and to administer medicines safely. There was also a medicine administration policy in place for staff to refer to and follow to assist them to safely provide people with their medicines. Reviews of people's care included any assistance they needed to take their medicines.

Is the service effective?

Our findings

People using the service and the representative we spoke with said that the care and support they received from staff effectively met assessed needs. They said they thought that staff had been properly trained to provide effective care.

One person said, "Definitely they know what they're doing." Another person said, "I have never had a problem. They are really good staff."

Staff told us that they thought they had received the right training to meet people's needs. A staff member said, "I have had a lot of training." Another staff member said, "Training is good. If I need other training, I just speak to the manager."

Staff training information showed that staff had training in essential issues such as such as how to move people safely and keep people safe from abuse. We saw evidence that staff had been supplied with training about people's health conditions, such as training in dealing with seizures. There had been no training on other relevant conditions such as stroke care and end of life care. The registered manager said this training would be organised and provided to staff.

We saw evidence that new staff were expected to complete induction training. This training included relevant issues such as keeping people safe and how to administer medicines. We also saw evidence that staff received Care Certificate training. Staff members we spoke with confirmed they had undertaken this training. The Care Certificate is nationally recognised comprehensive induction training for staff.

Staff told us that when they began work, they had been shadowed by experienced staff on shifts, who showed them how to provide effective care. We also saw evidence of this in staff records. Shadowing is a useful method of gaining experience of how to meet people's needs.

Staff felt communication and support amongst the staff team was good. Staff also told us they felt supported through being able to contact the management of the service if they had any queries. Supervision with staff had taken place and this included relevant issues such as staff training, staff performance and any issues staff had. This helped to advance staff knowledge, training and development.

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.

There was evidence of assessments of people's mental capacity in their records. We saw relevant information in care plans, such as the person had, "Full mental capacity to make decisions."

There was information in care plans to direct staff to communicate with people and gain their consent with regard to the care they were providing. For example, in one care plan we saw it stated, "Obtain consent for a wash." People confirmed that staff always asked for their consent when they were provided with personal care.

Staff told us that they asked people for their permission before they supplied care. This meant that staff understood they needed to assess people's capacity to make decisions about how they wanted to live their lives.

People were satisfied with the support staff provided when they assisted with meal preparation, provision and offering choices. A person told us, "[Staff member] helps me with planning what I want to eat, and with the shopping. He even checks my fridge for out of date food. "

People told us that their food choices were respected and staff knew what people liked to eat and drink. We saw evidence that people's nutritional needs and choices were promoted. For example, a care plan stated that a person needed to have a healthy diet. The person said that the staff member had provided encouragement to them to have fruit and vegetables. People confirmed that, as needed, staff left drinks and snacks between calls so that they did not become hungry or dehydrated.

People and a representative told us that staff were effective in responding to health concerns. For example, one person said, "One time I didn't feel very well and [staff member] rang to get me a doctor's appointment." A representative told us, "They always react very quickly to any situation and tell me so I can get the doctor." A person told us that a staff member was very good at organising regular medical appointments and providing support for them to go to these appointments. .

Care records showed staff usually contacted medical services if people needed any support or treatment. For example, when a person was unwell the staff member contacted the GP surgery and treatment was then obtained to deal with the person's health condition. A representative stated that another staff member found a person felt unwell and had offered to call the GP surgery to obtain help.

We saw a care plan which set out what staff needed to do if the person had seizures. This meant there was specific information in place to ensure staff effectively protected people's health needs.

Care plans stated that staff needed to seek medical advice if people were in pain or discomfort. For example, we saw incident reports where staff had called the emergency services when people had fallen and had an injury. They then had gone to hospital for treatment. However, in one situation, care records showed that a timely referral had not been carried out when a person had stomach problems. The GP was not called until some days later. The registered manager stated the person was known to have minor stomach issues due to alcohol intake, but agreed that this should have been covered in a risk assessment, and this would now be recorded. .

We found that people's health needs had, in the main, been protected because of the effective care that staff had provided.

Is the service caring?

Our findings

People and the representative or relatives we spoke with all thought that staff, were kind, caring and gentle in their approach. They said that staff always gave people time to do things and had not rushed them. A person said, "The staff I have had have been so good." Another person told us, "All the staff have been wonderful. They are always friendly." A representative told us, "Fantastic. They [staff] really care. They even visited her [person using the service] in hospital in their own time. She loves them. I cannot praise them enough."

The provider's statement of purpose set out that each person needed to be involved, and in agreement with, care decisions. People and the representative said that staff always followed any expressed preferences. For example, providing a person with apple juice for her breakfasts and leaving them with fruit juice between calls. They told us that care plans were developed and agreed with people at the start of their contact with the service and that they were involved in reviews and assessments when they happened. There was evidence that people or their representatives had signed care plans to agree that their plans would meet their met assessed needs. This showed us that people were involved in setting up care plans that reflected their needs.

People told us that their dignity and privacy had been promoted and staff gave them choices. For example, staff respected people's choice of food, drinks and clothes. A person told us that when they did not feel well they did not want to have a wash. They said that staff had respected their choice in this matter.

Staff gave us examples of promoting people's privacy such as leaving people when they were using the bathroom, shutting doors when visitors were present and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity.

A staff handbook was provided to staff. This emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and having their cultural needs met. This encouraged staff to have a caring and compassionate approach to people.

People told us that staff respected their independence so they could do as much as possible for themselves. One person said, "I can do what I can for myself. There is never a problem of staff taking over." Another person said, "Yes, they promote my independence. They will leave me with a flannel so that I can wash myself."

Care plans we looked at stated that staff needed to encourage people's independence. We saw evidence of this in the plans. One care plan stated, "Independence to be maintained at all times." People said that being independent was very important to them. The staff handbook emphasised the importance of promoting people's independence.

Care plans included people's religious, cultural and spiritual preferences so as to provide information to staff on respecting people's beliefs. One person told us, "Yes, they will put on shoe protectors when they come into the house and they don't go into my prayer room because this is private." A care plan stated the

preferred language of a person. We found that one person had been provided with personal care from staff that could speak their language. This meant there was sensitivity towards people's religious and cultural preferences.

This indicated that staff were caring and that people and their rights were respected.

Is the service responsive?

Our findings

People and a representative told us that staff fully responded to people's needs. A person said, "[Staff member] does anything I want. For example, [staff member] knows how I like my clothes positioned so they are comfortable for me." A representative told us, "The care they give is very personal and they do everything needed." A person stated in their care plan that they wanted to go for walks. They requested staff to be patient and not to push them to do too much too soon, and to encourage them. When we spoke with the person, they said that the staff member met all these wishes and preferences. A representative told us that support was flexible. For example, when staff were needed at a different time to the planned time, this had been arranged.

People told us that staff took the time to check whether there was anything else they needed before leaving at the end of each call. All the people and their representatives told us that staff would do any task asked of them.

We saw that people's needs had been assessed and outlined in their care plans and responded to. For example, it noted that a person's eyesight was poor and they had blurred vision. There was evidence that staff encouraged them to discuss this issue with the GP. The registered manager said that this had been carried out. This responded to the person's health needs.

People and their representatives told us that if staff were going to be significantly late, they were informed of this. They understood why this happened, usually due to traffic problems, and they said it had not had any negative impact on their care.

People and the representative we spoke with told us that their health and care needs had been reviewed. We saw evidence of this in care plans. Records showed that people had been included in reviews. Actions had been taken as needed. For example, a person had mental health needs attacks and a GP appointment was arranged to help them with this condition.

We found that people's needs had been assessed. The assessment included relevant details such as the support people needed, for example, such as information relating to their mobility and communication needs. There was some information as to people's personal histories and preferences, though this was limited. The registered manager stated this would be followed up so that more information would be available about people's backgrounds. This would help staff to engage with the people they supported and get to know them better.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that they could respond properly to these changes.

People told us they knew they had to report any complaints to the registered manager. They had confidence that issues would be properly dealt with. One person using the service said, "There has never been a time I

needed to make a complaint. I wouldn't be afraid to because I know the manager would quickly do something to make it right."

People told us that the registered manager had responded well to their requests and made changes where needed. This made them feel positive about raising any issues. The representative told us that they were kept informed of any significant changes in their friend's care circumstances. People told us they had written information about how to complain in the information folder left with them by Evershining Care Services.

The provider's complaints procedure gave information on how people could complain about the service. We looked at the complaints procedure. The procedure set out that that the complainant should contact the service. It also provided information about referral to relevant agencies such as the complaints authority and the local government ombudsman.

The registered manager said that no complaints that had been made since the last inspection. This was confirmed by our conversations with people and a representative.

Is the service well-led?

Our findings

When asked if they would recommend Evershining Care Services, people and the representative is this we spoke with said they would. One person said, "Staff are brilliant. I cannot speak highly enough of them." Another person said, "I couldn't ask for a better care company." A representative told us, "You could not get a better service than this."

People and the representatives we spoke with, who had contact with the registered manager, said that they were impressed with their commitment to providing a quality service.

People told us that they had received visits by the registered manager to observe the care staff at work and review the care provided. They were satisfied with their packages of care which, they said, had met their needs.

People told us that Evershining Care Services had provided them with a stable staff group. They said that this was important to them, as staff knew them and their preferences. Achieving this produced a culture in the organisation to be mindful and respectful of people's needs and recognise how potentially disruptive changes of staff can be.

The registered manager indicated that they were aware that incidents of alleged abuse needed to be reported to the relevant local authority safeguarding team to protect people from abuse.

We looked at how staff managed serious incidents at the service. Records showed they completed incident reports whenever these occurred. The reports we saw were detailed and proper action had been taken following each incident.

Staff had been provided with information in the staff handbook as to how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people.

All the staff we spoke with told us that they were supported by the registered manager. They said they had been praised for the good work they had carried out, which they appreciated. They also said the registered manager had always been available if they had any queries or concerns. In the minutes of staff meetings, we saw evidence that staff had been thanked for their work in providing personal care to people. It also stated in the staff handbook that suggestions to from staff to improve the service were welcome. Recently, staff had been provided with a staff questionnaire asking them about the support they needed. This involvement encouraged staff to seek ongoing support if they needed to so they could always provide quality care to people.

Spot checks had been made by the registered manager to observe staff performance. This enabled management checking to ensure that staff had always provided a quality service. Staff meetings had been

held and included relevant issues in providing personal care.

People told us that they had care plans kept in their people's homes so that they could refer to them when they wanted. They confirmed that staff updated records when they visited. They also said that the registered manager visited them regularly to check that the service was meeting their assessed needs.

We saw evidence that a survey had been sent to people using the service asking them what they thought of the care and other support they received from the service. This gave people will have an opportunity to state their experiences of the care and whether this needed to be improved. The result of the surveys seen was very positive. No issues were raised as needing improvement. This showed that people's views had been sought on how well the service was running was taken into account in organising the service.

We saw quality assurance checks such as infection control and care records audits were in place to check the quality of the care provided. We saw that action had been taken on issues that needed improvement, action such as ensuring records were clearly written. This had not covered all areas such as to whether call times were timely or whether the care plans had been followed. The registered manager said this would be followed up to ensure all relevant areas were audited to ensure the service continued to provide quality care that met development of the quality of the service to meet people's needs.