

Everycare (Medway & Swale) Ltd

Everycare@Montgomery Court

Inspection report

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Tel: 01634727359

Date of inspection visit:
06 July 2017

Date of publication:
18 August 2017

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

The inspection was carried out on 06 July 2017 and was announced.

Montgomery Court is a housing with care (HWC) service for people over the age of 55, with a dedicated Domiciliary Care team on-site. At the time of this inspection personal care was provided to 33 people. Others remained independent. Most people received less than ten hours care a week. The care team assisted people to maintain their independence by helping them with personal care tasks, preparing meals or socialising. This assisted people to maintain their health and wellbeing. The accommodation was modern and over three floors. Each of the flats had its own lounge, kitchen and bathroom facilities. Each flat was fitted with emergency call facilities. For example, a lifeline telephone. A lift was available to take people between floors.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (2005) Code of Practice. The registered manager understood when the code of practice needed to be used so that decisions people made about their care or medical treatment were dealt with lawfully.

Having access to dedicated staff on-site made people feel safe. Staff were experienced and understood their responsibilities to protect people from harm. Staff had received training about protecting people from abuse. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

The registered manager and care staff used their experience and knowledge of people's needs to assess how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed and management plans implemented by staff to protect people from harm.

There were policies and a procedure in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

Staff provided friendly compassionate care and support. People were involved in how their care was planned and delivered.

The registered manager planned people's care by assessing their needs and then by asking people if they

were happy with the care they received. Staff knew people well and people had been asked about who they were and about their life experiences. Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected.

Activities provided people with opportunities to get involved and participate in building new friendships. Community participation was encouraged and supported.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. The risks in the service had been assessed and staff understood the actions they needed to take to minimise them.

Managers planned for emergencies, so that should they happen people's care needs would continue to be met. Emergency life line and staff on call systems were in place. The premises and equipment in the service were well maintained.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The registered manager employed enough staff to meet people's assessed needs. Staffing levels were kept under constant review as people's needs changed.

Staff understood the challenges people faced and supported people to maintain their health by ensuring people had enough to eat and drink.

If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with. The actions taken were fed back to people.

People told us that the service was well led. They told us that managers were approachable and listened to their views. The registered manager understood the balance they needed to achieve by providing and developing the best care packages for people, whilst recognising people's autonomy, independence and lifestyle choices.

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 told us they experienced safe care. Systems were in place to manage risk. Medicines were administered by competent staff.

The registered manager and staff were committed to preventing abuse. Staff spoke positively about blowing the whistle if needed.

Recruitment for new staff was robust and sufficient staff were deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who knew their needs well.

Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff understood their responsibility to help people maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People could forge good relationships with staff so that they were comfortable and felt well treated.

People were treated as individuals, able to make choices about their care.

People experienced care from staff who respected their privacy, dignity and choice.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Information about people was updated often and with their involvement so that staff only provided care that was up to date.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about.

Is the service well-led?

Good ●

The service was well led.

The service had benefited from consistent and stable management who were focused on the quality of service delivery.

Staff were informed and enthusiastic about delivering quality care. They were supported to do this on a day-to-day basis by leaders in the home.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered.

Everycare@Montgomery Court

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 06 July 2017 and was announced. We announced the inspection with 48 hours' notice as this is a domiciliary service and we needed the manager to be available. The inspection team consisted of one inspector and one expert by experience. The expert-by-experience had a background in caring for elderly people.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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. We looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with four people and one relative about their experience of the service. We sent 68 pre-inspection feedback questionnaires to people, their relatives and friends. We spoke with four staff including the registered manager, the deputy manager and two support workers. We asked seven health and social care professionals for their views of the service.

We spent time looking at records, policies and procedures, complaints and incident and accident monitoring systems. We looked at five people's care files, four staff record files, the staff training programme, the staff rota and medicine records.

The service had been registered with us since 15 July 2016. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Is the service safe?

Our findings

People's experiences of the service left them feeling physically and emotionally safer. Everyone we spoke with said they were safe at Montgomery Court. People said, "I press my call button, the response is immediate." Another said, "The carers here are very good, more than good exceptionally good. Nothing is too much trouble, good as gold, do anything for you". Another person said when asked if they were safe, "Yes most certainly." Others told us how staff made sure they received their medicines correctly.

All of the people who responded to our pre-inspection feedback questionnaires told us they were safe from abuse or harm.

People were safeguarded by staff who were trained and understood their responsibilities to report concerns. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff had access to information so they understood how abuse could occur. They understood how they should report concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. They gave us examples of the tell-tale signs they would look out for that would cause them concern. Staff said, "I keep a look out for any bruising people may have and report any concerns to my manager. Other staff are good at doing this too." Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to.

People had been individually assessed to see if they were at any risk. For example, from falls, not eating and drinking enough or if they had on going medical needs. If people were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. Additional risks assessments instructed staff how to promote people's safety. For example, specific catheter care plans and moving and handling care plans and risk assessments.

Incidents and accidents were checked by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. Risks were reduced by consensus and with respect to people's independence. For example, people agreed to occupational therapist referrals if they had trouble standing from a chair. One person commented, "The staff always check my safety when I feel unsteady standing from my chair." This minimised risks across the service and meant that safe working practices were followed by staff.

Fire systems and tests were managed by the housing provider. However, staff received training in how to respond to emergencies and had a good understanding of the fire procedure in place. Personal emergency evacuation plans were in place (PEEP's). The responses to fire drills were timed and lessons learnt to improve evacuation effectiveness were considered. The registered manager had plans in place in emergency situations so that care could continue. For example, if staff could not get to work in bad weather.

Appropriate assessments had been undertaken for people about their ability to take their medicines and whether they had capacity to make informed choices about medicines. Staff who administered medicines

received regular training and updates. Their competence was also assessed by the registered manager so that medicines were given to people safely. Staff knew how to respond when a person did not wish to take their medicine. Staff understood how to keep people safe when administering medicines.

There was an up to date medicines policy which staff followed. The registered manager confirmed there was a policy regarding the safe management of 'As and When Required Medicines' (PRN), for example paracetamol. There were systems in place so that medicines were always available as prescribed. Medicines were stored securely within a safe, temperature controlled environment. Temperatures were monitored and recorded to protect the effectiveness of the medicines. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered as prescribed by people's GP. We noted that in February 2017 the registered manager, through their internal audits had investigated instances where staff had not signed the MAR sheets after administering medicines. Staff making these errors had received supervision and guidance to prevent further omissions. We sampled recent MAR sheets and these were being completed correctly by staff.

People were protected from harm at all times. The care and housing elements of the service were managed separately and between 2 pm and 4 pm care staff were not on site. However, people had 24 hr access to a telephone lifeline service to enable them to get help if they were unwell or had an accident. The registered manager and deputy manager remained available via an on call system and were on site to respond to call bells when care staff were not available. At night a member of care staff was on site to answer call bells and assist people if needed.

Enough staff were deployed to enable people's individual needs to be met and for care to be delivered safely. People were independent and staff were not required by people all of the time. People who needed more intensive staff support were provided with more staff hours. For example, after people had been discharged from hospital. This enabled people to recover and regain their independence.

People were protected by safe recruitment practices, minimising the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Staff we spoke with gave a detailed account of how they had been recruited appropriately. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Is the service effective?

Our findings

People we spoke with who lived at the service told us they experienced care that met their needs.

People said, "Staff are always courteous and I would say they do their work extremely well, I am waited on hand and foot." Another said, "You get what you want and the service measures up well." Another said, "The staff are very pleasant people, they appear to enjoy their work and they are good at their jobs."

All of the people who responded to our pre-inspection feedback questionnaires told us they received care from staff with the skills and knowledge to give them the care and support they needed.

This service was not routinely providing food and drink to people. People remained independent in their flats and could access the in house café/restaurant for food. Many people were able to go to the shops on their own or relied on family to do their shopping. However, at lunch time in the restaurant we observed staff were on hand to assist people if they asked for help. Staff we spoke with confirmed they had been trained in food hygiene best practice.

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. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA 2005 needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected. People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. Records demonstrated that the registered manager had a good understanding of the MCA 2005. There was an up to date policy in place covering mental capacity.

Training consistently provided staff with the knowledge and skills to understand people's needs and deliver effective care. Staff said, "The training is wonderful, it's the best training I've had." Another said, "The training I got was a real eye opener, it really is good to keep up with legislation and new ways of working." Staff told us that the training was well planned and was a mix of hands on training and on line training. Staff confirmed that the quality of the training enabled them to safely and competently deliver care. Training records confirmed staff had attended training courses or were booked onto training after these had been identified as part of staff training and development. Staff received dementia awareness training and gained knowledge of other conditions from health and social care professionals visiting the service. This provided staff with the knowledge and skills to understand people's needs and help people maintain their health and wellbeing.

Staff we spoke with were knowledgeable about people's needs. For example, they were aware of people

who were at risk of choking and when people's needs had changed. People received care from staff that had received appropriate training to carry out their roles. New staff inductions followed nationally recognised standards in social care. For example, the care certificate. The Care Certificate was launched in April 2015 and replaced the previous Common Induction Standards (in social care) and the National Minimum Training Standards (in health). The Care Certificate will help new members of staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

People received care from staff that were supported by their managers. Staff received consistent supervision and appraisal so that they understood their roles and could develop more skills. This led to the promotion of good working practices within the service. Staff were provided with one to one supervision meetings as well as staff meetings and annual appraisal. Supervisions were planned in advance and recorded in staff files. Staff told us that in meetings or supervisions they could bring up any concerns they had. Staff said they found supervisions useful and that it helped them improve their performance. Staff said, "The six weekly supervisions give me the chance to express how I am feeling or raise concerns."

People were involved in the regular monitoring of their health. Each person had a record of their medical history in their care plan, and details of their health needs. Some people were visited every day by community nurses to maintain their health and wellbeing. We asked staff about their awareness of people's recorded needs and they were able to describe the individual care needs as recorded in people's care plans. Care staff identified any concerns about people's health and reported these to the registered manager. Staff supported and encouraged people to contact their GP, community nurse or other health professionals with concerns. If needed and with consent, the registered manager sought advice for people. Records showed that the care staff worked with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, care and mental health concerns. This meant that staff understood how to effectively implement care against people's assessed needs to protect their health and wellbeing.

Is the service caring?

Our findings

All of the people we spoke with told us the staff were caring. People said, "The staff are very caring." Also, "At my age it would be very possible you could be talked to as if you lacked understanding, but there is nothing like that here, they [staff] really do care and enjoy their work." Other people said, "Good people [staff] doing a good job." And, "Yes, staff have a caring attitude." Another said, "Yes, they [staff] are all very caring."

Other people using the service said, "You could employ your own care staff, but the care service here is excellent, that would be a waste." Another person said, "The service here is very good."

A health and social care professional commented, 'The service is excellent, working in partnership with the manager and staff to promote the best possible outcomes for the users of the service. The manager goes above and beyond in their professional capacity and is always person centred and focused and a pleasure to work alongside'.

Information was given to people about how their care would be provided. People signed their care plan. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People's preferred names were recorded in their care plans and staff used these when they addressed people.

People's right to remain independent was respected and recorded. One person said, "Yes, they let you live independently, do what you want to do, encourage you to live independently". Another said, "They shower me and let me wash myself." The care plans clearly identified what people could choose independently and where staff needed to intervene to assist them. What people thought about their care was incorporated into their care plans which were individualised. They clearly set out what care the staff would provide.

People told us that staff respected their privacy and dignity. People could express a gender preference for their staff. One person said, "I am happy with the male carers, the company is sensitive to this, the male carers are lovely." Staff told us that they offered people choices about how they wanted their care delivered. People said when asked about staff respecting their privacy, "Yes they are meticulous about that." Another said, "Yes, [They always ask permission to enter my flat] always, they ring the bell."

Information about people was kept securely in the office and the access was restricted to senior staff. Confidential paperwork was regularly collected from people and stored securely at the registered office in Montgomery Court. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

People told us their needs were reviewed and kept up to date. People had a care plan folder in their flat with information in it about their care. People told us they were regularly sent questionnaires to ask them for feedback about the service.

People told us, "I feel very much in control." Another said, "If something is not right I just mention it and it is put right." Also, "Oh no complaints about them at all, very satisfied". Another person said, "If things were not satisfactory I would not be here." And, "The service is excellent." Another said, "If I was unhappy about anything I would speak in the residents meetings, certainly."

People's needs were assessed using a range of information to develop a care plan for staff to follow. Care plans were individualised and focused on meeting people's needs. For example, when people had been discharged from hospital for rehabilitation and they were less mobile. Specific care was planned to support people's recovery including monitoring their skin integrity to minimise the risk of pressure areas developing. The registered manager and senior staff at the service had been trained by the tissue viability nurses to use a Red Box tissue safety intervention kit. Staff understood how to spot pressure areas developing, how to intervene with first aid preventative measures and how to access the tissue viability nurses quickly.

People told us they had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings during staff spot checks, calling people by telephone to ask their views and sending people questionnaires. The latest results from the questionnaires showed a very high satisfaction rate for the service people received. People's positive feedback from the latest quality assurance feedback included, 'The staff are very helpful and always ask me what I want done.' And, 'The service is great, it runs smoothly'. Another commented, 'The care workers are brilliant, I am very happy.'

People told us they had been fully involved in the care planning process and in the reviews of those plans. People had been asked about their life histories and experiences. Reviews of the care plans were scheduled in advance, but could also be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Records showed that care plan reviews were comprehensive and inclusive. Staff told us care plans were kept up to date and that they checked people's daily records for any changes that had been recorded. The registered manager reviewed people's care notes to check that people's needs were being met.

People were encouraged to participate in activities to keep them mentally and physically active, reduce isolation and help people make friends. People had access to raised beds in the garden and they planted and tended to these. There was a social club run by people who lived at Montgomery Court which was facilitated by care staff. People benefited from an activities room, therapy/massage room and in house hairdressing salon. Everycare staff helped to organise exercise groups, evening social events, coffee mornings, friendship groups, visits to places of interest and leisure, and craft groups. Staff also volunteered their own time to carry out special tasks people may have asked for help with. For example, walks, pub visits

or hospital appointments. This promoted an enhanced sense of wellbeing, with staff responding to people's social needs. Activity planners and advertised events were displayed throughout Montgomery Court.

There were systems in place to make sure that people's concerns were dealt with promptly. There was regular contact between people using the service and the management team. People spoke to us about the meetings they attended, we saw the minutes from the most recent tenant meeting dated 07 June 2017. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback.

There was a policy for dealing with complaints that the staff and registered manager followed. There had been five complaints and 14 compliments in the last year. We sampled the complaints and found the registered manager had responded to and resolved these within the provider's guidance. Comments from compliments included, 'Nothing is too much trouble for the carers'. Another commented, 'The carers go over and above their duties'. And, 'There are high standards of personal care by care staff.' All people spoken with said they were happy to raise any concerns. People told us that they got good responses from the office staff if they contacted them to raise an issue. One person said, "They [staff] always listen."

Is the service well-led?

Our findings

People told us they were very satisfied with the service they received. People described the service as, "Very good," also, "Exceptionally good, they provide an excellent service." And, "Excellent." People told us they were kept informed of changes. People said, "All I can say is the people [staff] who look after me are first rate, they listen to me." Another said, "I get a monthly list of which [staff] will care for me." Another said, "I was informed of carer change on the rota."

External health and social care professionals commented, 'I have always found the team leaders and staff to be very professional in their approach and will always refer clients appropriately for occupational therapy (OT) intervention. Staff are always willing to learn new moving and handling techniques and take on board any advice or recommendations that the OT makes. I have always found the manager and the staff to be very approachable and a pleasure to work with.'

The registered manager, and other senior staff provided leadership in overseeing the care given and provided support and guidance where needed. For example, the provider visited the service regularly, they attended tenants meetings and they met with staff. The provider also made themselves available to meet people on a one to one basis. People spoke positively about the service. Feedback about the service was indicative of a well led service. People told us about how managers from the office kept in touch with them. The service delivery schedules were detailed and clear for staff to follow.

The registered manager had carried out quality audits of the service. These audits assisted the registered manager to maintain a good standard of service for people and consistently meet the legal requirements and regulations associated with the Health and Social Care Act 2008, and Care Act 2014. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity. Records showed that the registered manager responded to any safety concerns and they checked that risks affecting staff were assessed. For example, lone working risks were minimised by assessment. We saw that the audits were effective in picking up potential medicines errors where staff had not always signed the medicines administration records.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. Staff told us they understood the organisations policies about keeping people safe and when they would use these.

Our discussion with the registered manager confirmed there were systems in place to monitor and review any concerns about abuse, accidents, incidents and complaints. Accident audit reports provided an analysis of accidents and identified any themes. Audits included responsive actions and lessons learnt.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the

service. This meant that there was transparency and openness and the risk of harm was reduced.