

Everycare (MK & Beds) Limited

Everycare Bedford

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was announced and took place on the 28 and 29 April 2016.

Everycare Bedford provides personal care and enablement support to people in their own homes. At the time of our inspection 31 people were receiving care and support from the service.

At our previous inspection on 18 September 2015 we found that regulations relating to safe care and treatment and good governance were not being met. People's medication administration record sheets were not appropriately maintained; and the systems in place to monitor the quality of the service were not effective. The provider submitted an action plan and said that compliance would be achieved fully in January 2016. During this inspection we looked at these areas to see whether improvements had been made. We found that the provider was now meeting the regulations.

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

Staff had been provided with safeguarding training to protect people from abuse and avoidable harm. There were risk management plans in place to protect and promote people's safety. Staffing numbers were suitable to keep people safe. Robust recruitment practices were being followed to ensure suitable staff were employed. Improvements had been made in the recording and administration of people's medicines to ensure that they were administered in a consistent manner.

Staff received appropriate training to support people with their care needs. People were matched with staff who were aware of their care needs. If required, staff provided people with food and drinks to maintain a healthy diet. If needed, staff supported people to access healthcare services.

Staff treated people with kindness and compassion and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in relation to their care and support. Staff ensured people's privacy and dignity were promoted.

People's needs were assessed prior to them receiving care. This ensured the care provided would be personalised and responsive to their needs. The system in place to ensure that complaints were recorded appropriately had been reviewed. A clear audit trail from the outcome of complaints investigated was now in place.

There was a culture of openness and inclusion at the service. The management team demonstrated positive leadership skills. This inspired staff to deliver a quality service. The quality monitoring system had been improved; and was being used to drive continuous improvements.

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

Improvements had been made to the recording and administration of people's medicines.

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk management plans were in place to ensure people's freedom and choice was not unnecessarily restricted.

Staffing numbers were suitable to keep people safe and to meet their needs.

Is the service effective?

Good ●

The service was effective

Staff were appropriately trained to carry out their roles and responsibilities.

People's consent was sought in line with current legislation and the Mental Capacity Act 2005.

If required, people were supported to eat and drink and to maintain a balanced diet.

If needed, people were supported to access health care facilities.

Is the service caring?

Good ●

The service was caring

Positive and caring relationships had been developed between people and staff.

People were supported to express their views.

People's privacy, dignity and human rights were upheld.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed prior to receiving a service.

Information on how to raise a complaint was available to people.

Is the service well-led?

Good ●

The service was well- led

The service's quality assurance monitoring system had improved and was being used to drive continuous improvements.

The culture at the service was positive, open and inclusive.

The leadership of the service was visible and this inspired staff to provide a quality service.

Everycare Bedford

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 of Everycare Bedford took place on 28 and 29 April 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone would be in the office on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection we undertook telephone calls to eleven people who used the service and eight relatives. We spoke with four care workers, the deputy manager, the registered manager and the provider. We also visited a person in their home to observe how care was delivered.

We reviewed the care records of seven people who used the service, six medication administration record sheets, three staff files and other records relating to the management of the service including quality assurance audits.

Is the service safe?

Our findings

When we inspected Everycare Bedford on the 18 September 2015, we found that people's medication administration record sheets were not appropriately maintained. There were unexplained gaps and inconsistencies in the recording practice. Therefore, people's medicines were not managed safely.

This was a breach of Regulation 12 (2) (g) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made in the administration and recording of medicines.

People and their relatives told us that staff supported them with their medicines; and they received their medicines at the prescribed times. One person said, "The carers give me my medication and put it in a little container and sign the sheet." Another person said, "The carers come twice a day to administer my medicines." A relative commented and said, "The carers give [name of person] his medicines now, as he used to forget to take them or would hide them. They always sign the record."

Staff told us they had received updated training in the safe handling and administration of medicines; and their competencies had been assessed. One staff member said, "There has definitely been an improvement in the recording and administration of medicines." Another staff member said, "We take back the medicine sheets to the office and they are checked. There have not been any errors recently."

We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been completed appropriately. The provider and the registered manager were able to evidence that staff had been provided with updated training in the safe handling, recording and administration of medicines. We saw evidence that the MAR sheets were being audited monthly and the monitoring system had improved. During this inspection we visited a person in their home and observed that staff administered their medicines in line with best practice.

People told us they felt safe when the care workers visited them. One person said, "Yes I feel perfectly safe." One relative said, "[name of person] feels secure when the carers are here." Staff told us they had undertaken safeguarding training; and were able to describe the different types of abuse. They were aware of the procedure to follow if they witnessed or suspected an incident of abuse. One staff member said, "I would definitely report it to the manager." Another staff member said, "We have had cards issued to us with the telephone numbers of the various agencies that deal with safeguarding concerns. I have not had the need to report a safeguarding incident but would do so if I had to."

The registered manager told us that staff's knowledge on safeguarding was regularly updated and their competencies were regularly assessed. We saw evidence that safeguarding was a regular agenda item during one to one supervision and at staff meetings. Training records seen confirmed that staff knowledge on safeguarding was regularly updated. We saw records that confirmed safeguarding alerts were raised with

the safeguarding team when required; and recommendations made had been acted on.

People and their relatives were aware of the risk management plans that had been put in place to protect and promote their safety. One person said, "I am at risk of falling. I fell once and I now have a button to press in emergencies. The staff know all about this." One relative said, "There is a risk assessment in [name of person]book. I read some of it and it all makes sense."

The registered manager told us before people were provided with a service, risk assessments to promote their safety were undertaken. These included risks to the environment, skin integrity, moving and handling, pendant alarms, entering and leaving the home, as well as, safe handling and administration of medicines. We looked at a sample of risk assessments and found that they contained detailed information to enable staff to support people safely. Risk assessments were reviewed yearly or as and when people's needs changed.

Staff told us they were able to contact the service in the event of an emergency, or out of office hours. They told us that calls were diverted to the on call phone. This ensured that senior staff members were accessible if needed for advice and support.

Staff confirmed that it was their responsibility to ensure that equipment used to promote people's safety was in good working order and fit for purpose. One staff member said, "We always make sure that the hoist is put on charge after use and we would check the slings before using them to make sure they are not frayed or damaged." We saw evidence that staff received yearly updated training in moving and handling.

People and their relatives said that there were sufficient numbers of suitable staff to meet their needs. They told us that their care was never missed and staff stayed for the allocated time. One person said, "They've been late only in emergencies, but they do ring if something has happened." Another person said, "They usually turn up on time, there's a bit of leeway."

Staff confirmed that the staffing numbers were sufficient. They told us they worked to a flexible rota and were provided with traveling time. One staff member said, "Yes, there is enough staff and we have a backup system as well." We found the rota was adequately covered and reflected the agreed staffing numbers. We saw evidence that an electronic scheduling tool was being used to assess the accuracy of staffing numbers. This ensured that calls were covered.

Staff were able to describe the service's recruitment practice. They told us that they had to complete an application form and had a face to face interview. They also had to provide two references, one of which was from a previous employer; proof of identity and a Disclosure and Barring Service (DBS) certificate. We saw evidence in the staff's files we examined that the appropriate documentation had been obtained.

Is the service effective?

Our findings

People and their relatives told us that staff were skilled and knowledgeable to meet their assessed needs. One person said, "Staff are trained. Everything they've done so far is fine and they've taught me things, like how to stand on the standing hoist and to use it properly." Another person said, "I think they are well trained and they know what they're doing; and what to report to the nurse." One relative said, "From what I have seen I think the staff are competent." This demonstrated that people had confidence in the staff's abilities.

People and their relatives told us that they were appropriately matched with staff who were aware of their needs. One person said, "We are well-matched, we all end up laughing at things; and they are fully aware of everything I need." Staff told us they were aware of the needs of the people they were supporting. One staff member said, "When a new care package is allocated, we get all the information we need to know about the individual; and how their care needs should be met." Another staff member said, "We always read the care plan to find out how they wished to be supported." We found that staff had a good understanding of the needs of the people they were supporting.

Staff told us they had received induction and ongoing training on a variety of subjects. These included safeguarding, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), dementia awareness, health and safety, food hygiene, Reporting of Injuries Diseases and Dangerous Occurrences (RIDDOR), Controls Of Substances Hazardous to Health (COSHH), fire awareness, safe handling of medicines, moving and handling, privacy and dignity. We saw a record was maintained for all the training staff had undertaken. Essential training for staff was up to date.

Staff told us they received regular supervision. This was confirmed by the registered manager who said that each staff member received quarterly face to face supervision and spot checks and a yearly appraisal. We saw evidence in the files examined that staff had been provided with regular supervision and spot checks to observe their practice.

Staff had an understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards. 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. The application procedure for this in domiciliary care service is called Court of Protection.

We found that the service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). We were told at the time of our inspection by the registered manager that no one using the service was being deprived of their liberty unlawfully.

People told us that staff gained their consent before carrying out care and support. One person said, "They

always ask me would you like a strip wash?" Another person said, "They always ask first and say is it okay to help you?" When we visited a person in their home we observed the staff gained their permission and explained how they were going to assist them.

People told us that if required, staff supported them with their food and drinks of their choice. One person said, "They prepare my breakfast, porridge and Weetabix. For lunch they make me a sandwich." A relative told us, "They always make sure [name of person] has a cup of tea and check that there are sandwiches in the fridge." Staff told us that they helped people to prepare food of their choice. Meals consisted of microwave ready meals that required little preparation.

The registered manager told us if people were at risk of poor food and fluid intake or had difficulty with swallowing they would be closely monitored. We were also told that the GP was able to refer people to the Speech and Language Therapist (SALT) for specialist advice. We found that if needed, staff were able to obtain nutritional and dietary advice to support people.

Staff told us they supported people to access healthcare services if required. If they had a concern about a person's well-being they would contact their GP with their permission or inform a family member. We saw evidence of this within the care files we looked at. In addition we saw evidence that the staff team liaised with healthcare professionals such as, the physiotherapist, occupational therapist and the speech and language therapist to obtain advice and support on people's behalf. If needed staff would accompany people to hospital appointments.

Is the service caring?

Our findings

People and their relatives told us that they had developed caring and positive relationships with staff. One person said, "They are very caring and we have a moan about the world." Another person said, "The staff are helpful and if I have a problem, they sit and listen; and would do anything I ask them to do." Relatives described staff as 'kind' and 'courteous.'

Staff were aware of people's individual needs, including their preferences, personal histories and how they wished to be supported. We visited a person in their home and found that staff were knowledgeable about the person's needs. For example, they knew how the person wished to be supported. We observed care and support was carried out in a sensitive manner and the person looked at ease in the company of staff.

People told us they were supported to express their views and be involved in making decisions about their care and support. One person said, "They listen and remember details, such as how many sweeteners I like or how much salt I take." Another person said, "They always listen to me and ask me how I like things to be done. They are very accommodating." When we visited a person in their home, we observed staff provided them with choices on what they wished to eat and drink and these were acted on. We saw evidence within the care plans we examined that people's requests and decisions had been acted on. For example, a person had requested to be supported by a female carer and their request had been granted. Another person had requested for all the staff who supported them to be aware of how to fit a special appliance to their shoe to support their walking. All staff had been shown how to fit the appliance.

The registered manager told us that she made people aware of the various advocacy services that would speak up on their behalf; and how they could be accessed. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives.) We were told there was no one currently using the services of an advocate on the day of our inspection.

The registered manager told us that the service had a confidentiality policy. A copy of the policy was issued to all staff at the start of their induction and they were expected to read and sign it to confirm they understood the content and would adhere to it. Staff confirmed they were aware of their responsibility to ensure that information relating to people's care was only discussed in line with their duties and on a need to know basis. We saw there were systems in place to ensure records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Staff were able to describe how they ensured people's privacy, dignity and independence were promoted. They told us people were encouraged to do some things for themselves such as making a cup of tea and choosing their attire. One staff member said, "We always address people by their preferred names and we give them their space." Another staff member said, "We never assume how the clients wish to be supported we always ask them and respect their views." We visited a person in their home and observed that staff upheld their privacy and dignity.

Is the service responsive?

Our findings

People and their relatives told us their needs were assessed before receiving care from the service. They also said they were involved in their care assessment and the development of their care plans and how they wished to be supported. One person said, "They visited me in hospital and wrote everything I said that I needed help with." Within the care plans we examined we saw evidence that people's needs had been assessed. The registered manager confirmed that assessments were carried out to ensure that people's needs could be met. Information gathered during the assessment process was used to inform the care plan.

People told us that the staff knew them well and the care they received was tailored to their needs. Staff confirmed that people's care plans provided detailed information on how they wished to be supported. One staff member said, "We are always reminded to read the care plans as they contain all the information on how the clients wish to be supported with their needs." We saw the care plans contained detailed information on people's preferred choices and how they wished to be supported with their specific needs and to achieve their goals.

The registered manager told us that people's care needs were kept under regular review and the care plans were updated to reflect any changes in people's needs. She said, "The carers are very good at reporting. For example, if a person's circumstances have changed and they are not mobilising as well as they should be, we would request support from the physiotherapist." We saw evidence within the care plans we looked at that some people's needs had been reviewed and there had been an increase to the times allocated to support them. We saw evidence that people's entire care package was reviewed annually; and social workers and family members were involved in this process.

People received their planned care when they needed it. One person said, "They deal with all the things I ask for." Another person said, "I have never had a missed call and they do all the things I ask them to do and never rush me." One relative said, "If my [name of person] did not have these carers at home, they'd be in a residential home where they wouldn't have privacy." Another relative commented and said, "They do things we don't ask for, such as change the bed clothes."

People told us they knew how to make a complaint. One person said, "I would complain if something was not right, but as I say things are fine and they get on with their job." Another person said, "Yes, I know how to make a complaint. There is a phone number in the folder to ring if you you've got a problem. The registered manager told us that a copy of the complaints policy was issued to people when they started to use the service. She told us that lessons were learnt from complaints made and they were used to improve on the quality of the care provided.

Is the service well-led?

Our findings

When we inspected Everycare Bedford on the 18 September 2015, we found that there were no action plans developed from audits undertaken to demonstrate how improvements to the quality of the care provided would be made. We also found that the outcomes from complaints investigated were not recorded. Therefore, it was not clear if action had been taken to address people's concerns and if any improvements had been made to minimise the risk of recurrence.

This was a breach of Regulation 17 (2) (a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that an improvement had been made to the quality assurance and complaints monitoring system. We found that areas requiring attention from six-monthly surveys and audits undertaken were supported by action plans and included timescales when they would be met. A recent complaint had been made to the provider and we saw clear evidence of the action that had been taken to resolve the complaint to the complainant's satisfaction.

People and their relatives told us that the culture at the service was positive, open, inclusive and empowering. They told us that they were regularly asked to comment on the care provided. One person said, "I've filled in a couple of questionnaires. Every other month they send me questions, about what do I think. I must be good to them, because they sent me a Christmas card." Another person said, "I know who the manager is and I am really pleased with the service I receive. I give them 100% for providing good care." A third person commented further and said, "Please don't take Everycare from me it's the best care provider I've had so far. Everybody that comes is excellent." This showed people felt they were included and consulted about the quality of the care provided.

Staff told us that the management team ensured that the culture at the service was open and transparent. They told us that the registered manager was approachable and supportive and acted on suggestions made. One staff member said, "We have quarterly meetings and are able to make suggestions on how best to improve the service and to question practice." Another staff member said, "We return to base daily every morning after calls and have meetings with the manager to discuss the clients, share information and to off load." We saw evidence to confirm this; also the service had a suggestion box, which enabled staff to make suggestions on how the quality of the care could be improved. We saw minutes of staff meetings, which confirmed that suggestions made by staff were acted on. For example, as a result of suggestions made, the care rounds had been altered.

Staff told us they were aware of the service's whistleblowing procedure and had been provided with training. They were confident if they had to use it the registered manager would support them and take the appropriate action.

Staff told us when mistakes occurred there were honesty and transparency from the management team. They told us that the registered manager provided feedback in a constructive and motivating way. If

required, additional training was provided to minimise the risk of future errors occurring.

Good management and leadership were visible at the service. Staff told us if they were experiencing difficulty in their day to day duties senior managers would work with them to provide support. This inspired them to deliver a quality service to the people who used the service. All the staff we spoke with were enthusiastic about their roles and understood what was expected from them to ensure people received the support they needed.

There was an incentive scheme in place at the service. Staff members were nominated by their colleagues on a quarterly basis if they went the extra mile and performed more and above their role.