

Everycare West Kent Limited

# Everycare (West Kent) Ltd

## 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

### About the service

Everycare (West Kent) Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection there were 56 people using the service. This included older people, people with a physical disability, mental health need and a learning disability. Care and support was provided within and around Tunbridge, Tunbridge Wells and Sevenoaks.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service

People told us they received the care they needed, when they needed it. We found no evidence that people had been harmed. However, it could not be assured people would be given their medicines as prescribed. This was because medication administration records were not regularly checked to make sure they were accurate.

There was a lack of management oversight. Quality monitoring systems were not sufficient or robust enough to identify shortfalls and drive continuous improvement in the service.

People said they were usually supported by staff they knew and trusted, so they felt safe when receiving care. Staff knew how to recognise safeguarding concerns, and these had been appropriately reported to the local authority safeguarding team. Risks to people's well-being had been assessed and were effectively managed.

Staff had received training and had the skills and knowledge to support people's individual needs. People were supported to access healthcare services in partnership with their families.

Support for people enabled them to be as independent as possible so they could remain in their own home. They had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives told us staff were kind and caring. They said they were treated with dignity and respect and their independence promoted. Regular care staff knew people's preferred routines. People told us the emotional support they received from staff was important to their overall well-being.

People said they received care and support that was responsive to their needs. They said staff supported them with the things they needed help with and asked if there was anything else they needed. People told us they did not have any complaints but knew how to complain should they need to. Complaints raised with the provider had been investigated and used to make improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 3 May 2017).

#### Why we inspected

This was a planned inspection based on the rating at the last inspection.

#### After the inspection

We received additional feedback from staff members.

#### Enforcement

We have identified breaches in relation to medicines management and quality monitoring.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Everycare (West Kent) Ltd

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Everycare (West Kent) Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

Inspection activity started on 25 November and ended on 27 November. We visited the office location on 25 November. We spoke to eight staff members. This included the registered manager, provider, care supervisor, client supervisor, care coordinator and three care staff.

We reviewed a range of records. This included five people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also saw a variety of records relating to the management of the service. This included the medicines policy, compliments, complaints, quality audits and annual surveys.

We spoke to nine people and three relatives to gain their experience of the care provided. On 25 November we visited two people and one of their relatives at home. On 27 November we telephoned seven people and two relatives.

After the inspection

We sought feedback from professionals who work with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People's medicines were not consistently managed according to the provider's medicines policy. This meant there was a risk people may not receive their medicines as prescribed by their doctor.
- The registered manager told us medicine administration records (MAR) completed by staff were checked monthly for accuracy. However, we found no evidence MAR's were reviewed and they were completed to an inconsistent standard. Therefore, it could not be assured any shortfalls in medicines administration were acted on in a timely manner.
- An example of this was one person who had been prescribed two courses of antibiotics. Staff had recorded the name of each antibiotic, but not the dosage. A number of signed entries on the MAR had been crossed out without any explanation. Therefore, it was uncertain when the courses of antibiotics should have started, how much the person should have taken and if they had completed the courses as prescribed.
- There were some gaps on people's MAR's which meant it could not be assured people had taken always taken their medicines as prescribed.
- Sometimes staff left medicines within people's reach to take later. Risks to people's health had not be fully assessed to make sure this was a safe practice for each individual.

There were not safe systems for the management of medicines which put people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- Although people told us the right type of people supported them, we identified recruitment as an area for improvement as there were inconsistencies. One person's work references were not obtained in a timely manner and reasons for gaps in their employment not recorded. Disclosure and Barring Service (DBS) were applied for which help employers make safe recruitment decisions.
- Staffing levels were based on people's individual needs. Recruitment for new staff was ongoing so capacity was available to take on new packages of care. Members of the office team provided care when staff were absent due to sickness or annual leave.
- There were enough staff available to meet people's needs. People said staff usually arrived at expected times, they were not rushed, and that staff stayed for the correct amount of time. Staff said travel times were taken into consideration when their schedule was planned.

### Assessing risk, safety monitoring and management

- Risks to people's individual well-being were assessed and control measure in place to minimise them. This included risks when people were moving around their home, of developing pressure areas and for people who may experience a deterioration in their mental health.
- Staff understood how to follow guidance to keep people safe. They described situations when they had taken prompt action, given support or signposted people to help maintain their health . For example, referrals had been made so people had the equipment they needed to move around their homes. People had also been given information about organisations that could support them with their mental health.
- Checks were made of the environment, so it was free from potential risks before people received care. These assessments identified hazards such as entrance access, fire escape, pets, and appliances.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems to safeguard people from the risk of abuse. People and relatives said they trusted staff and felt safe whilst being supported. One relative told us, "We feel mum is safe. We get on well with the staff and are happy to leave her in their care."
- Staff understood their responsibilities in keeping people safe. They were trained in how to recognise the signs and symptoms of abuse and had reported concerns to the management team. Staff also knew how to report safeguarding concerns to external agencies if concerns they raised were not acted on.
- The registered manager had reported potential abuse to the local authority safeguarding team. Clear records were kept of concerns and the reasons why they needed to be reported to help keep people safe.

#### Learning lessons when things go wrong

- The provider had a policy which set out staff's and management responsibilities when there was an accident, incident or near miss.
- Staff made a detailed record of any significant and action they had taken as a result.
- All significant events were reviewed by the registered manager. This was to check if any further steps needed to be taken or lessons learned, such a providing additional staff training. These actions helped to reduce the chance of the same things from happening again.

#### Preventing and controlling infection

- There were processes to prevent and control infections. People said staff cleaned their homes to their expected standard.
- There were systems to reduce the risk of infection. Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection.
- Staff told us they were provided with personal protective equipment, such as gloves and aprons and they used these as needed.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before a person started to use the service, a member of the management team met them and their relatives to assess their needs. This included asking the person about their physical, social, emotional, cultural and religious needs so these could be considered when planning for their support.
- Where necessary health and social care professionals were involved in assessing people's needs.

Staff support: induction, training, skills and experience

- Staff undertook relevant training courses, so they gained the skills and experience they required for their roles.
- New staff undertook an in-house induction which included shadowing staff and completing the Care Certificate. The Care Certificate sets out the learning outcomes, competences and standards of care workers.
- There was a programme of training for staff which was available in a variety of formats to meet staff's learning styles. A member of the management team was a trainer in moving and handling and basic life support. Specialist training was provided in relation to people's needs such as in mental health and dementia care.
- Feedback from people was that staff had the skills and knowledge to support them in the right way. One relative told us, "Staff are great. We like the all. We have been really impressed with the quality of the care." Another relative said, "If a staff is new they read the book (care plan) and I show them the way I like things to be done and they listen to me."
- Staff were given opportunities to review their work and development needs through individual supervision sessions, observations and team meetings. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat according to their needs. This included preparing meals for people and making sure they had enough to eat. In emergency situations people had been assisted to access food from a local food bank.
- Staff knew which people needed to be encouraged to eat, to maintain their health. Staff made a record of what people ate to monitor their diet.
- Staff understood the importance of making sure people had enough to drink. Staff asked people if they wanted a drink before they left and left them within their reach. Records of how much people drank were kept as directed by healthcare professionals.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People were supported to access health care services to live healthier lives. People's health needs were identified in the assessment process. Staff had received training in people's health conditions such as diabetes and catheter care. A catheter is a tube in the bladder for removing urine. Staff knew how to support people with these conditions and people responded they received effective care.
- Assessments included identifying if people needed help with their oral care such as checking they had brushed their teeth.
- Staff observed and monitored people's health and well-being. They communicated any changes, such as if people were unwell or their health deteriorating, to relatives and the management team.
- Access to healthcare professionals was facilitated in a timely manner. People were referred appropriately to health care professionals such as their doctor, occupational therapist and the mental health community team.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was following the principles of the MCA. Staff were guided by the provider's policies and procedures on mental capacity and their knowledge enhanced through undertaking training in this area.
- People's capacity to make daily decisions had been assessed and was recorded in their care plans. Staff understood people had the right to make decisions in their daily lives and supported them to do so.
- A record was made of people who had appointees who were responsible for making decisions about their health, welfare or finances. This was so the relevant people could be consulted to make decisions in people's best interests.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives were complimentary about the way staff treated them. Positive relationships had been developed when staff supported people regularly. One person told us, "What staff did for me shows that they care." Another person said, "I know most of the staff as I have had them for so long. We always have a chat and they are very friendly."
- The service had received a number of written compliments about the caring nature of staff.
- People said their main carers knew them well. They said staff understood the importance of supporting them with their physical and emotional needs. One person told us, "They support me emotionally. We also have a laugh and a joke." Another person said, "Staff have a sense of humour and make a bad situation better. They are absolutely caring."
- People's equality and diversity continued to be considered when providing care. Staff understood how to promote people's rights.

Respecting and promoting people's privacy, dignity and independence

- Feedback from people and relatives was that people were consistently treated with dignity and respect. One person told us, "Staff are kind, funny, regular and polite. They certainly maintain my dignity." A relative said, "The staff are picked carefully. I like their manner. They always knock before coming in. They are 99.9 per cent excellent."
- People told us they valued staff knowing their individual needs and this upheld their dignity. One person said, "I like that staff appreciate my sense of humour." Another person told us, "Staff know my routines which is important to me."
- Care plans included information about what things people needed support with and what they could do for themselves. Staff understood the importance of maintaining people's independence in maintaining their well-being.

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

- People were asked about their choices and preferences as part of the care planning process and when being supported with their care daily.
- People's feedback was regularly sought to ensure they were involved in decisions about their care. This was achieved through reviews and survey questionnaires. When people had expressed dissatisfaction with any aspect of their care, action had been taken to address their concerns. For example, one person requested an more experienced carer and the staff rota was adjusted for this to be accommodated.
- Most people were supported by their families. Relatives told us they helped their family member make

important decisions when needed. The provider had details of local advocacy services. An advocate provides independent support and advice and to help people make decisions.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Feedback was that the service was responsive to people's needs. Comments from people included, "Staff always ask if I want anything else before leaving.", and "They are quite accommodating. If I have to change my time they do their best."
- Care plans set out the information about people's routines for each visit, including their preferences. Staff knew about people's interests and preferences which helped them to provide care in a personalised way. One person told us, "I have certain quirks and staff know about them." A relative told us, "Although the staffing schedule can sometimes be a bit hit and miss people always get here. This does not affect her greatly. Staff know her routine." Another relative said, "It is the personal care and attention that counts and that has made the difference."
- People said they had a schedule of which staff would be supporting them each week. Most people said if any changes were made to the rota or if staff were running late, they were informed in advance. People said that they staff always stayed for the allotted amount of time and supported them according to their expectations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People who had a sensory impairment said care staff read their care plan to them, so they could understand its content. One person had been provided with their schedule of carers in large print.
- The registered manager said people with a learning disability understood their care plans in their current format. At care reviews people's communication needs were reviewed to see if people might benefit from their care plans being written in alternative formats, such as an easy read.

Improving care quality in response to complaints or concerns

- People said they would raise any concerns or complaints with office staff but had not needed to do so. One person told us, "Yes I have a folder here which says who to contact if I have a complaint."
- The registered manager endeavoured to sort out any complaints or niggles before they escalated. A relative said, "They are good at communication and without this it is nothing. I know all the office staff. If there is something I am not happy with, I explain why, and they sort it out."
- The provider's complaints procedure had been followed when one complaint had been raised. The issues had been thoroughly investigated. Staff had been interviewed and spot checks conducted to observe their practice. Although the complaint was not upheld, additional staff training was provided.

#### End of life care and support

- People were supported by staff, who had received training in how to support people at the end of their lives. Some staff had undertaken more advanced training in death, dying and bereavement.
- The registered manager had worked with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.
- The registered manager was consulting with palliative care professionals to ensure staff had the confidence to talk to people about their end of life care needs. This was to ensure there was a record of everyone's wishes and choices at the end of their lives.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a lack of management oversight. The provider told us they were confident the registered manager was fulfilling their role and responsibilities. Therefore they had not thought it necessary to carry out any checks to give them this assurance.
- Quality monitoring systems were not sufficient or robust enough to identify shortfalls and drive continuous improvement in the service. The registered manager told us people's daily notes and medicines administration records were audited for accuracy. However, when we found no evidence of this, they admitted it was not done. Shortfalls were found in medicines management records, and daily notes were not always person centred.
- Audits of staff files were not effective. They had failed to identify one person did not have a reference from their last employer. Also, to explain gaps in their employment record. It had been highlighted in February 2019 that a person required an additional employment reference. However, it still had not been obtained 6 months later. Audits of people's care records had failed to identify copies of power of attorneys were missing. This was so the provider knew which named people had the authority to act on people's behalf with regards to their finances or health and welfare.
- Staff knew how to support people with their medical conditions and people responded they received effective care. However, the specific support people required was not always recorded in detail in their care plans.
- Staff understood their roles and responsibilities. Although staff felt supported by the management team, some feedback they had to raise an issue a number of times before it was acted on. Therefore, the management of the service was inconsistent.

There were not effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Spot checks took place to directly observe staff practice. Staff competency was checked in a number of areas including food preparation, manual handling and timekeeping.
- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths, in line with regulatory requirements.

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

- Staff views were gained through supervisions and team meetings. The registered manager said survey questionnaires had been sent to staff, but none had been returned to date.
- People were consulted about their care through care reviews and annual service questionnaires. Feedback from customer service questionnaires sent in February 2019 was very positive. People were very satisfied with the level and quality of care provided. When shortfalls had been raised these had been addressed to people's satisfaction. For example, one person said they had late calls. This had been investigated and found all calls had been delivered within the agreed time periods. However, the person had been encouraged to call the office if they had any further concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The aim of Evercare was to , "Significantly improve the quality of life for people" by services being "Person centred, and outcome based". The majority of people and their relatives said they would recommend the service to others. The reasons for recommending the service included, "Because they come and see me and check things are okay", "Because they are alright most of the time" and "Definitely, because they are so caring."
- A relative told us, "Excellent manager. They are very down to earth and gets things done."
- A large number of compliments and thank you cards had been received. These gave examples of how people had been supported to have good outcomes. This positive feedback had been shared with the staff team to acknowledge their contribution in making this possible.
- The provider had a duty of candour policy, which outlined how they should respond when something went wrong. The registered manager understood the need to be open and honest and had used complaints and concerns to look at things could be improved.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals. Positive feedback was received from professionals. One social care professional described the service as, 'Very responsive' and said Evercare West Kent Ltd gave clear information when it was requested.
- Strong links had been developed with another social care provider. A representative from this organisation told us, "Evercare have been a trusted working partner for over two years. We have worked with Evercare on joint clients with no concerns and would be happy to refer or give their information to those who seek hourly care."



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There were not safe systems for the management of medicines which put people at risk of harm.</p> <p>Regulation 12 (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were not effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 2 (a)</p>