

Everycare (MK & Beds) Limited







Everycare Bedford

Inspection report

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Date of inspection visit: 18, 21 & 22 September 2015
Date of publication: 19/11/2015

Ratings

Overall rating for this service	Requires improvement 
Is the service safe?	Requires improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires improvement 

Overall summary

The inspection was announced and took place on the 18, 21 & 22 September 2015.

Everycare Bedford provides personal care and enablement support to people in their own homes. At the time of our inspection 24 people were receiving personal care and support from the service.

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.

The service's quality assurance systems in place to monitor the quality of the service and to drive continuous improvements were ineffective. People's Medicine Administration Record (MAR) sheets were not appropriately maintained and there were inconsistencies in the recording practice.

Summary of findings

You can see what action we told the provider to take at the back of the full version of the report.

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. There were safe recruitment practices followed to ensure suitable staff were employed.

Staff received appropriate training to support people with their care needs. People were matched with staff who were aware of their care needs.

People were supported by staff to access food and drink of their choice. If required, 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 received care that was appropriate to meet their assessed needs.

The service had a complaints procedure, which enabled people to raise complaints.

There was a culture of openness and inclusion at the service.

The senior staff team at the service demonstrated positive management and leadership skills.

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 not always safe

People's medicine records were not maintained appropriately.

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

People had risk management plans in place to ensure their freedom and choice was not unnecessarily restricted.

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

Requires improvement



Is the service effective?

The service was effective

Staff had been appropriately trained to carry out their roles and responsibilities.

The service acted in line with the Mental Capacity Act 2005 legislation and guidance.

People were supported to eat and drink and to maintain a balanced diet.

If required, people had access to health care facilities.

Good



Is the service caring?

The service was caring

People had developed positive and caring relationships with staff.

Staff supported people to express their views.

People's privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive

People received personalised care that met their needs.

People were provided with information on how to raise a complaint.

Good



Is the service well-led?

The service was not always well-led

The service's quality assurance and complaints monitoring systems were not effective.

The culture at the service was open and inclusive.

There was an open, empowering and inclusive culture at the service.

Requires improvement



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 18, 21 & 22 September 2015 and was announced. The branch manager and provider were given 48 hours' notice of the inspection. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. On the day of our inspection the registered manager was on annual leave. Therefore, the branch manager and provider facilitated the inspection.

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 use this type of care service.

Before the inspection 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. We also contacted the local authority who has a quality monitoring and commissioning role with the service; and checked the information we held about the service.

During our inspection we undertook telephone calls to six people who used the service and seven relatives. We spoke with five care workers, the branch manager and the provider. We also visited two people in their homes to observe how care was delivered and had face to face conversations with the two family members who were present at the time of our visits

We reviewed the care records of five people who used the service, five staff files, eleven medication administration record sheets and other records relating to the management of the service.

Is the service safe?

Our findings

People told us staff supported them with their medicines; and they received their medicines at the prescribed times. Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. The provider was able to evidence that staff had been provided with safe handling, recording and administration of medicine training.

We looked at a sample of Medication Administration Record (MAR) sheets and found that only one of the eleven MAR sheets we examined had been completed appropriately. There were inconsistencies in the recording practice. For example, some entries recorded were written over, which made them illegible. The appropriate code on the MAR sheets to indicate why medicines had not been administered, were not always used. Although people told us they received their medicines at the prescribed times, we found unexplained gaps on some MAR sheets. Therefore, we could not be certain that people had received their medicines as prescribed. We also found an entry recorded on a particular person's MAR sheet for ear drops had been duplicated and was not clear. For example, one entry stated that the drops should be instilled in both ears. Another entry stated that the drops should be instilled in the left ear. There was no evidence that the service had a system in place to ensure that handwritten entries on the (MAR) sheets were countersigned by a second staff member to minimise the risk of error when transcribing.

Inconsistencies found with the recording and administration of medicines demonstrated that people's medicines might not be managed safely.

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

People told us they felt safe when the care workers visited them and they had never experienced any discrimination from staff. People also said if they had any concerns about their safety they would contact the office. A relative commented and said, "My [named call] has a key safe and the staff let themselves in when I am not here. They always make sure she is safe and the door is locked securely."

Staff told us they had undertaken safeguarding training. They were able to describe the different types of abuse; and the procedure to follow if they witnessed or suspected an incident of abuse. One staff member commented and

said, "If I witness or suspect an incident of abuse I would report it to the manager." Another staff member said, "We have been given cards with the telephone numbers of the various agencies that deal with safeguarding concerns. I have never had to report a safeguarding incident but would not hesitate to do so if I had to."

The branch manager and provider told us that staff knowledge on safeguarding was regularly updated and their competencies were regularly assessed. They also told us that safeguarding was regularly discussed with staff during supervision; and that the outcome of safeguarding investigations was discussed with the staff team. This was to ensure lessons were learnt and measures were put in place to minimise the risk of recurrence. We saw evidence to demonstrate that staff had been provided with updated safeguarding training. We also saw information on how to report safeguarding incidents and who to contact in the event of suspected abuse was displayed on a notice board in the office.

People and their relatives told us they had been involved with the development of the risk management plans that had been put in place to protect and promote their safety. One person said, "The staff follow my risk management plan when transferring me from the bed to the chair. They are very careful when hoisting me and always check to make sure the straps are securely fastened." Staff 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 visited two people in their homes and observed staff using the hoist. We found that their techniques were safe and they provided clear explanations to people, which enabled them to understand what was happening.

We found that staff provided reablement support to some people on their discharge from hospital. Therefore, information relating to people's safety was sometimes shared with other professionals such as, the occupational therapist. This ensured if needed people would receive the appropriate equipment, aids and adaptation to promote their safety and maintain their independence.

Staff were aware of people's identified risks and the measures which had been put in place to reduce the risk of harm and to enable people to maintain their

Is the service safe?

independence. For example, a staff member was able to describe how they supported an individual who wished to continue self-medicating. A special device had been obtained which activated a sound to remind the individual to take their medicines. We found the risk assessments within the care plans we looked at were personalised. They included information on what actions staff should take to promote people's safety and independence; and were regularly reviewed to ensure they were current.

The branch manager told us that the service was not responsible for servicing people's equipment such as hoists and wheelchairs; however, it was staff responsibility to ensure they were checked before being used and any identified defects reported to promote safety. We saw evidence that staff had been trained in moving and handling to promote people's safety.

People and staff told us they were aware of how to contact the service in the event of an emergency, or out of office hours. The branch manager told us a senior staff member was always on call. The out of hours' telephone number was the same as the day telephone number. This eliminated the risk of people not remembering the emergency telephone number. We found that calls were diverted to the on call phone. The telephone system had been set up to ensure if the line was engaged the call would be diverted to the second on call phone; and reduced the risk of emergency calls not being dealt with in a timely manner.

People told us there were sufficient numbers of suitable staff to care for them and to meet their needs. All the people we spoke with said staff stayed for the allocated time and there were no missed calls. Staff confirmed that the staffing numbers were adequate. They told us they worked to an eight week rota, which was flexible, and they were provided with traveling time. Five staff members were rostered in the morning to look after people. The numbers were reduced in the afternoon to three staff. We found the rota was adequately covered and reflected the agreed staffing numbers. The provider told us that an electronic scheduling tool was used to assess if the staffing numbers available were sufficient and to ensure all calls were covered.

Staff were able to describe the service's recruitment practice. They told us before employment was commenced; they had to complete an application form and attend two interviews, as well as provide two references, one of which was from their previous employer. They also had to provide proof of identity and a Disclosure and Barring Service (DBS) certificate. The provider told us if staff did not provide the required documentation the computer system would not generate a start date. We saw evidence in the staff files we examined that the appropriate documentation had been obtained.

Is the service effective?

Our findings

People told us staff were sufficiently skilled and knowledgeable to meet their assessed needs. One person said, “The carers seem to know what they are doing and are trained.” A relative commented and said, “There is very good communication between the carers and my family member.” Staff told us they had been provided with all the required training to enable them to perform their responsibilities and some staff were working towards achieving a recognised care qualification. Staff also said that the training they received enabled them to carry out their responsibilities effectively. The branch manager and the provider told us that training for staff was provided in-house. They also told us that staff were able to access e-learning and specialist training such as, Percutaneous Endoscopic Gastrostomy (PEG) feeding. (PEG allows nutrition, fluids and medicines to be put directly into the stomach, bypassing the mouth and oesophagus.)

People told us they were appropriately matched with staff who were aware of their needs. Staff told us they were aware of the needs of the people they were supporting. They also told us when a new care package was allocated, the senior carer provided them with information about the individual; and made them aware of how their care needs should be met. Staff said they were reminded to read the care plan. One staff member said, “We have regular discussions daily about the clients to ensure we work with them in the same manner.” When we visited the two people who used the service in their homes; we observed staff read the care plans. We found staff had a good understanding of their needs and were able to communicate with them.

The branch manager told us that staff undertook four-day induction training. This ensured they acquired the appropriate skills to meet people’s individual needs. At the end of the induction staff competencies on the subjects covered were assessed. They were then allocated to an experienced staff member to be mentored, until they felt confident to work alone. During the shadowing period spot checks on the staff member’s performance was undertaken to ensure they were working in line with best practice guidelines.

Staff told us they had received training on a variety of subjects, which included safeguarding, 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 found there was a system in place to monitor the training staff had undertaken; and staff essential training was up to date.

Staff told us they received regular supervision. This was confirmed by the branch manager who said that each staff member received three monthly face to face supervision, three monthly spot checks and a yearly appraisal. We saw evidence in the files examined that staff had been provided with regular supervision. Their practice was monitored three-monthly to ensure care was delivered appropriately.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This was to ensure that people who could not make decisions for themselves were protected. Staff had a good understanding of MCA 2005 and DoLS and how it worked in practice. The branch manager said that at the time of our inspection no one using the service was being deprived of their liberty unlawfully. Staff told us they always asked people for their consent before assisting them with personal care. They also said that people signed consent forms to be supported with their care needs. In the files we looked at we saw agreement forms had been signed.

The branch manager and staff told us that people were supported with food and drink of their choice. Main meals consisted of microwave ready meals that required little preparation other than heating through. We found that some people were supported by staff to prepare cooked meals as part of their rehabilitation to enable them to establish their daily living skills. Staff told us people were left adequate amount of fluids and snacks to enable them to have sufficient amounts to eat and drink throughout the day. They also told us if people had special dietary needs they would be supported to ensure they were met.

The branch 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 there were systems in place for staff to obtain nutritional and dietary advice to support people if required.

Is the service effective?

Staff told us that people had access to healthcare services to maintain good health. They also told that people's care plans included details of their GP. Therefore, if they had a concern about a person's well-being they would be able to contact their GP. In addition we saw evidence which

indicated staff provided support to people to access the services of various healthcare professionals such as, the continence advisor, chiropodist, occupational therapist and the physiotherapist. If required staff would accompany people to hospital appointments.

Is the service caring?

Our findings

People told us they had developed caring and positive relationships with staff. They also said that the staff were caring. Relatives also confirmed that staff were caring.

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. When we visited people in their homes, we observed staff supported them in a kind and patient manner. They asked people how they liked things to be done. People looked at ease in the company of staff and seemed to trust them.

People told us they were supported to express their views and be involved in making decisions about their care and support. One person said, "I tell the staff what I need help with." A relative commented and said, "The staff listen to you and work hand in hand with us. You can't fault them. They are caring". Staff told us the support provided to people was based on their individual needs. We observed staff providing people with choices. For example, people were able to choose what they wished to eat and staff complied with their requests. The branch manager confirmed that people's views were acted on. She said, "If a person makes a request for a change to their care package we comply." An example given was a person's condition had improved and they had become more independent. As a result they requested for their care package to be reduced.

People told us that the staff provided them with information and explanations as and when needed. One person said, "The staff always provide you with the

information you need." Family members echoed the same comments. One family member said, "The office staff are very good and would do their best to provide you with any information you need."

The branch 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. We were told there was no one currently using the services of an advocate on the day of our inspection.

The branch manager told us that the service had a confidentiality policy. A copy of the policy was issued to all staff and they were expected to read and sign it to confirm they understood the contents 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 addressed by their preferred named. We visited people in their homes and heard staff addressing them by their preferred name. Staff were heard seeking people's permission to share information about them. This showed staff respected people's privacy and dignity. Staff also told us when assisting people with personal care they ensured they were not exposed and curtains were drawn to promote their privacy. We observed when staff assisted people with personal care they ensured it was carried out in a dignified manner.

Is the service responsive?

Our findings

People told us the care they received met their needs. They also said they were involved in their care assessment and the development of their care plans and how they wished to be supported. Relatives also confirmed that they had been involved in their family members' care plans.

The branch manager told us before people received care and support they and their family members were visited by the senior carer who would assess their needs and develop the care plan with their involvement. The care plan was discussed with staff to ensure they were aware of people's specific needs and goals and how they wished to be supported.

Staff told us that people's care plans provided detailed information on how they wished to be supported with their care needs. We found the care plans were detailed, personalised and reflected people's specific needs. They included information on their preferences and diverse needs.

Staff told us people's care needs were kept under regular review and their care plans were updated to reflect the changes. The branch manager told us that staff were very good at reporting if a person's care needs had changed. For

example, a re-assessment of their care needs would be carried out, which involved their social worker. We were also told people's care needs were being revised from yearly to six-monthly. This was to ensure there would be no delay in providing people with the care and support they needed.

We found some people were being supported to re-establish their social calls to avoid them from becoming isolated. For example, as part of their rehabilitation staff accompanied them on shopping trips, visits to local garden centres or for a coffee. Where people attended day centres; staff visited them earlier to accommodate their attendance. If needed staff supported some people to maintain friendship with other people who shared the same interests as them.

People told us they knew how to make a complaint. Those spoken with said they had never had the need to make one. The branch manager and the provider told us that the service had a complaints policy and people were issued with a copy of the policy when they started to use the service. They also told us that lessons were learnt from complaints and they were used to improve on the quality of the care provided. We found complaints were recorded electronically.

Is the service well-led?

Our findings

The branch manager told us there were systems in place to check the quality of the care provided. Audits relating to medication administration record (MAR) sheets and daily record sheets were regularly undertaken. We found medication audits identified that improvements were needed; however, action plans had not been developed to demonstrate how areas requiring attention would be addressed.

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

People and their relatives told us that the culture at the service was positive, open, inclusive and empowering. They also told us that they had been asked to complete questionnaires to comment on the care provided. One person said, "I would give the service nine out of ten. The management and staff are very good."

Staff told us the management team ensured that the culture at service was open and transparent. They also told us that the registered manager was approachable and supportive and acted on suggestions made. We saw 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, staff working schedules had been revised.

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 they would be protected and supported by the management team to ensure there would not be any repercussions on them or the people who used the service.

Staff told us when mistakes occurred there were honesty and transparency from staff as well as the management team. They also told us that the management team provided feedback in a constructive and motivating way. If required additional training was provided to minimise the risk of future errors occurring.

Staff told us that good management and leadership was visible at the service. They 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.

The branch manager and provider told us that an incentive scheme was 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. This ensured that staff commitment was recognised.

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This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People's medication administration record sheets were not appropriately maintained. There were unexplained gaps and inconsistencies in the recording practice.

Regulation 12 (2)(g)

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service's quality assurance systems in place to monitor the quality of the service and to drive continuous improvements were not effective. There were no action plans developed from medication audits undertaken to demonstrate how areas requiring improvements would be met.

Regulation 17 (2) (a)