Everycare Rugby and Warwickshire

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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

Overall summary

We inspected this service on 18 August 2015. The inspection was announced.

The service delivers personal care to people in their own homes. At the time of our inspection 50 people were receiving the service.

There was 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.

People told us they felt safe with the care staff that came to their home. The provider had policies and procedures to minimise risks to people's safety. Staff were trained in

Summary of findings

safeguarding and understood the signs of abuse and their responsibilities to keep people safe. The registered manager checked staff's suitability to deliver personal care during the recruitment process.

Risks to people's health and wellbeing were identified and care plans were written to minimise the identified risks. Staff understood people's needs and abilities because they shadowed experienced staff and read the care plans when they started working for the service.

The registered manager assessed risks in each person's home and staff knew the actions they should take to minimise the risks. The provider's medicines' policy and procedures ensured that staff were trained in medicines management and the registered manager checked that people received their medicines as prescribed.

Staff received the training and support they needed to meet people's needs effectively. Staff had regular opportunities to reflect on their practice and consider their personal career development.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed that people and their families were involved in planning care their care. People made their own decisions about their care and support. Staff understood they could only care for and support people who consented to receive care.

Staff were knowledgeable about the importance of people maintaining their health through adequate nutrition. Staff referred people to other health professionals for advice and support when their health needs changed and supported people to follow the health professionals' advice.

Staff had regular care calls so they got to know people well. People told us their care staff were kind and respected their privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's cultural values and preferences.

People were confident any complaints would be listened to and action taken to resolve them, but issues that arose were dealt with immediately, before a formal complaint was raised.

The provider's quality monitoring system included asking people for their views about the quality of the service through telephone conversations, visits by the management team and regular questionnaires.

The registered manager checked people received the care they needed by monitoring calls, reviewing care plans, working with care staff at people's homes and at unannounced checks to observe staff's practice.

Summary of findings

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.

Staff understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were assessed and actions agreed to minimise the risks. The registered manager checked that staff were suitable to deliver care and support to people in their own homes. Risks to people's safety in relation to medicines were minimised through staff training and regular checks.

Good

Is the service effective?
The service was effective.

Staff had training and skills that matched people's needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005. Staff sought people's consent and supported them to make their own decisions. Staff involved other health professionals in people's care to support them to maintain their health.

Good

Is the service caring?
The service was caring.

Staff worked with the same people regularly so they were able to get to know people well. Staff understood people's likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were kind and respected their privacy and dignity and encouraged them to maintain their independence.

Good

Is the service responsive?
The service was responsive.

People decided how they were cared for and supported. Care plans were regularly reviewed to make sure changes in people's needs and abilities continued to be met. People and staff were confident that complaints would be dealt with promptly and resolved to their satisfaction.

Good

Is the service well-led?
The service was well-led.

People were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements. Care staff were supported, motivated and inspired by the management team, because they were consistent, dependable and demonstrated good practice.

Good

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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 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to meet with us at their office. The inspection was conducted by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Some of the information we requested was not included in the PIR, but the provider supplied that information during our visit. We did not conduct an initial survey of people who used the service, because we did not have their contact details in advance of our visit to their office. The registered manager gave us a list of contact details during our visit.

We reviewed the information we held about the service. We looked at information received from relatives and from the local authority commissioners. The registered manager had not sent us any statutory notifications during the previous 12 months, because no notifiable events had occurred. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke by telephone with one person who used the service, six relatives, one representative of people who used the service and six members of care staff. We spoke face to face with the registered manager and provider. We reviewed four people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

All of the people and relatives we spoke with told us they felt safe with the service. People told us, "Yes, I feel safe with the staff" and "I feel safe, they are very professional." One person's representative told us, "The care is consistent. I have never known any problems."

The provider had policies and procedures to protect people from harm and to minimise the risks of abuse. Care staff understood how to recognise the signs of abuse and their responsibilities to keep people safe. Care staff told us they would be concerned if they noticed any bruises, or, "Anything out of the ordinary" and they would report it. One member of care staff said, "Say a person is being bullied or shouted at by their family, I would tell the office and they would come and check for themselves." All of the staff told us they had never needed to raise a safeguarding concern, but were confident that the management team would act on any concerns. The local commissioners of care services told us they had no concerns about people's safety.

The registered manager had implemented systems and procedures to minimise risks. A member of care staff told us, "The managers or deputy do the initial assessment of needs and risk assessments." The four care plans we looked at included environment risk assessments, related to each individual's home, and personal risk assessments relevant to their needs and abilities. The risk assessments were regularly reviewed and updated when people's needs changed. Records showed, for example, when one person's abilities changed, their needs had been reviewed and additional time was agreed to ensure staff had enough time to support the person according to their needs. A member of care staff told us, "Risk assessments are an on-going process, and we feedback about any changes."

The care plans we looked at included risks assessments for people's health and wellbeing. The guidance for staff described the equipment needed and the actions staff should take to support people safely. A member of care staff told us, "The care plans record everything we need to do and we document everything. The records are effective. I always know what's happened." Relatives told us they felt well informed about their relations' care, support needs and health. One relative assured us, "It's all written down in the book."

Relatives told us they knew who to call if they needed advice or support in an emergency because the telephone number was in the front of the care plan. Care staff told us the on-call system was effective and there was always a member of the management team available to support them. The registered manager told us the management team shared the on-call rota because they were all qualified to deliver care when needed. One relative told us, "The owner came to do the care once. He's brilliant, really good."

People and relatives told us that staff arrived when they expected them to and stayed for the agreed length of time. One relative told us, "They are usually very prompt and they let us know if they are going to be late." Care staff told us they always had enough time to deliver all the care and support people needed. One member of care staff told us, "Travel time is factored in." Records showed there were protocols for staff who were drivers and non-drivers, to make sure staff's time was used effectively.

Care staff used an electronic call monitoring system, which enabled the registered manager to check that staff arrived as planned, or to arrange an alternative, before the person was inconvenienced. A member of care staff told us, "The electronic call monitoring works. All the people know. Some of them hand me the phone as I walk in."

The provider's electronic records showed they minimised risks to people's safety through their recruitment process. The provider checked that staff were suitable to deliver care and support before they started working at the service. They checked with staff's previous employers and with the Disclosure and Barring Service (DBS) and risk assessed any unusual information they received. The DBS is a national agency that keeps records of criminal convictions. The electronic staff records we looked at showed the dates and results of the checks. Care staff told us they did not work independently with people before all the checks had been completed.

Relatives told us they were confident their relations' medicines were administered safely. One relative told us, "I have no concerns about medicines." In the care plans we looked at, the risk assessments and guidance for staff for medicines administration were relevant to the person's individual needs and abilities. Each medicine the person needed was listed and risks relating to the frequency, time of administration, side effects, and to obtaining supplies were assessed and planned for.

Good

Is the service safe?

Care staff told us they felt safe giving medicines because they had training, competency checks and a medicines administration record (MAR), which listed each medicine and the times they should be given. Staff told us the deputy manager checked that medicines were administered and managed safely when they came to people's homes to observe staff's practice.

The registered manager audited the MAR sheets when they were returned to the office. Records showed the registered manager documented any issues with recording and gave feedback to staff to improve their record keeping. For example, one record did not state the dose clearly on the front of the MAR, but the dosage given was recorded on the back of the sheet. In the staff training room, we saw there was an exemplar medicines administration record (MAR) on the noticeboard and a memo to staff reminding them how to record accurately.

Good

Is the service effective?

Our findings

People and relatives told us the staff were effective and they were supported according to their needs. One person told us, "The staff are absolutely excellent. I can't fault them."

Care staff told us their induction to the service included shadowing experienced staff and training. Records showed staff spent time in the office learning about the organisation's policies and procedures and working with experienced staff. Staff had regular reviews with their line manager during the first few weeks in post, to make sure they were competent and confident in their practice. One member of care staff told us, "I was shown what to do and I was happy to get on with it. I could ring colleagues or the office if I had any queries."

Care staff told us their training was effective and improved their knowledge of people's individual needs. Care staff told us, "I had training in the equipment I need to use" and "I had lots of written information and guidance from the deputy (manager) about the effect and impact of the person's condition, so I can understand them better." We saw the provider's electronic records reminded them when staff were due to attend update training and a list of scheduled training was on display where staff could see it. A member of care staff told us the provider was a qualified trainer. They told us, "[Name] delivers the training. I had training in food hygiene, with a test. He has to be sure we know everything."

The provider ensured staff received the most up to date training. They had updated their training programme from the common induction standards (CIS) to include training recommended in the recently launched care certificate. The registered manager told us, "The care certificate will take over CIS. It doesn't cross reference to the diploma, so staff who are already qualified, with a diploma level two in health and social care, will have to take additional modules."

Records showed staff had regular opportunities to discuss their practice or any concerns at one-to-one supervision and appraisal meetings with their line manager. Care staff told us they felt supported because the management team were approachable and they were comfortable talking with them at any time. Care staff said, "There is always someone at the office to listen. There is always a manager or deputy on-call up to 10:00 pm" and "I am doing my level three diploma (in health and social care). I could develop a career when I am ready."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The provider and staff understood their responsibilities under the Act and provided training for staff about obtaining people's consent to receiving care. One person's representative told us, "The agency accepts [Name's] right to choose."

People and relatives told us care staff always checked that people wanted to be supported or assisted before taking action. Relatives told us, "When new staff come in to observe, they always ask, "do you mind if [Staff] watches, to learn?" and "I have watched staff working. They do ask [Name]." Three of the plans we looked at were signed by the person's representative, which showed that people who lacked capacity were supported appropriately to make decisions about their care.

The provider minimised risks to people's nutrition through needs assessments and staff training.

Relatives told us staff supported their relations with food and drinks according to their needs. Relatives said," Staff make food if [Name] wants them to" and "[Name] decides what to eat." Records showed staff noted how people were and whether they ate and drank well. Team meeting records showed that care staff discussed how to record when people's nutrition and fluid intake was unusual, for example, by keeping a food diary.

Care staff shared their concerns with people's families and the registered manager. A relative told us, "If staff have any concerns they phone the office. We are in constant communication. They phone me if there is anything to discuss." Care staff told us, "We might keep a food chart if someone is not eating well. We will phone the office, for example, if the person has only eaten a small amount of their breakfast." In one person's care plan we saw the guidance for staff was updated from offering the person food to sitting with the person and assisting them to eat.

Records showed the care staff supported people with their health needs, and arranged for other health professionals, such as district nurses, to visit them when required.

Good

Is the service effective?

Relatives told us, “Staff advise us when to call a doctor, and it is always appropriate.” A member of care staff told us, “If a person’s mobility deteriorates, for example, I would tell the office and they would call out an occupational therapist to check for needs, equipment and the environment.” Relatives and staff told us the outcome of the health professionals’ visits, and their advice, was recorded on the communication sheet, so they understood any changes in the care and support provided. A member of care staff told us, “I have seen improvements in a person’s health after another health professional has been involved.”

Good

Is the service caring?

Our findings

All the people and relatives we spoke with told us the care staff were caring and kind. One person told us, “Staff are absolutely excellent. I can’t fault them for the care.” A relative told us, “They are all very good, nice, pleasant, just right. I am very happy [Name] likes the ladies she has.” One person’s representative told us, “They do an admirable job.”

Care staff understood the importance of developing positive relationships with people and their families. The provider made sure people enjoyed a continuity of care because staff usually supported the same people. This enabled care staff to learn about people’s needs and abilities and get to know and understand them well. Care staff told us, “I know the people well. If there is a new person, we have a conversation about what they need. The manager explains what to do and every detail about the new person.”

The electronic staff planning tool enabled the registered manager to make sure staff were allocated to people according to their needs, gender preferences and their diverse cultural values. A member of care staff told us, “The care plan includes people’s cultural and religious preferences and guidance for staff.” Care staff told us they had training in equality and diversity, and people’s care plans explained how each person followed their traditions. One member of care staff said, “No matter how experienced you are as a carer, you may not know about a cultural preference for eating or washing.”

A member of care staff told us, “It could be overwhelming for people when they start using the service. The manager explains the person’s background, their interests and their religion. It helps us to start a conversation with people.” Relatives told us that care staff understood the importance of making the person feel valued as an individual and ‘fitted in’ around their family routines Relatives told us, “Staff make tea, have a chat, or walk up the road with [Name]” and “The conversation is always light hearted.”

The registered manager told us, “Decisions are made by people who use the service. We assume capacity and tell families, ‘the person should decide’. For example, the care plan may say ‘three meals a day’, but if the person is hungry and wants a fourth meal we would support them with that.” All of the people and relatives we spoke with told us they had been involved in agreeing how their care and support should be delivered and had signed a care plan.

One relative told us, “There is a care plan, but staff are happy to let [Name] tell them what to do”, which promoted the person’s independence. A member of care staff told us, “I encourage (people’s) independence. We can suggest new ideas for people to improve their lives and to encourage them. The (registered) manager listens and checks with the families and it can be incorporated into their care plan.”

Staff told us they understood the provider’s policy on dignity and respect, because it was explained in the staff handbook and they understood the importance of maintaining people’s self-esteem. People and relatives told us people were treated with dignity and respect. They told us staff showed their respect by supporting people’s right to privacy. Relatives told us, “They always make sure the doors are shut and he is given privacy” and “They always close the bathroom door. They leave [Name] to wash herself and go back when she calls.”

Good

Is the service responsive?

Our findings

People and relatives told us they were happy with their care plans because they were appropriate to their individual needs and abilities. One person told us, "It was arranged very quickly. They came out two days after I phoned and started the next day."

A member of care staff told us, "The managers or deputy do the initial assessment of needs and risk assessments. They can include a family member if the person wants. When I attend at first visits I go through the person's needs." The three care plans we looked at included people's preferences for how care and support were delivered at each visit and their likes and dislikes.

Relatives and care staff told us the daily records were effective because they clearly described when people's habits and preferences changed. A relative told us, "The communication works. It is really useful to be able to read the daily records and communication sheets."

Care staff told us people and their relatives were encouraged to let them know if they wanted to change any aspect of their care. A member of care staff told us, "We can change things if families want something done differently. We tell them they can speak to us or to the office. If people want to make changes the office staff come out to talk to the person and their family and do risk assessments."

Records showed that when the recorded call times were shorter or longer than planned, the registered manager checked with staff to identify whether people's needs and abilities had changed.

The registered manager explained there were various methods for identifying and checking whether changes were needed to care plans. For example, when the deputy manager observed staff's practice they took the opportunity to ask people whether they wanted any changes. The registered manager conducted six-monthly reviews of care to gather people's views of the service and, periodically, the owners worked with staff when two staff were needed. The registered manager told us, "It is a nice opportunity to keep in touch and go through the folders, documents and updates, and besides, people like to see us."

Everyone we spoke with told us the registered manager listened to their views about how their care and support was delivered and responded appropriately. Relatives told us, "When we phoned the office about an issue, it was sorted out immediately" and "Once I phoned the office when I was concerned about [Name] and they changed things."

We saw the provider's complaints procedure was explained in the staff handbook and in the guide for people who used the service. People told us they knew there was a complaints procedure, but they never needed to use it, because the provider took action straight away when they raised any issues. Relatives told us, "I know who to ring if I had any complaints" and "When I had a query, they took on board everything we said. They listened and took action. I am confident they would listen to our concerns in the future."

Good

Is the service well-led?

Our findings

All the people and relatives we spoke with told us they knew who to contact if they needed to. They told us that the agency asked them for feedback about the quality of the service. Relatives told us, "We do have a form every year, with a section for comments" and "I have had a survey, but I have not heard the results."

The provider sent people a survey every year seeking their opinion about the quality of the service. The registered manager told us they reviewed the response to the survey, checked whether issues were raised and addressed them immediately. People and relatives told us they were satisfied with the response to their individual concerns.

People and relatives told us they were happy to complete the survey, but had not had heard about the overall results of the survey they completed last year. The registered manager told us, during our visit to their office, that they had not shared the results of last year's survey as no trends had been identified that required a service wide response. They told us they would share the results of the next annual survey, including any actions taken to improve, to reassure people about the overall quality and level of satisfaction with the service.

The provider's quality assurance process included checking people were satisfied with the quality of their care and support. Records showed the provider had obtained feedback from people at their six monthly reviews of care and during their unannounced supervision checks on staff. The provider and registered owner provided the on-call service and invited people and their relatives to phone them at any time. A relative told us, "They are quite pro-active. They rang me a week after the care started (to check they were happy with the care)."

Records showed the provider conducted bi-annual reviews with people, and their families if people wanted their support, at meetings in their own home, to ask for their views about their care. The results of the reviews were saved in people's folders at the office. Relatives told us that the provider listened and took action when they raised any issues at care reviews. One relative said, "It is a good set up. I would recommend them."

The provider told us the most important thing to people and their relatives was continuity of staff and times of calls. The provider made sure there were enough staff to meet people's needs by making sure they had the right staff, in the right location at the times people wanted. The registered manager told us they sometimes had to decline new requests for care, if they could not be sure they had enough staff to deliver care at the times people wanted.

Care staff told us they learnt about the provider's whistleblowing policy and procedure during their induction and it was explained in their handbook. Care staff told us, "The manager and deputy are always in the office and I can speak to them privately any time" and "I can have a private chat on rota day or ring any time." Staff were confident that any issues they raised would be followed up appropriately by the registered manager. One member of care staff said, "When I told the managers that a new member of staff was not good, they took action and the staff left the job."

All the staff we spoke with told us the provider and management team were available and approachable when they needed them. Staff knew that the whole management team had first-hand experience of working face to face with people and respected their experience. A member of care staff told us, "There is always plenty of back up. The manager and deputy are both hands on.They are so supportive."

Care staff shared the provider's vision and values. Care staff were motivated and supported to deliver a quality service because the management team acted as role models. Care staff told us the management team had an understanding of, and empathy with staff. Care staff said, "Nothing could be improved in managing staff. They are just a great company to work for" and "I enjoy working for them. It is like having another family."

Care staff told us they had all the information they needed. They had regular team meetings, training days and came into the office every week to bring in their timesheets and to collect gloves, aprons and their rota for the following week. A member of care staff told us, "We meet up with the managers on Friday when we collect our rotas. It is an opportunity to have a chat."

The provider used the electronic call monitoring records in their quality assurance checks. When gaps in call logging were identified, the provider analysed the information to look for patterns. Where patterns in missing information were noticed, the provider took action to remind individual

Good

Is the service well-led?

staff of their responsibilities. In the staff team meeting minutes, we saw the reminders had been effective, because the provider thanked staff for the subsequent improvement in call logging.

Care staff told us the management team conducted unannounced checks (spot checks) to make sure they delivered the service as agreed. A member of care staff told us, "They check we are in uniform and are wearing our ID badge and check we are where we should be. They check the home, medicines, the way we deliver care and ask the person if they are happy with their care." We saw records of the unannounced checks were kept on staff's files and referred to during face-to-face supervisions and end of year performance meetings. A member of care staff told us, "We have supervision meetings and they tell us what we have done well and any improvements we can make."

The registered manager told us how they had proactively met the challenge of recruiting staff in the past. Members of the management team, working in conjunction with the local employment office, had spent a morning at the employment centre talking about the care profession with people looking for work. The provider hosted training sessions at their offices for people looking for work. The registered manager told us this had enabled them to identify and recruit people with the skills, behaviours and potential to be care workers.

This year the registered manager planned to attend a meeting hosted by the local authority for domiciliary care agencies, to discuss their shared problems of recruitment and the possibility of a shared recruitment day.

The provider information return (PIR) told us of the provider's plans to improve the quality of the service through investment in staff skills, tools to improve communication and dedicated time to implement an audit programme. At the time of our inspection the plan was in progress, but it was too soon for the provider to have assessed the impact of their improvement plan.