Cura Muneris Limited

Everycare Midsussex

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 2 and 5 October 2018. This was an announced inspection as Everycare Midsussex is a Domiciliary Care Agency (DCA) and we needed to be sure someone would be at the office. A DCA is a provision that offers specific hours of care and support to a person in their own home. The service currently supported 79 people with the regulated activity of personal care.

At our last inspection we rated the service good. The key question for well-led was requires improvement. The provider was required to review how they monitored and analysed information around accidents and incidents, to determine any trends or concerns, to create learning and to make changes or improvements to the service. At this inspection we found sufficient improvements had been made. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was 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 were protected from harm. Staff received training and understood how to recognise signs of abuse and who to report this to. Staffing levels were sufficient to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk, staff had access to assessments and understood the actions needed to minimise harm. The service was responsive when things went wrong, were open and reviewed practices and had a robust system in place to manage incidents. Medicines were administered and managed safely by trained and competent staff. The registered manager carried out monthly audits of Medicine Administration Records (MAR).

People and their relatives had been involved in assessments of care needs and had their choices and wishes respected, including access to healthcare when required. The service worked well with professionals such as nurses, doctors and social workers. People were supported to have maximum choice and control of their lives and the policies and systems in the service together with staff understanding, supported this practice. The registered manager actively sought to work in partnership with other organisations to improve and nurture positive outcomes for people. Care and support was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. Staff felt supported by the registered manager.

People and their relatives described the staff as caring, kind, and compassionate. People could express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected and staff understood their responsibilities in relation to this.

People had their care needs met by staff who were knowledgeable about their individual preferences. The service had an effective complaints process and people were aware of it and knew how to make a complaint. People and their relatives told us they felt confident their concerns would be addressed. The service actively encouraged feedback from people.

The service had an open and positive culture. Leadership was visible in the service and promoted inclusion. Staff spoke positively about the management team and felt supported by them. There were quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and those responsible kept things up to date.

Further information is in the detailed findings below.

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 remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service has improved to good.	**Good**

Everycare Midsussex

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 checked 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 the 2 and 5 October 2018. One adult social care inspector carried out the inspection with the assistance of an expert by experience, who spoke with people that used the service or their relatives on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The first day was allocated to completing telephone interviews with people who use the service and relatives. The second day was based on site and consisted of looking at all paperwork for the service.

Before the inspection we reviewed all the information we held about the service. This included notifications they had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before our visit we sent out surveys to 50 people who use the service, 50 relatives, 47 care staff and three community professionals. Their feedback was used to inform the planning of our visit.

During the inspection we spoke with eight people who are supported by the DCA and three relatives by telephone. During our site visit, we spoke with two care support workers, one care coordinator, the care manager, the registered manager and the provider.

We reviewed five people's care files, five medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at five staff files, the recruitment process, complaints, training and supervision records.

Good

Is the service safe?

Our findings

Staff were able to describe the protocol for reporting and acting on potential abuse. The procedure was available for senior staff to see within the office and discussed frequently within supervisions and team meetings. We were told by staff that they would "always report abuse" if they had concerns. Staff training in safeguarding was kept up to date and refreshed frequently.

People told us they felt safe. One person said, "I feel 100% safe because I trust them [care workers]. They are like Angels and I have absolutely no worries. They are well-trained and they are very consistent. I went downhill in hospital and they [hospital staff] brought care workers from Everycare to see if I liked them. I have not looked back, they are fantastic."

The service continued to protect people from risks where possible. Staff assessed and documented how to manage these within risk assessments and care plans. Risk assessments sought to minimise the risk whilst allowing people to maintain independence within their own homes. For example, if people were identified to be at risk of falls, staff identified what may heighten the probability of the risk occurring, and suggested ways to reduce this. Staff were able to describe what action they would take if a risk occurred. For example, we asked staff what they would do if a person fell whilst they were visiting on a call. We were told they would ask the person if they had sustained any injuries, if they could see any visible injuries, and then contact the next of kin and seek medical assistance. Incident and accidents were documented and monitored. Systems were in place for trends to be noted, which would then alert the manager to complete written guidance to prevent the likelihood of similar incidents.

There were suitable numbers of staff to meet people's needs. The scheduling of calls by the provider meant that staff had sufficient travelling time and this has helped to minimise late calls. There was a skill mix which meant people's varied needs were met by a staff team who were knowledgeable and able to deliver care safely. A rolling recruitment drive was also in place, to ensure that the correct staff were recruited and employed to support people.

There were robust recruitment procedures to ensure that the provider was doing all that was necessary to keep people safe, when employing staff. All appropriate recruitment checks had been completed to ensure fit and proper staff were employed. These included a criminal record check (DBS), checks of qualifications, identity and references. A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people.

People continued to receive support with their medicines from well trained and assessed staff. Medicine support was evidenced and signed off on an electronic MAR (medication administration record) sheet. Observations of staff administering medicines were completed annually to ensure staff remained competent to complete this task. Where people did not require support with their medicines, staff did not assist. However, if concerns were identified about people's ability to safely self-administer, this was then raised with the registered manager, and the relevant discussions were had to ensure people remained safe. The registered manager completed monthly audits on all medicines staff were involved in administering to

ensure no errors had occurred.

Infection control measures were in place with staff trained in effective hand washing and identifying risks of cross contamination. Staff told us they were provided with personal protective equipment such as gloves, aprons and hand sanitizer.

Good

Is the service effective?

Our findings

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

The service had met the requirements of the MCA. Assessments had been carried out for people to determine their capacity to make certain decisions. Following this the service had held best interest decision meetings which involved the person, family members and medical professionals. The service had clear documentation for the assessment and planning for those who lack capacity to ensure people's rights were protected.

Staff had received MCA training and were able to tell us the key principles and how this applied to their daily work with people. One person told us, "They [care manager and registered manager] come to the house to discuss my care and are very nice." People had consented to their care and a signed copy of their care plan was available in their home file.

The service had a detailed induction for all new staff to follow which included shadowing more experienced staff and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Staff told us they received training, refreshers and support to carry out their role effectively. This included training associated with peoples specific and diverse needs such as catheter care, falls prevention and dementia. The service employed a trainer and had a training area with a bed and equipment so that staff could learn and practice.

Records and discussions with staff showed that staff continued to receive supervision, competency observations and appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. Individual assessments showed peoples food and drink preferences. Many people were supported by staff to eat and drink within their visits and records were detailed regarding food and drinks.

People were supported to receive health care services when they needed them. All records seen showed medical or specialist input. Care plans and records showed that plans from professionals were being followed. Staff told us they have a good relationship with medical professionals and are confident to request visits for people when needed.

The service made certain people were cared for in line with the Equality Diversity and Human Rights Act (EDHR). People were provided care and support that ensured they were not discriminated against. For

example, people with protected characteristics such as a physical disability had plans to ensure they were supported appropriately. This meant that equipment to maintain their safety and allow them to receive effective care was in place and used according to need. The service further ensured staff needs were met in line with EDHR.

Good

Is the service caring?

Our findings

People were involved with the development of their care plans. Where this was not possible the person would choose an appropriate person to support them, for example a family member. Information on how people wished to be supported, their likes, dislikes and information that could enable general communication was sought. One relative told us, "My mother has a care plan which is reviewed regularly. They [care workers] are aware of all her likes and dislikes. They had a review six months ago and we agreed on three amendments."

People we spoke with reported that the staff were, "Very polite and respectful." The service ensured that people were visited by a consistent staff team, who had been selected based on their knowledge of the person's needs. In addition, as far as possible, staff were paired based on their general likes and dislikes. This would allow them to develop a relationship with people, and talk to them rather than being task focused. One person told us, "I am very satisfied with care. They [care workers] are always on time. They wash me, help me get out of bed, give me breakfast. The care is Super. They write everything about me in my big book. I am a bit wobbly but have a frame to keep my balance. I would always want a female carer and this is given. I am delighted with my Carers."

One relative told us, "I have only objected to one carer who I did not like and they [registered manager] removed her at once." The registered manager told us that when a person did not build a relationship with a member of staff, this would be resolved in the most applicable way. Where required, a new member of staff would be introduced. However, where possible all attempts would be made to resolve issues prior to changing staff.

People told us that staff respected their privacy and dignity when they attended to them. One person told us, "They are very nice and always treat me with dignity and respect by asking about my choices. Everything is recorded in my book." Staff were able to clearly describe how they maintained this. They told us they addressed people how they wished and always took note of what people wanted. People told us that staff respected their privacy when they attended their homes.

People were encouraged to be independent and individuality respected. The registered manager told us it was important to help keep people in their own homes and to work with people rather than do everything for them. A person told us that they had been supported by staff to regain their abilities and as a result, had been able to reduce their service and be more independent.

Confidentiality was promoted within the service. Staff ensured they did not speak about people in front of others, including families where possible. We found team meeting minutes reflected this as a regular discussion point. Records were maintained securely in the office and on the IT system operated by the service. The service used an IT system that ensured information was only available to staff that needed access to it. Further paper copies of documents were made available on request.

Good

Is the service responsive?

Our findings

People continued to have their needs assessed prior to support being offered to them. This involved family members at the request of people, or when the service required additional information the person was unable to provide. The senior management team would then use this information to develop a care plan and risk assessments.

Care plans remained individualised. They contained information such as the person's history, how they liked things done and how they communicated their everyday care needs. Any amendments required to care plans were agreed and signed off by the person and representative from the service. Any changes were automatically date stamped on the computer system used, which made it clear when changes were made and by whom. The care plans were written in simple step by step guidance, which allowed staff to do their job effectively.

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. During the initial assessment stage and during all reviews, people were asked if they needed information presented in a format. Where applicable, these needs were met. The care plans were presented to the people in the most appropriate format, so to ensure the service was responsive to people's individual communication needs. For example, where required the font was made larger or offered in bold.

Creating and maintaining links with the community was important for the service. They had various charity days, coffee mornings and cake sales. The registered manager told us that they would put up posters in the town and invite local residents. People who use the service and their families also were invited to help to integrate people into their community. A person told us, "We were all invited to a coffee morning, it was brilliant." People were encouraged to take part in other activities that promoted their well-being. A person told us, "They [care workers] do suggest activities. I go to the day care centre, I like to go to the Garden Centre and have a little walk."

The service had a complaints procedure which was presented in a user-friendly format and provided to people when they first started using the service. It was recognised that some people may need support to express a complaint or concern. Independent advocates or family members were suggested to act on behalf of people, and promoted by the service. We saw that any complaints received were appropriately logged and responded to as in a professional and timely way.

The service did not currently provide support to anyone on end of life care. However, the registered manager was able to illustrate and advise of which professionals they would work with to ensure the care provided was the most appropriate.

Good

Is the service well-led?

Our findings

At our last inspection in December 2015, the key question well-led was rated requires improvement. The provider was required to review how they monitored and analysed information around accidents and incidents, to determine any trends or concerns, to create learning and to make changes or improvements to the service. At this inspection we found sufficient improvements had been made to this area, and therefore the rating has been changed to good.

There were quality assurance systems were to monitor the standards of care provided at the service. Audits included care plans, daily records and MAR charts. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. These were pre-planned throughout the year. Staff told us, that they were kept up to date with any changes that were occurring within the service. Emails and monthly team meetings were arranged for staff to provide information and to advise and seek nominations of staff for recognition of good practice.

The provider sought feedback from stakeholders, people, and staff. This information was then used to create an action plan. The action plan was completed with evidence of how the feedback had helped to effectively change the service. In addition to the annual quality assurance surveys, monthly calls were completed by the management to people or their relatives to seek feedback.

The IT system further provided good governance within the operations of the service, which highlighted accountability, monitoring of practice and mitigated risk, whilst aiming to continually improve the service. The registered manager and the management team had systems in place that allowed them to audit what staff had done at each visit. Daily records and feedback were completed prior to the call ending. Staff are unable to attend the next call until they have completed records for the current call.

We were told and saw evidence of management on call systems that meant staff had access to senior managers at all times, should they need them. Systems were in place that meant if they could not get through to one manager, a second was available. All on call staff received a handover and were therefore kept up to date of any issues or concerns. Staff were confident that they could speak with management about people, and they would know who the people were and what the possible concerns were.

We found there to be continued good management and leadership. The registered manager was supported by a strong management team, who worked well together. The service ratings were appropriately displayed. The registered manager understood their requirements under duty of candour that is, their duty to be honest, open and transparent.

Staff told us they felt the registered manager was there for them when needed. Some of the comments from

staff were, "We are always appreciated." Another member of staff told us, "They [management] are a very good care company. I do feel valued. They appreciate what I do. I enjoy what I do. I do not look at my rota and think oh god I have to go to work. I work with the same carers and it's lovely to work and support people. If we can leave and leave a smile on their face, it's all good."

The service had received a number of compliments from people and families. We saw written compliments, one person had written, 'Wanted to say how grateful I am to all the staff who helped me in the wake of the operation. Their unflagging courtesy and commitment was gilded with a thoroughly professional attitude to care.' A relative wrote, 'I wanted to thank you and all your staff very much indeed for all the care and attention over recent years.'