Everlasting Healthcare Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced inspection took place over three days on 18, 19 and 20 October 2016. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and support to people living in their own homes and we wanted to make sure staff would be available to talk with us about the service. This was a first ratings inspection for the service since it was registered in February 2015.

Everlasting Healthcare Limited was registered in February 2015 to provide personal care and support for adults in their own homes. The service is currently small providing home care support locally. At the time of our inspection the service provided care and support to seven people.

The service is required to have a registered manager in post. 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. A registered manager was in post at the time of our inspection.

The service was not always consistently safe because some of the risk associated with people's care needs had not at all times been assessed or recorded effectively. Whilst people were included in the planning and review of their care; their care plans and risk assessments did not always reflect their individual needs to ensure they received person-centred care. People felt safe and staff were aware of what would constitute abuse and knew how and who to report it to. The provider had processes and systems in place that kept people safe and protected them from the risk of abuse.

The provider's recruitment processes ensured staff were safely recruited. People felt staff had the skills and knowledge to care and support them in their homes. Staff completed a training induction programme and received on-going training that ensured they had the knowledge and skills to enable them to care for people in a way that met people's individual needs and preferences. Where appropriate, people were supported to access health and social care professionals.

People were supported to make choices and were involved in the care and support they received. People's rights were protected because staff, including the registered manager understood their responsibilities related to the Mental Capacity Act 2005 and the associated Deprivation of
Liberty Safeguards. The provider knew what appropriate action should be taken to protect people's legal rights.

Staff was caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs. People, relatives and staff felt they could speak with the provider about their worries or concerns and felt they would be listened to and were confident the provider would take appropriate action where required.

Systems in place to assess and monitor the quality of the service provided to people were not always used effectively to identify or manage risks. The planning and scheduling of visits required some improvement as people who used the service regularly experienced late calls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Risks to people's health and safety had not consistently been identified and included on people's risk assessments to inform staff and ensure people received safe care and support.

People felt safe with the staff that provided them with support. People were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take.

People were supported by sufficient numbers of staff that was effectively recruited to ensure they were suitable to work with people in their own homes.

People were supported by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good

The service was effective

People were supported by staff that had the skills and knowledge to assist them.

People's consent was sought by staff before they received care and support.

People were supported by staff with healthy meals where appropriate.

People received additional medical support when it was required.

Is the service caring?

Good

The service was caring

People were supported by staff that was kind and respectful and valued people's privacy and dignity.

People's independence was promoted as much as possible and staff supported people to make choices about the care they received.

Is the service responsive?

Good

The service was responsive

People received care and support that was individualised to their needs, because staff was aware of people's individual needs.

People knew how to raise concerns about the service they had received.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

Quality assurance and audit processes were in place to monitor the service to ensure people received a good quality service. However they had not identified the areas of improvement we had identified during the inspection.

People were encouraged to provide feedback on the quality of the service they received.

People were happy with the quality of the service.

Everlasting Healthcare Services Limited

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.

The inspection took place on 18, 19 and 20 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that the registered manager and staff would be available to meet with us. One inspector and an expert by experience carried out this inspection. An expert by experience is someone, or is caring for someone, who has direct experience of this type of service.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report. As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people. We had received some information of concern from one local authority commissioning office and we took this into account when we inspected the service.

We spoke with three people who used the service. Discussions were held either over the telephone or through visits to people's homes. During these visits we were able to observe interactions between staff and

people who used the service. We also spoke with three relatives, two health and social care professionals, two care staff, the care coordinator and the registered manager. We looked at records that included three people's care records and the recruitment and training records for three staff. This was to check staff was suitably recruited, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of policies and procedures including complaints and audits carried out to monitor and improve the service provided.

Requires Improvement

Is the service safe?

Our findings

We had received concerns from a local authority about the effectiveness of the provider's risk assessments. We saw that people had received an initial assessment before receiving support from the service. This was to determine if the provider was able to meet the person's care needs safely. We found from the three care plans we looked at that risk assessments had been completed. However, all three were similarly worded and were not specifically person centred. For example, one person explained, "The only thing I do have trouble with is the hoist, we have lots of wires from and around the bed and sometimes the hoist gets caught in the wires. The manager did come out and noticed the wires but I don't know what she is doing about it." We saw this had not been reflected in the risk assessment. We spoke with staff who told us they had to move the wires to under the bed and were 'careful' when they moved the hoist. The registered manager explained they had requested an assessment of the person's environment but this had not been recorded or explained to the person and their relatives. The registered manager said they would notify the family.

We found there were inaccuracies contained within the risk assessments that did not always reflect the direct support needs of the people. For example, we found people who were unable to bear their own weight on their legs were recorded in their risk assessments to have had 'full mobility' of both legs, when this was not the case. For people who had and were at risk of, having a stroke, there was no risk assessment to inform staff of the signs to look out for, that could indicate when a person was having a stroke. However, staff we spoke with was aware of how to support people safely. People were not at an increased risk of harm because they could speak directly with the staff and some staff had been supporting people for a long time. Nevertheless incorrect or out of date information contained within a risk assessment, could increase the risk of injury or harm for people, if being supported by staff members unfamiliar with the person's individual support needs. We spoke with the registered manager, she agreed the risk assessments required amending and confirmed these would be implemented as soon as possible.

People we spoke with told us they felt safe when staff were in their home and that staff supported them safely with their care and support needs. One person said, "It's how they talk to me that makes me feel safe." Another person told us, "They [staff] never leave doors unlocked." A relative said, "They [staff] always make sure [person's name] is okay before they leave, they will always put their alarm on and they have had to use it a few times as they have fallen." Staff we spoke with told us they had received safeguarding training and identified signs that could suggest abuse. Staff explained their responsibilities to protect people and how they would report concerns. One staff member said, "When you are washing somebody you might see unexplained bruising." Another staff member told us, "I'd be able to tell from a person's day to day behaviour towards me, if there was a sudden change or their body language was different." We saw the provider had safeguarding processes in place to keep people protected from risk of harm.

There was some difference of opinion when speaking with people, relatives and staff on whether the provider employed sufficient numbers of care staff. We were told there had never been any missed calls and people, where appropriate, were always attended to by two staff members. One person told us, "I do think that they [the provider] are short of staff because sometimes [registered manager's name] will come out

when they are short of staff." A relative said, "There is not a large number of care staff although this agency does seem better at keeping their staff." Everyone we spoke with had raised with us the issues of staff arriving late to their home. One relative explained, "I do think they need more staff because they have a lot of calls but even if they are late, they still don't rush [person's name]." The staff we spoke with told us they thought there was sufficient numbers of staff to support people. One staff member said, "I think we have enough staff at the moment for the number of people we care for but we would need more staff if we took on more people to look after." Another staff member told us, "I think there's enough staff." We spoke with the registered manager. She explained there had been issues with calls being late and that they were trying to address this. They continued to explain some calls ran over the allocated time and they were in the process of requesting reassessments for some people's care and support needs. The registered manager also explained they had tried to recruit additional staff but for the number of people currently being provided with a service, there was sufficient staff. However, the registered manager agreed that if the service was to grow and develop, they would need to recruit additional staff members.

We reviewed the provider's recruitment processes and found systems were in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Baring Service (DBS) (which provides information about people's criminal records) had been undertaken before they had started work and records seen confirmed this. One member of staff told us, "They [the provider] were adamant my checks had to come through before I started work – I had a bit of wait for my references."

Although the people we spoke with were not supported with their medicines, others who used the service were. Therefore we checked the provider's recording of medicines against one record. We saw that systems were adequate to record what medicines staff had supported the person with. We saw that Medication Administration Records (MARs) held the necessary signatures to demonstrate staff had witnessed the person taking their medication. Although we found there were a small number of gaps in recording the administration of medicines, we established these to be recording errors and people had received their medication. Staff we spoke with was able to describe how they supported people, where appropriate, with their medicines.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us that the quality of the support delivered by staff was consistent and met people's individual needs. One person said, "They [staff] seem to know how to support me, I don't have any worries." Another person told us, "They [staff] do exactly what I ask them." A relative told us, "They [staff] do all the things they are supposed to and we are happy with their support." Staff we spoke with was able to explain to us about the individual needs of the people they supported. For example, one staff member explained how they communicated with one person who had difficulty with their speech. The staff member continued to explain, "You have to give [person's name] time to respond and listen carefully."

We saw that new staff members had completed induction training which included working alongside an experienced member of staff. One staff member told us, "I didn't know anything when I first started, the training was helpful." Another staff member said, "I had been a carer before but shadowed for five days, we went to different people which was really helpful." The registered manager confirmed and we saw that staff completed training throughout the year with new staff scheduled to complete the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care. Staff told us they felt they had the necessary training and they felt supported by the registered manager to carry out their role. A staff member told us, "The training is good."

Staff we spoke with told us they received supervision and confirmed the management team had completed spot checks and observations of their work. A spot check is where a member of the management team would assess the capabilities of a staff member in the workplace environment However we were informed that spots checks had not been recorded on staff files. The registered manager said they would ensure this was practised in future. Records we looked at confirmed that staff did have supervisions. Staff continued to tell us the registered manager was 'always available' and if staff had any problems they could seek guidance and advice from the registered manager.

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

We found on reviewing staff training records that most of the care staff had not completed their MCA training. The registered manager told us they were in the process of arranging MCA training but that at the moment, all the people using their service currently had mental capacity to make decisions about their care. Staff confirmed in their conversations and our observations of practice, they knew the people they supported well and would seek consent from the person before supporting them. Staff explained how they involved people in their day to day choices. One staff member said, "Personally, I just ask them [people] what they would like and if they are unsure, I ask them a couple of times slowly and clearly." People we spoke with confirmed staff would seek their permission before supporting them. One person said, "They [staff] do check that I feel well enough before they start supporting me." Our observations showed that staff

offered the person choices before supporting them.

Two of the people we spoke with had their meals prepared by their family members and did not require the support of the provider. However one person did rely on staff for support. We spoke with the person and found their meals had not been delivered. The person asked staff to contact the food provider, on their behalf, to check when they could expect delivery. The staff contacted the food provider and gave the person a time they could expect delivery. We saw this put the person's mind at ease. In place of the meal, staff asked the person what they would like to eat instead, the person asked for sandwiches and that they would have their hot meal in the evening. Staff then made the person a sandwich and hot drink. We saw from care plans that people who needed support from staff with their meals, were supported in the way that they preferred.

We saw from care plans there was input from health and social care professionals, for example, GPs, district nurses and social workers. We found that family members were usually responsible for arranging people's routine healthcare appointments. However, the registered manager told us they had referred people to the relevant healthcare professionals to seek specialist advice. For example an occupational therapist assessment had been submitted for one person. Staff had demonstrated in their actions their responsibility to report changes in a person's health which had resulted in a request for the GP to visit another person. People and their relatives were happy with the support they received with healthcare and we saw the provider worked well with healthcare agencies to ensure people's health and support needs were continually met.

Good

Is the service caring?

Our findings

Everyone we spoke with told us the staff was caring and kind. One person told us, "I do like my carers, we have a laugh and a chat, they tell me about their lives which is interesting for me." A relative said, "The carers are friendly and get on well with both [person's name] and me". A health care professional explained how they found all the staff they had met 'appeared' to be kind and polite. We found that staff was friendly and kind to people, speaking with them in a professional and compassionate way.

We found that people were provided with a care plan and people and relatives confirmed a copy of the plan was left in each person's home for reference. People we spoke with were able to tell us which staff members supported them and the times they received their calls. One person told us, "I generally have the same carers and I have got to know one or two of them quite well which I like." We saw that there was limited information available in the care plans about people's life histories. The registered manager explained they discussed the care plan in detail with the person and relatives at the time of the initial assessment. Staff we spoke with was positive about their role and the relationships they had developed with the people they supported. Staff were able to tell us about things that were important to the people they supported. A staff member told us, "[Person's name] doesn't like loud noises it can upset them, so you do have to remember to speak in a quieter voice."

People and relatives told us that they never heard staff talk disrespectfully about another person while they were supporting people. People and relatives felt staff was conscientious and maintained people's confidentiality. Concerns had been raised by a local authority about the confidential storage of people's key codes to enter their homes. The registered manager and staff we spoke with assured us all information relating to codes was kept in the office in a locked cabinet and not stored where it could be accessed by others. One person said, "They [the provider] take confidentiality very seriously, I have the numbers in my head but if you forget you phone the office and they will give it to you."

People we spoke with explained how staff encouraged them to maintain some independence. One person said, "Staff encourage me to wash my face." Another person told us, "They [staff] ask me to wash where I can but sometimes I am too tired to do that." We saw staff encourage one person to stand and walk. We found the staff to be reassuring to the person and say with encouragement, 'we've got you' and 'you're doing really well, just a few more steps.' Staff we spoke with explained how they promoted people's independence as much as possible. One staff member explained, "When you get to know people you know their limitations and what they can do, you're not going to ask them to do something that you know they can't, so I encourage people to do the more simple things like brush their teeth or comb their hair."

People we spoke with told us that staff treated them with dignity and respect, although one person told us, 'some staff were better than others.' One person told us, "They [staff] always cover me as they wash me." Another person said, "When I'm ready, they [staff] always put a towel over me." Relatives we spoke with explained there had not been any problems in respect of staff treating their family member with dignity and respect. Staff gave us examples of how they ensured a person's dignity and privacy was maintained. For example, making sure doors and windows were closed and people were appropriately dressed in clean

clothes.

Good

Is the service responsive?

Our findings

People and relatives we spoke with told us they felt people's needs were being met. People and relatives confirmed they had been involved in the initial assessment process with how care and support needs would be delivered. One person told us, "[Registered manager's name] will come out to see me about once a month." A relative said, "The agency did instigate a review of [person's name] care plan as there had been a period where the agency had assessed that she was not safe on two calls with just one carer." Everyone we spoke with all confirmed staff recorded what they had done in the daily notes that were left at the person's home, after every visit. We saw that care plans included aspects of people's health, their social needs and what support they required and how the person's independence could be encouraged and maintained. There were also copies of the assessments from local authorities who were responsible for funding support.

When a person first started to use the service, the registered manager told us that a review would take place after approximately 28 days to ensure the care and support provided was meeting the person's needs. The registered manager explained that care plans were reviewed annually or as required should there be a change in people's support and care needs. Care plans we looked at showed that reviews of people's care and support needs had taken place. For example, we saw one person whose preferred time for their morning and bedtime calls had been changed. The times did not always suit the person and they told us alternative times offered by the provider were not suitable to them. We saw there were prolonged periods of time where the person was left on their own. The registered manager gave us their explanations as to why call times had been rearranged and agreed the situation was not ideal. The registered manager had already submitted a request to the local authority for a reassessment of the person's support needs and was in the process of arranging a review meeting with the person and their relative to discuss what else could be done to support the person. This showed the provider ensured peoples' care needs were being met even when there had been changes in people's circumstances

People and relatives we spoke with told us they were listened to and involved in planning the care and support they received from staff. One person told us, "[Registered manager's name] comes out to see me quite a bit and asks how things are." A relative told us, "[Person's name] is sensitive to loud voices or noise. Some staff spoke with louder voices than others which [person's name] did not like. We spoke with [registered manager's name] and identified which staff they were and [registered manager's name] tries to ensure those staff members don't visit". We spoke with the registered manager about the issue of some staff speaking loudly to the person. We were told that staff had been asked to speak quietly when supporting the person. It was confirmed by the person and their relative that the staff were not rude or impolite.

Staff we spoke with confirmed their knowledge of the people they supported; including an understanding of people's likes and dislikes. One person said, "I couldn't ask for more, they [staff] are absolutely marvellous, I don't know what I'd do without them." Another person told us, "I am happy at the moment." A relative said, "Sometimes there may be some timetabling issues but nothing major, we're very happy with the support given to mum." We saw from records, people had staff members that provided regular support to them. Staff we spoke with knew what was expected of them and gave us examples of how they delivered individualised care and support to people. A staff member told us, "We all know to make sure we read the

daily records and care plan because peoples' needs can change overnight so it's important we have the correct information to hand."

There were some issues raised about the lateness of staff. One person told us, "It depends on how much traffic there is; they [staff] are sometimes late." Another person said, "They [staff] are normally on time but sometimes in the morning they can be late and if they are very late, the office will usually phone me." Although the staff could 'sometimes' be late, people and relatives we spoke with told us they were happy with the service received from the provider.

Everyone we spoke with confirmed if they did want to complain they would feel confident the manager would deal with their concerns quickly. One person told us, "I would speak to [registered manager's name] if I had any complaints." Staff explained what action they would take if a person wanted to make a complaint and told us they had confidence that the registered manager would resolve the complaint in a timely manner. We also saw that there had been a number of compliments received by the service. Comments included, 'I was impressed with the approach and professionalism of staff' and 'Mum puts her trust in you.'

Requires Improvement

Is the service well-led?

Our findings

We looked at systems the provider had in place to monitor the quality and safety of the service. We found that the systems reviewed care plans, risk assessments, medicine recording sheets and attendance to calls. However, the systems had not identified the issues we found during the course of our inspection. For example, staff had not consistently initialled people's medicine records, call times had not been consistently completed on staff call sheets. There were inconsistencies within people's risk assessments that had not been identified. There was no record of the provider's contact with health and social care professionals in people's files when referrals or calls to doctors had been made. For example one relative explained the registered manager had visited their family member to assess their living environment but were not aware of what action had been taken. The registered manager explained to us a referral had been made to the occupational therapist team but on checking the person's files we found this was not recorded. The information had not been relayed to the person or their relatives to keep them informed of action taken. The registered manager said they would introduce a 'contact sheet' that would record all calls and referrals made to health and social care professionals immediately.

As part of the inspection process, we sent out a Provider's Information Return (PIR) for the provider to complete and return to us. The PIR provides an overview of what the service does well and where there provider intends to develop the service. We had not received the PIR and asked the registered manager why the information had not been returned. The registered manager explained they had tried to submit the information but it was on the last day, when the time limit to return the PIR, expired. The registered manager continued to explain they had encountered 'technical difficulties' on the day with the submission and contacted the Care Quality Commission (CQC) who informed them the deadline had already passed and they would no longer be able to submit the information.

The provider sought regular feedback from people who used the service and their relatives. We saw the feedback form was also available in an easy read format for people that required it. People and relatives spoken with confirmed they had been contacted through telephone calls or visits to their homes. One person said, "If I need to contact them there is a young man in the office who is helpful and I can always leave a message." Another person told us, "I would certainly recommend them [the provider] to other people, it's a good agency." A relative explained, "My relative was ill before they died and had to have carers and compared to them I think Everlasting Healthcare are good." Another relative told us, "This is the better of all the agencies [person's name] has had." We saw results from surveys had been completed by people using the service. Comments included, 'Office rings with time that carers are due to arrive', 'Happy with the service.' We saw there had also been issues raised about the lateness of staff and that people were not always informed when staff would be late. The registered manager explained they had reinforced the importance to staff in their staff meetings and supervisions they contact the office as soon as possible if they are going to be late. The registered manager had taken action to ensure people's experiences were improved.

The registered manager explained how they kept up to date with current care practice. Staff told us the registered manager had provided continuity and leadership and felt supported in their role by the

management team. Staff we spoke with and records we looked at confirmed staff meetings had taken place. One staff member said, "There is good communication between us, the manager will phone us and make sure we are okay and ask how we are getting on." Staff spoken with confirmed the registered manager was 'approachable' 'helpful' and they would have 'no hesitation' in requesting support or assistance. One staff member told us, "You can talk to her [the registered manager] and not feel intimidated, you can go to her anytime." Another staff member said, "I'm happy working here, if there was anything that I wasn't happy with I'd let them know."

Staff told us if they were worried or concerned about anything they would speak with the management team. One staff member said, "I'd have no concerns speaking with the manager if I was worried about anything." Another staff member said "If nothing was done I'd go to CQC." We saw the provider had a whistleblowing policy. Whistleblowing is the term used when an employee passes on information concerning poor practice.

The registered manager demonstrated a good understanding of the responsibilities of their role and of registration with CQC. The provider had informed us of any incidents that they were required to do so by law. The certificate of registration was on display in the main reception area and details were correct.