

Everycare West Kent Limited

Everycare (West Kent) Ltd

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

Everycare (West Kent) Ltd is a domiciliary care agency that provides personal care and support to people in Tunbridge Wells, Tonbridge, Sevenoaks and surrounding areas. There were 42 people using the service at the time of our inspection, five of whom lived with dementia.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good and met all relevant regulations.

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Appropriate steps had been taken to minimise risks of falls for people.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place to ensure staff were of suitable character to carry out their role. Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions.

The administration of medicines was correctly managed and staff kept relevant records that were accurate. Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect.

Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. These records helped staff deliver care and support that met people's individual needs. Staff knew about and provided for people's dietary preferences and restrictions.

People were promptly referred to health care professionals when needed.

The provider and the management team were open and transparent in their approach. They placed an emphasis on continuous improvement of the service. There was a robust system of monitoring checks and audits to identify any improvements that needed to be made. The registered manager acted on the results of these checks to improve the quality of the service and care.

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?

Good ●

The service remains: Good.

Is the service effective?

Good ●

The service remains: Good.

Is the service caring?

Good ●

The service remains: Good.

Is the service responsive?

Good ●

The service remains: Good.

Is the service well-led?

Good ●

The service remains: Good.

Everycare (West Kent) Ltd

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 carried out 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 was a comprehensive inspection.

The inspection took place on 7 April 2017 and was announced. We gave some notice of our inspection to make sure people we needed to speak with were available. The inspection team included one inspector.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with four people using the service, and two of their relatives. We consulted a day centre operations manager, and two specialist nurses who provided treatment in the community, to gather their feedback about their experiences with the service. We spoke with the owner (the provider), the registered manager, the care coordinator, one of the two client supervisors and three members of care staff.

We looked at ten sets of records relating to people's care and their medicines. We looked at people's care plans and assessments of needs and risks. We reviewed documentation that related to staff management and six staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service. We sampled the service's policies and procedures.

At our last inspection in April 2015, the service was rated: Good.

Is the service safe?

Our findings

People told us they felt safe living in the service. They said, "The carers are very professional, they know what to do in case I am unsteady on my feet" and, "I feel safe with this company, the best I have had in months." A relative told us, "I have peace of mind knowing they look after my husband; I feel he is safe with them."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse. Safeguarding alerts had been raised appropriately by the service when concerns had arisen for people's safety in the community, due to external factors.

Thorough recruitment and disciplinary procedures were followed to check that staff were of suitable character to carry out their roles. All relevant processes were appropriately documented and fully completed. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. The registered manager carried out an analysis of any accidents and incidents on the day, to identify any common trends or pattern, and establish if any lessons could be learned. One person had experienced several falls in their home and the service had referred them to their GP for a medicines review and to an occupational therapist for the provision of additional equipment to keep them safe.

Individual risk assessments were in place for people who were cooking their own food, who were at risk of falls, seizures or skin damage; who self-medicated; and who may experience a decline in their mental health. Control measures to minimise risks were clear, appropriate and followed by staff in practice. For example, staff carried out specific manoeuvres while helping a person who had experienced an amputation of limbs, while transferring them from one place to another. These instructions were clearly outlined in their care plans. There was a comprehensive range of environmental risk assessments carried out in people's homes, to ensure that staff were aware of the steps they needed to take to keep people safe. These assessments identified hazards such as entrance access, fire escape, pets, and appliances. The service helped people obtain key-safes, lifelines, and smoke alarms. A person who smoked tobacco had been referred to the fire rescue service for them to carry out a specialised risk assessment.

The office premises were safe for staff because all fire protection equipment was regularly checked and serviced by the landlord. Fire drills were carried out twice yearly and the fire alarm was tested weekly. The service held an emergency contingency plan that was comprehensive, regularly reviewed and updated.

There were sufficient numbers of staff on shift to meet people's needs in a safe way. Twenty one care staff were deployed and three more were being recruited. When necessary, the office staff including the management team stepped in to cover shifts at short notice. The provider had increased staffing levels

taking into account people's specific needs. Staff members confirmed there were enough staff to respond to people's needs. Staff had time to spend with people outside of their tasks. Rotas for the previous and current months indicated that the number of staff on shift was appropriate. People told us their requests for help were responded to without delay. Travelling times were taken into account when visits were scheduled.

Medicines were managed safely and people told us they received their medicines timely and as prescribed. Staff were appropriately trained and their competency was checked by the registered manager. One care worker had been re-trained in medicines administration as a result of these checks. Staff acted in line with the service's medicines policy, followed correct protocols and completed medicines administration records (MARs) which were signed by two members of staff whenever possible. The use of topical creams was guided by individual body maps and effectively recorded. The MARs were audited every month to ensure no errors or omissions had occurred. The service ensured people accessed a 'Dosset box' when appropriate (a system that provides pre-packed daily medicines safely.)

Is the service effective?

Our findings

People and their relatives were positive about staff's effectiveness and capability. They told us, "The carers are very capable, very professional" and, "They are very efficient, they know what is needed." A relative told us, "We had tried other agencies and the care workers at Everycare are the best so far, it is often the same workers coming through the door and they inspire confidence." A day centre operation manager told us, "We are impressed with the carers from Everycare; they understand how to care for a person who has complex needs and who presents challenges, they actually sought information on his condition to make sure they could look after him properly and motivate him."

Consent to care and treatment was sought in line with the law and guidance. Processes were followed to assess people's mental capacity for specific decisions, for example when a person had chosen to remain in their chair for eight hours and when this had presented a possible risk to their skin. Meetings to reach decision on behalf of people and in their best interests were carried out appropriately.

People received effective care from skilled, knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence. Newly recruited staff studied to gain the 'Care Certificate'. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that care staff are expected to uphold.

All staff received regular one to one supervision sessions and were scheduled for an annual appraisal of their performance. Staff were up to date with essential training that included dementia awareness, first aid, manual handling, mental capacity, health and safety and infection control. Further training was selected in accordance to people's specific needs, such as, stoma care and tracheotomy care (when people had an incision into their windpipe that forms an opening). The registered manager was a qualified trainer and trained staff in person-centred care, and fluids and nutrition.

People were supported to eat, drink and maintain a balanced diet. Staff were trained in food hygiene, and knew of people's food allergies, specific dietary requirements and preferences. These were clearly outlined in people's care plans, the content of which was known to staff. For example, staff knew of a person's particular allergy, and left six items of food presented in a certain way, for a person who had expressed this requirement.

People were supported to maintain good health. One person had been observed by staff as gaining weight which could endanger their health. Staff had successfully discussed with them changing their consumption of fizzy drinks and pasta to healthier options. People's food and fluid intake and outtake was recorded and monitored when it was necessary, for example when district nurses needed to appraise this during end of life care. Staff encouraged people to drink more or to stay warm during extreme weather.

Access to healthcare professionals was effectively facilitated. People were referred appropriately to specialised clinics, their GPs, occupational therapists, and a mental health community team. The service

worked in collaboration with two people's community psychiatric nurse. The customer supervisor had participated in meetings with the nurse and people's relatives to discuss the timing of medicines administration and how to provide care more effectively for these persons.

Is the service caring?

Our findings

All the people and their relatives we spoke with told us that they liked the staff and described them as, "very nice people", "very caring" and, "kind." A relative told us, "All the staff are very polite and respectful." A day centre operations manager told us, "The staff at Everycare are very caring; they are calm, they use the right approach for a person who needs to be kept going; these are carers we haven't lost faith in." A relative had commented in a satisfaction survey, "Really everyone is kind and gentle towards [X] with dementia." A member of staff told us, "It is important to spend time with people, sometimes have a cup of tea with them, and listen to them especially when they may go through difficult times."

Positive caring relationships were developed between people and staff. A person told us, "They have become friends really; they got to know me so well." People and their relatives told us that staff spent time when they had finished their tasks and gave them one to one attention. They offered explanations ahead of any interventions, such as when using equipment to help them move around, and ensured they were comfortable before they left.

Staff promoted people's independence and ensured walking aids were within reach. The care workers we spoke with told us how they encouraged people to do as much for themselves as they were able to, for example to wash part of their bodies, open their 'Dosset box' or pour a drink.

People were involved in decision making about their care and treatment. They participated in initial assessments of needs, care planning and reviews of these when changes occurred. A relative told us, "They were very thorough with their assessments and asked many pertinent questions about not only the needs, but what we wanted, and practicalities about the home." Reviews of people's care were carried out in their presence and with their active participation. Families were invited to reviews when people had consented to this.

Staff promoted people's privacy and respected their dignity. People told us that staff announced themselves before entering their homes; that they drew curtains when helping people with their personal care; and that they covered people as much as possible to preserve their dignity while helping them with showering or bathing. Privacy and dignity was highlighted in staff's code of conduct. People's records were kept securely to preserve confidentiality. Care workers had signed an undertaking addressing the use of social media.

The service took account of equality and diversity. The registered manager told us how they would respect people's rights in the community and staff's rights in case of specific cultural, religious, linguistic needs, gender identity or re-assignment. Although such requirements had not been encountered, they had a good understanding of the importance of promoting people's rights.

People could be confident that best practice would be maintained for their end of life care. When people had expressed their wish regarding resuscitation or had made any advance care planning, this was appropriately recorded and staff were made aware of these wishes. Staff worked in collaboration with a local hospice and had attended their specialised training on end of life care over a period of six months

under a federated scheme.

Is the service responsive?

Our findings

People and their relatives told us that they felt involved in the service and that staff were responsive to their needs. They told us, "The care workers are attentive, they can see when I need more help on certain days" and, "We get a call from the office if they are running late; and when they come they spend the time that is needed, they make sure [X] is left comfortable with everything he needs."

People received personalised care. Their care plans included their likes, dislikes and preferences about their daily routine, meals and communication. Care plans were comprehensive, person-centred and detailed. Instructions for staff showed that attention had been paid in how to respond to people's individual needs. For example, a care plan included, 'Care worker to ask [X] if he would like a wash as he does not want one every day; assist him in to dress in clothes of his choice; [X] usually does his breakfast but do check if he would like anything else and a drink'. A person had expressed in their care plan their preference for cheese and peanut butter; another person had stated to 'go through my handbag with the care workers' as an activity. Staff observed these instructions in practice.

People's individual needs were outlined in specific care plans, such as for people who needed care workers to use specific methods of communication. One person had limited speech and communicated with pointing, using objects and specific sounds. Staff were aware of these methods and presented objects for the person to point towards and understood the sounds they expressed.

Staff responded to people's changes of needs. People were called by telephone during the first week to check that the care package was to their liking and met their needs; they received a quality assurance visit within the first month, and care plans were routinely reviewed and updated quarterly or sooner should the need arise. A relative told us, "They are very good at getting you involved, we feel part of what is going on and they always are very mindful of what you think; when we requested a different time for the calls it was arranged straight away." Care plans were reviewed following any significant events, including falls, illness and periods of hospitalisation.

Care plans were reviewed and updated monthly or when the need arose, in participation with people and their relatives when appropriate. A person told us, "I have seen the care plans for myself and wife; I discuss them with the manager or nurse every six weeks; I sign them if changes are necessary." Two care plans had been reviewed and updated with recommendations from a salt and language therapist and a chiropodist following their visits; another, when a person needed repositioning in bed to minimise risks of damage to their skin. Staff followed the recommendations in practice.

The service coordinated with other services such as the local authority social services, NHS continuing healthcare team, district nurses, occupational therapists and specialist nurses. When a district nurse had introduced a pain relief plan and a relevant protocol for a person, they had communicated with the service and the care workers had been informed on the day. The service had consulted an occupational therapist about upgrading a mobile hoist to a ceiling hoist for a person whose needs had increased and this had been implemented. How to best assist a person's independence had been discussed by the registered manager

and their psychiatric team. Reviews of people's care were held in partnership with the local authority when appropriate. Updated information about people's needs was provided to other services such as hospices and hospitals, with people's consent, to ensure continuity of care.

Staff helped reduce the risk of social isolation for people. People were escorted by staff for activities and outings when this had been agreed during the assessment of their needs and the planning of their care and support. One person was escorted and supported by staff while attending a day centre and swimming; another person during a daily walk in their garden.

People and their relatives were consulted about the running of the service and their feedback was sought at care planning review meetings and through annual satisfaction surveys. In a recent survey, a person had expressed the wish to obtain help with groceries shopping; another had requested a certain care worker to be allocated more often, and these requests had been acted on. A staff survey had been carried out although only one member of staff had returned a completed questionnaire. The registered manager had planned to discuss how staff wished to be consulted at the next team meeting.

People or the relatives we spoke with were aware of how to complain and of the procedures to follow. One complaint about a member of staff and a lack of information provided to a person's family had been addressed appropriately; as a result additional training and supervision of this member of staff had been provided, and the protocols to follow regarding who to inform in case of an emergency had been reviewed and reiterated to staff. The registered manager told us, "We learn all the time and welcome any opportunity to do anything better."

Is the service well-led?

Our findings

An abundant amount of compliments had been received by the service that showed people and their relatives were very satisfied with the service. They described the care and support as, "first class", "wonderful" and, "fantastic". Comments included, "I could not express enough how much support [care worker] has been to [X] during a time of bereavement and how much energy [X] has put into caring for [X]", "[care workers] have performed CPR on [X] which helped keep him alive until the paramedics took over; professional and competent throughout" and, "To begin with I was very disabled; however I have now recovered to the point where I can manage these things by myself; I would highly recommend this firm to friends requiring help to recover at home from an operation." A relative had forwarded a hospice consultant's positive comment about "how well your carers have been looking after [X]'s skin."

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, their relatives and staff told us they appreciated the registered manager's style of management. They described the manager as, "approachable", "understanding" and, "very helpful; accommodating."

The registered manager and provider operated an open door policy and we observed staff were welcome to the office and could discuss any concerns they may have. The registered manager stepped in to cover staff when necessary and maintained a 'hands on' approach towards the service. They had established a contact with each person using the service.

A positive person-centred culture was promoted by the provider, the management team and the staff. The registered manager told us, "Everything we do comes from the clients; they are our priority and we cascade this ethos to our core team." A member of staff told us, "Our work is great; it's all about respect, and helping older people stay positive."

The service ensured that quality of care was maintained through an effective monitoring system. Quarterly audits of people's care files were carried out to ensure that all documentation was complete and reviews were scheduled. Audits of staff files to check recruitment documentation had been appropriately completed; and monthly audits of medicines records, accidents and incidents and of complaints were also carried out. When an audit had identified a shortfall, remedial action had been taken without delay. Regular unannounced spot checks and observations of staff at work ensured that their code of conduct was adhered to; that personal protective equipment was worn; that appropriate manual handling and hygiene procedures were followed; and that people's rights to dignity were maintained. As a result of a spot check, a care worker had been re-trained in dignity in care and provided with additional one to one supervision.

All documentation relevant to the running of the service and of people's care was very well organised, appropriately completed and updated. Policies were bespoke to the service, easily accessible to staff, and

continually updated by the registered manager to reflect any changes in legislation. Records were stored confidentially, archived and disposed of when necessary as per legal requirements.