

Shankaraya Ltd

Everycare Hillingdon

Inspection report

Ground Floor, Ferrari House
258 Field End Road
Ruislip
Middlesex
HA4 9UU

Tel: 01895530083

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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

We undertook an announced inspection of Everycare Hillingdon on 4 October 2017. We told the provider 24 hours before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might be not be available to assist with the inspection if they were out visiting people.

The service was last inspected on 5 October 2015 when we found one breach of Regulations in relation to the need for consent. The provider sent us an action plan telling us about improvements they planned to make. At this inspection, we found that the provider had made the necessary improvements.

Everycare Hillingdon provides a range of services to people in their own home including personal care and companionship. Most of the people who used the service were older people, some of whom were living with dementia. At the time of our inspection 47 people were receiving a service in their own homes. All the people using the service were funding their own care and support.

The provider's nominated individual was also the 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 2008 and associated Regulations about how the service is run.

Feedback from people was positive. People said they had regular staff visiting which enabled them to build a rapport and get to know them. People reported that staff were usually on time and where they were running late, they would be notified.

The risks to people's wellbeing and safety had been assessed, and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and the staff were aware of these. Staff knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

There were systems in place to ensure that people received their medicines safely and the staff had received training in the management of medicines.

People's needs were assessed by the provider prior to receiving a service and support plans were developed from these assessments. People had taken part in the planning of their care. People we spoke with said that they were happy with the level of care they were receiving from the service.

People's capacity was assessed prior to receiving a service from Everycare Hillingdon. People signed their care plans and reviews indicating they had consented to their care and support. The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and staff had received training in this.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Care workers received an induction and shadowing period before delivering care and support to people. They received the training and support they needed to care for people.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed.

Staff told us that the manager was approachable and supportive and they encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

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.

The risks to people's safety and wellbeing were assessed and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and staff were aware of these.

There were systems in place to ensure that people received their medicines safely and the staff had received training in the management of medicines.

The service employed enough staff and contingency plans were in place in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

Is the service effective?

Good ●

The service was effective.

The manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and understood its principles. People had consented to their care and support.

Staff received the training and support they needed to care for people.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Is the service caring?

Good ●

The service was caring.

Feedback from people was positive about both the staff and the provider.

People and relatives said the staff were kind, caring and respectful. People received care from regular staff and had

developed a trusting relationship with them.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People said they had regular staff visiting which enabled them to build a rapport and get to know them.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy and procedure in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

Is the service well-led?

Good ●

The service was well-led.

The service obtained regular feedback from people. This provided vital information about the quality of the service provided.

Most people and their relatives found the management team to be approachable and supportive.

There were systems in place to assess and monitor the quality of the service.

Staff told us that the manager was approachable and supportive and they encouraged an open and transparent culture within the service.

Everycare Hillingdon

Detailed findings

Background to this inspection

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

This inspection took place on 4 October 2017 and was announced.

The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews with people who used the service. 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. This included statutory notifications about incidents and events affecting people using the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at the care records of five people who used the service, four staff files and a range of records relating to the management of the service. We spoke with the registered manager who was also the registered provider, the administrator, a senior care staff and two care staff.

Following the inspection, we spoke with eight people who used the service to obtain their views about the service. We also telephoned and obtained feedback from three stakeholders who were involved with the service.

Is the service safe?

Our findings

People told us they felt safe and trusted the staff who supported them. Their comments included, "Very honest and trustworthy people. They know where I keep my money, help themselves when they go to the shop, I always get the receipt and change. They always write it up in the folder", "Nothing has ever happened to make me feel uncomfortable. [Registered manager] is good at picking the right people, there have been a lot of new ones but they are all kind and caring" and "They are all fine. I am quite comfortable with them."

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed.

The provider employed enough staff to meet the needs of the people using the service, and there were contingency plans in place in the event of staff absence. Staff were sent their rosters every week and we saw that all visits were appropriately covered.

People told us they were supported by dedicated staff and had regular staff. Their comments included, "I have the same two carers. I'm sure they know what they are doing, they do a good job and I am satisfied", "I have half a dozen different carers. All helpful and friendly. All different personalities. I like that. We are all on first name terms", "They are patient, not rushing off" and "I try to keep regular ones but it varies, people come and go. I have a hard core now who I know. I'm very satisfied. They stay the full amount of time, I'm not rushed."

Staff supported people with their prescribed medicines. People told us they received their medicines as prescribed. Their comments included, "They bring out the boxes and watch me take my tablets, put my eye drop in then write it in the book. It's all very straightforward. There have never been any problems", "[Registered manager] is very careful about medication. He makes sure that any changes are recorded" and "They put the cream on carefully and gently then fasten the lid and put it away where it belongs. They record it in the file."

We viewed a sample of medicines administration record (MAR) charts which had been completed from January to September 2017 and saw that these had been signed appropriately by staff and there were no gaps in signatures. Staff were clear about only administering medicines that were recorded on the MAR charts. These were supplied by the local pharmacy and included the person's name, date of birth, GP details and allergy status. Medicines were clearly listed and included their strength, quantity and frequency, so staff had the information they required when administering medicines.

Medicines risk assessments were in place and were reviewed to ensure they were accurate. We saw training records showing that all staff had received training in medicines management and that they received yearly refresher training in this. The registered manager carried out regular medicines audits and records

confirmed that these were thorough and regular. Any discrepancies were investigated and addressed with the relevant staff member. This meant people were protected from the risk of not receiving their medicines as prescribed.

Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. One staff member told us, "If I was concerned about any abuse, I would report it straight away. I reported an issue once and it was dealt with straight away." The service had a safeguarding policy and procedure in place and these were displayed on the notice board. Staff told us they were familiar with and had access to the whistleblowing policy. This indicated that the service had taken appropriate steps to protect people from the risk of abuse.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns or trends identified to support people's safety and wellbeing. There had not been any safeguarding alerts in the last year.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. These included risks to general health, mobility and personal safety, mental health and the person's ability to complete tasks related to everyday living such as personal care, medicines and communication. Each assessment identified the risk indicator and an action plan to minimise the risk. For example, where a person had been identified at risk of falls because of their visual impairment, staff were reminded to encourage the person to wear their glasses.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals as needed. A staff member told us, "I went to a visit and found the person on the floor. I phoned the on call number and called the ambulance." When asked if there was always someone on call, they replied, "Always, 24 hours a day. [Registered manager] is always on call."

Incidents and accidents were categorised, recorded and analysed by the registered manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. For example, where a person using the service had a fall and had sustained an injury, we saw written evidence that staff had acted promptly and appropriately, administering first aid and calling an ambulance.

Is the service effective?

Our findings

At our last inspection of 5 October 2015, we found that the provider had not acted in accordance with the Mental Capacity Act 2005 (MCA). At this inspection, we found that improvements had been made.

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

The registered manager told us that people using the service had their capacity assessed prior to receiving a service from Everycare Hillingdon and this was reviewed regularly. 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. We checked whether the service was working within the principles of the MCA. At the time of our inspection, nobody was being deprived of their liberty unlawfully. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support and had signed their care records to indicate this. This included medicines, finances and safety.

We saw in one person's care records that they had a DNAR (Do Not Attempt Resuscitation) in place. This document meant that it had been considered in the person's best interest that if they stopped breathing, staff should not attempt to resuscitate them. The document had been signed by the relevant healthcare professionals and the person's next of kin who was a relative. There was evidence that the relative had obtained a Lasting Power of Attorney (LPA) for health and welfare matters. A LPA legally enables a relative to make decisions in the person's best interest as well as sign documents such as the care plan on their family member's behalf. This meant that people were appropriately supported when decisions about their care were made.

Staff had a received training about the principles of the MCA and demonstrated a basic knowledge of this. One staff member told us, "I would speak with the manager if I thought someone's capacity was declining." However, they told us they encouraged people to remain as independent as they could be. People confirmed that staff gave them the chance to make daily choices. Their comments included, "They don't boss me about. I tell them and they do exactly what I ask them", "I am in control. I have my routine and I tell them what to do", "I direct them. I am going out this afternoon and I have written down some places I want to go" and "They ask, they don't order me about."

People told us the staff met their care needs in a competent manner. Their comments included, "Yes, they are competent. My regular one is very competent", "My carer knows exactly what to do. For example she tells me what the day is as soon as she comes in because she knows I forget when I need my hair washing. It amazes me she remembers because she has dozens of others to see" and "They know what they're doing and do a good job. New ones come out with a more experienced person and shadow them as part of their

training. I know they do some courses because they tell me."

People were supported by staff who had the appropriate skills and experience. People's comments included, "They are very good and well trained" and "They know what they are doing. I am very happy with them." A healthcare professional thought the staff were well trained and said, "The carers are excellent. They are good and conscientious."

All staff we spoke with were subject to an induction process that consisted of an introduction into the service, including policies and procedures and training, followed by shadowing and observing the care provided by a more experienced member of staff. The staff we spoke with confirmed the induction process gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Comments included, "We are very well trained. The training is good and thorough", "Training was fine. I had a lot of shadowing before I started" and "We do on-line training and classroom based training. We use equipment for moving and handling. Staff can do as much shadowing as they need."

Staff were supported to complete the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Staff received training in topics the provider had identified as mandatory. These included health and safety, infection control and food hygiene, medicines management, safeguarding and the Mental Capacity Act 2005 (MCA). They also undertook training specific to the needs of the people who used the service which included dementia awareness. Records showed that staff training was up to date and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver the care to the expected standard.

During the inspection we spoke with members of staff and looked at files to assess how they were supported within their roles. Staff told us and we saw evidence that they received regular supervision from their line manager. One staff member told us, "I get regular supervision and appraisal. It's helpful because you know if you're doing a good job." Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs.

The senior staff undertook out regular spot checks in people's homes. These included how the staff interacted with people, if they followed people's care plans, medicines administration and recording. Any concerns or training needs were identified, and comments and actions were recorded. These were then discussed with individuals during their supervision meetings. This indicated that people who used the service were being cared for by staff who were suitably supervised and appraised.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, as an important aspect of their daily life. The registered manager told us that people were supported by their family members for their main meals, and the staff only needed to warm up pre-prepared meals or prepare basic snacks for them. People told us they were happy with the support they received. One person said, "I choose what I want them to make and my coffee is how I like it, and my meal is always hot and nicely presented." People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plans.

Records showed that the service worked effectively with other health and social care services to ensure

people's needs were met. Staff told us they communicated regularly with the registered manager and would report anything of concern. This would prompt a review of the person's care needs and a referral to the relevant professional if needed. For example, when staff noticed a red area on a person's skin, we saw that a body map was completed, dated and signed and the district nursing team was alerted and were visiting the person regularly.

Is the service caring?

Our findings

People were complimentary about the care and support they received and said that staff treated them with consideration and respect. Comments included, "I am very happy and completely satisfied, otherwise I'd stop", "They are kind and caring. Everything you could wish for in a carer", "Everything goes very smoothly and I would recommend them", "The carers are very good. They're very friendly and helpful and will go beyond their duties", "They're very good, friendly and chatty. They're very considerate and do extra jobs. I look forward to them coming", "I am completely pleased with everything they do for me. They are worth every penny" and "They're very nice, always bright eyed and bushy tailed." A stakeholder echoed this and said, "They are very nice, very conscientious and very caring. Second to none."

When asked if they were treated with dignity and had their privacy respected, people commented, "It's all done smoothly. I feel comfortable. There are no problems", "They call upstairs and ask if I'm dressed. They wait until I am ready", "They draw the blinds before I get undressed" and "They are very professional." A healthcare professional echoed this and said, "They are very nice, very caring and kind to people. One person was very apprehensive to begin with, but having continuity for her is everything. She is happy with the carers, and they have made a difference to her well being."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and diverse needs. Their comments included, "Most of the time, I have my regular people. I love it" and "I love my work and caring for people. I put so much into it and I get so much back." A senior staff member told us, "We aim to keep our service users happy."

People's cultural and spiritual needs were respected. We were told and records confirmed that staff asked people who used the service if they required anything in particular with regards to their faith and cultural beliefs. Comments recorded in people's care plans included, "I am Roman Catholic and practising. My faith is important to me" and "I am Christian."

There was a section in each person's care plan entitled 'How you will treat and value me in a respectful and person-centred way'. Comments we saw included, 'By following my wishes in the care plan, by obtaining my consent, asking me what I would like help with, getting to know me as an individual and learning my likes and dislikes'.

We saw that care plans contained relevant and detailed information to identify what the care needs were for each person and how to meet them. The information was concise, relevant and person-specific, and had been signed by people who used the service or, where appropriate, their representatives.

Care notes were recorded after each visit. These included information about the person's daily routine, activities, the person's wellbeing, personal care, food intake and any events or appointments. We saw these records were written in a clear and respectful way and included details of people's wellbeing and social interactions. For example, 'Had a lovely chat about [person's relative]', 'Made coffee and had a nice chat about [relative] and the reason for our visits' and '[Person] is very well and chatty'.

We saw a number of compliments received which indicated that people and their relatives were happy with the care they received. Comments included, "Thank you so much for all you did for my [family member]. I certainly would recommend you guys", "Your carers are excellent and part of the family already", "I would like to thank you and your team for all the wonderful care provided for my [family member]" and "I would always be happy to recommend your services to anyone."

Is the service responsive?

Our findings

People told us that staff generally arrived on time. Comments included, "They're not bad with times, sometimes a bit late due to traffic or if something happens before but not unacceptably so. They always ring if they are late", "They're reliable. Some a little late but others dead on time", "Yes, they're on time usually. If they're held up they let me know", "Yes they are usually on time, if late only by 10 or 15 minutes at the most which is acceptable" and "They're generally on time."

People's care and support needs had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing their needs. People told us they were consulted before they started receiving care and support and they had felt listened to. Assessments included background information which helped the service to understand each person and their individual needs. The healthcare professionals we contacted said that the staff team provided a service which met people's individual needs and they had no concerns.

Care plans were comprehensive and contained detailed information about the care needs of each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. For example, "Talk to me about things that interest me such as my past. I enjoy talking about current affairs" and "Prompt me to take my medication and ensure I am wearing my Telecare pendant before leaving." People we spoke with told us they were involved in making decisions and in the care planning process and had access to their care plans. One person told us, "The supervisor went through the care plan with me" and another said, "They write in the file every day. Sometimes the senior comes and asks me lots of questions, then takes it away and brings a new one." We saw in the records we viewed that these had been signed by people, which indicated that they had understood and agreed what had been recorded.

The registered manager told us that care plans and risk assessments were reviewed regularly, and as and when people's needs changed. One staff member told us, "I noticed someone was not eating and needed more care. I discussed it with the manager and the care was increased." We saw evidence that the person's care plan had been updated to reflect their current needs. This indicated that the service was responsive to people's needs. A healthcare professional told us that the service was responsive to people's individual needs and said, "The staff are very good at alerting us and reporting any concerns. They're very accurate."

The service had a complaints procedure in place and this was available to people who used the service. A record was kept of complaints received. Each record included the nature of the complaint, action taken and the outcome. Where complaints had been received, we saw that they had been investigated and the complainants responded to in line with the complaints procedure. People told us they knew who to complain to if they had a concern and felt confident about raising any issues. Their comments included, "I would ring [Registered manager]. His number is on the front of the book so you can get him direct", "I would speak to [Registered manager] I've met him many times. He comes out to check everything's ok" and "[Registered manager] is a kind and caring person. If there is a problem, he will go out and handle it himself."

Is the service well-led?

Our findings

People were complimentary about the registered manager and the senior team and told us they thought the service was well run. All the people we spoke with told us that the registered manager was visible and accessible to them through telephone contact and visits. People said they found the registered manager friendly and approachable and thought they kept a close eye on the day to day running of the service.

We asked care staff and office staff if they felt supported by their manager. Their comments included, "[Registered manager] is the most helpful person I have ever known. Very fair. He understands", "When I started, every time I was stuck, I used to call [Registered manager]. He always gave me good advice", "The manager is very good. Strict but they have to be."

The registered manager undertook regular audits. It was clear from the evidence gathered during our inspection that the audits were thorough and identified issues. Audits included accidents and incidents, complaints, medicines, care notes, spot check audits, documents and policies and procedures. Where issues were identified, an action plan was completed with timescale, date of completion and signature of the registered manager. Individual concerns were discussed with staff during their supervision meetings, and during team meetings. We saw evidence of this in the documents we reviewed. This indicated that the registered manager took appropriate action to address concerns and make improvements.

At the time of our inspection, there was a registered manager in post who had suitable experience in health and social care. They also held a qualification in management. They attended regular meetings organised by the local authority and kept abreast of development within the social care sector by attending registered managers forums organised by 'Skills for Care' and accessing relevant websites such as that of the Care Quality Commission (CQC).

The registered manager was also the registered provider. They were a member of the United Kingdom Homecare Association (UKHCA) and could access up to date information from them to help improve practice. The agency had won the award for the 'Top 10 rated homecare agencies' for the whole of London for three years running. We saw the certificates they had received displayed in the office.

Care staff and office staff informed us they had regular meetings and records confirmed this. The items discussed included people's care needs, rota, safeguarding, staffing, audits, care plans and professional conduct. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. One staff member told us, "Every Monday, we have a handover meeting to discuss everything that has happened over the weekend, or any concerns. Then [Registered manager] deals with it. Something is always done."

The senior staff undertook regular unannounced spot checks on the care staff to observe timekeeping, attitude and professional behaviour, ability to carry out tasks according to the care plan and level of care delivered to people. Where concerns were identified, these were addressed with individual staff through supervision meetings. We viewed a sample of spot check records and saw that staff were professional and

caring. Comments written included, "Very professional and helpful" and "Very caring carer."

We saw evidence that regular emails were sent to staff to remind them where improvements were needed. For example, we saw a reminder about wearing the appropriate footwear, using only black pens, and circulating a medicines policy for staff to read and sign.

People were consulted about the care they received through quality assurance visits and telephone monitoring. People could not recall if they had received a satisfaction questionnaire but said the registered manager checked with them in person if all was ok. Their comments included, "[Registered manager] has been out to see me to ask how things are and if everybody is doing what they should do. He seems conscientious and helpful. He is at the end of a phone if I need him", "I see [registered manager] quite regularly. He asks the same sort of questions that you are" and "[Registered manager] or one of the supervisors visit regularly and ask me if I am satisfied." An office staff member told us, "I also carry out telephone surveys every three months. Action is taken if someone isn't happy or needs additional support. This is discussed with the manager and action is taken."

A welcome pack was given to people receiving care and support from the agency. This included information about the service, service delivery and staff organisation. Each person was given a service agreement which included a complaints procedure and the contact details of the registered manager, and the company's statement of purpose. This meant that people had the information they needed about the service being offered and how to raise any concerns they might have.