

# 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?

Requires improvement 

## Overall summary

We inspected Everycare Midsussex on the 7 December 2015. Everycare Midsussex is a domiciliary care agency providing personal care for people with a range of needs living in their own homes. These included people living with dementia, older people and people with a physical disability. At the time of our inspection the service supported 52 people and employed approximately 28 staff. Everycare Midsussex operates as a franchise business, trading as Cura Muneris Limited. Everycare provide domiciliary care franchises and services across the UK.

The service had 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 2008 and associated Regulations about how the service is run.

Everycare Midsussex was last inspected on 10 September 2014 and concerns were identified around care planning, quality monitoring and record keeping.

Quality assurance was undertaken by the provider to measure and monitor the standard of the service provided. However, we found that despite checks taking place, we could not identify how the provider monitored

# Summary of findings

or analysed information around accidents and incidents over time to determine trends, create learning and to make changes to the way the service was run. This is an area of practice that requires improvement.

The service had good systems in place to keep people safe. Assessments of risks to people had been developed and were continually reviewed. The service employed enough, qualified and trained staff, and ensured safety through appropriate recruitment practices.

People said they always got their care visit, they were happy with the care and the staff that supported them. One person told us, "I get the same group of carers and they are excellent. I feel totally safe with them. They are generally on time and stay for the full time".

Medicines were managed safely and people received the support they required from staff. There were systems in place to ensure that medicines were administered and reviewed appropriately.

Should people lack mental capacity to make specific decisions, the service was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. Care staff always sought people's consent before delivering care. One person told us, "They always ask my consent before they start anything for me".

People told us they were involved in the planning and review of their care. A person told us, "I had a planning meeting when I first came out of hospital and my son was involved". We were given examples that showed the service had followed good practice and safe procedures in order to keep people safe.

Staff received an induction, basic training and additional specialist training in areas such as dementia care and catheter care. Staff had group and one to one meetings which were held regularly, in order for them to discuss their role and share any information or concerns.

If needed, people were supported with their food and drink and this was monitored if required. One person told us, "They make me some soup and always wash up the tea things". Another person said, "They prepare my [relative's] dinner for him and that really helps me".

The needs and choices of people had been clearly documented in their care plans. Where people's needs changed the service acted quickly to ensure the person received the care and support they required. A member of staff told us, "I visited a person today and they were not well. We contacted the paramedics".

People and their family members told us they were supported by kind and caring staff. A person told us, "The carers who come to see me are so thoughtful. They speak pleasantly to me and we always have a laugh". Another person said, "The care we get is excellent, nothing is too much trouble for them. They are polite and respectful to me and my [relative], she really likes them". Staff were able to tell us about the people they supported, for example their likes, dislikes and preferences.

People's personal preferences were recorded on file and staff encouraged people to be involved in their care. A person told us, "We have had a review and about once every four months we get a [feedback] form to say what we think of the service".

People knew how to raise concerns or complaints and felt they would be listened to.

The management provided good leadership and support to the staff. One member of staff told us, "The management are very open and honest. They care for their staff and keep us informed. They respect us and we respect them". Quality assurance was undertaken by the provider to measure and monitor the standard of the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People and relatives told us they felt safe with the staff that supported them. Detailed risk assessments were in place to ensure people were safe within their home and when they received care and support. Medication was administered and managed appropriately.

The service had policies in place to protect people from abuse, and staff had a clear understanding of what to do if safeguarding concerns were identified.

There were enough staff to deliver care safely, and ensure that people's care calls were covered when staff were absent. When the service employed new staff they followed safe recruitment practices.

Good



### Is the service effective?

The service was effective.

Staff understood people's health needs and acted quickly when those needs changed. Where necessary, further support had been requested from the social services and other health care professionals. This ensured that the person's changing needs could be met.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Good



### Is the service caring?

The service was caring.

People were pleased with the care and support they received. They felt their individual needs were met and understood by caring staff. They told us that they felt involved with their care and that they mattered.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care. Staff were able to give us examples of how they protected people's dignity and treated them with respect.

Staff were also able to explain the importance of confidentiality, so that people's privacy was protected. Care records were maintained safely and people's information kept confidentially.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People and their relatives were asked for their views about the service through questionnaires and surveys. People told us they felt listened to and staff responded to their needs.

People told us that they knew how to make a complaint if they were unhappy with the service. Where complaints or concerns had arisen, a detailed investigation and action had been taken to reduce the risk of the issue from happening again.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

## Is the service well-led?

The service was not consistently well-led.

The provider completed a number of checks to ensure they provided a good quality service. However, we found that despite checks taking place, we could not identify how the provider monitored or analysed information around accidents and incidents over time to determine trends, create learning and to make changes to the way the service was run.

Staff felt supported by management, said they were listened to, and understood what was expected of them.

Staff promoted a positive and open culture. Staff we spoke with had a clear understanding of what their roles and responsibilities were.

**Requires improvement**



# 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.

The inspection took place on the 7 December 2015 and was announced. 48 hours' notice of this inspection was given, which meant the provider and staff knew we were coming. We did this to ensure that appropriate office staff were available to talk with us, and that people using the service were made aware that we may contact them to obtain their views.

An inspector and an expert by experience in older people's care undertook this inspection. 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 expert by experience helped us with the telephone calls to get feedback from people.

Before the inspection we reviewed information we held about the service, considered information which had been shared with us by the Local Authority, and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Before the inspection we spoke with the Local Authority to ask them about their experiences of the service provided to people.

On the day of the inspection we spoke with the registered manager, the provider, a co-ordinator and three care staff. After the inspection we contacted 12 people that used the service, or their family members by telephone.

Over the course of the day we spent time reviewing the records held by the service. We looked at four staff files, complaints recording, accident/incident recording, staff rotas and other records related to the management of the service. We also reviewed five care plans and other relevant documentation to support our findings.

# Is the service safe?

## Our findings

People said they felt safe and staff made them feel comfortable. One person told us, “I feel very safe with my carer”. Another said, “They visit my wife and we both feel very safe with them”.

People told us that their care calls were not missed, they always got their visit from regular staff, and that staff arrived on time. One person said, “I get the same group of carers and they are excellent. I feel totally safe with them. They are generally on time and stay for the full time”. Another commented, “In the past I’ve had different carers, but I’m now getting regular ones which I really like. They always arrive on time and stay for the full time”.

There was a system in place to identify risks and protect people from harm. Each person’s care plan had a number of risk assessments completed, that had been discussed with them and reviewed. The assessments detailed what the activity was and the associated risk, who could be harmed and guidance for staff to take. The registered manager told us, “We carry out risk assessments around people’s health and also their environment where they live, both inside and out”.

Systems were also in place to assess wider risk and respond to emergencies, such as extreme weather. We were told by the registered manager that the service operated an out of hours on-call facility within the service, which people and staff could ring for any support and guidance needed. There was a business continuity plan, which instructed staff on what to do in the event of the service not being able to function normally. The manager told us, “We have contingency planning based on people’s need. When it snows we have a care worker who has a tractor. We hold all our contingency planning information online and it can be accessed remotely. The care could be co-ordinated from our homes if we could not get to the office”.

Staff described different types of abuse and what action they would take if they suspected abuse had taken place. There were a number of policies to ensure staff had guidance about how to respect people’s rights and keep

them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly.

There were enough staff to meet people’s needs. One member of staff told us, “I think we have enough staff. The office doesn’t inundate you with care calls. On the whole the travel time is enough, but if it’s not, I let the office know and they change it”. Another said, “There seems to be enough staff. The rota that I get is reasonable and includes travel time between calls”. The registered manager told us, “We have enough staff to cover our calls and we continually recruit. We would never take on a care package if we thought we couldn’t cover it”. The co-ordinator told us that the service forward planned their staffing arrangements to make sure people were kept safe. They said, “We plan our care calls one week in advance. The system is set up to provide continuity, so that people get the same group of care workers. We put travel time in between each call and take notice of distances and the times of day”. Systems were in place to cover sickness and ensure that care calls went ahead as planned. The registered manager told us “When staff call in sick, we explain to people that they won’t get their regular care worker. Their calls get re-allocated to other care workers, or they are covered by the office staff”.

Safe recruitment practices were followed when they employed new staff. All records we checked held the required documentation. Checks had been carried out by the provider to ensure that potential new staff had no record of offences that could affect their suitability to work with vulnerable adults.

We looked at the management of medicines. Care workers were trained in the administration of medicines. The registered manager described how staff completed the medication administration records (MAR) and we saw these were accurate. People expressed no concerns around the management of their medicines. One person told us, “They check I have taken my medication, which they always write up in the book”. Another said, “They make sure I have taken my tablets. They also cream my legs and back when I’ve had a shower”.

# Is the service effective?

## Our findings

People told us they received effective care and their care needs were met. One person told us, “They came to provide some respite care while I was away. They were exceptional. They knew how to care for my [relative]”. Another said, “My carers are very well trained and know what they are doing”.

The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make specific decisions. Staff had been provided with information and policies and procedures were also available to staff on the MCA and Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person’s best interests and with the least restrictive option to the person’s rights and freedoms. Staff understood the importance of gaining consent from people before providing care, whilst also respecting people’s right to refuse consent. One member of staff told us, “We have hand-outs from the office around the Mental Capacity Act and consent. I always ask first if it’s ok to provide and care. I’d recognise if somebody didn’t seem like they consented or had capacity, and I’d contact the office”. People’s feedback supported this. One person told us, “They always ask my consent before they start anything for me”. Another person added, “They ask my consent, particularly before I shower”.

Staff had received training that was specific to the needs of people, for example in food hygiene, manual handling, medicine management, health and safety and equality and diversity. Staff completed an induction when they started working at the service and ‘shadowed’ experienced members of staff until they were deemed competent to work unsupervised. They also received training which enabled them to provide effective care, for example around the care of people with dementia and catheter care. One member of staff said, “I thought my induction was really good. If we want more training, we only have to ask and we get more”. Another member of staff said, “This is the best job ever in terms of opportunities to learn and grow. I’ve done NVQ 2 and NVQ 3 (National Vocational Qualification), they are always open to providing you with further training”. People felt staff were well trained. One person told us, “The

carers are certainly well trained. There are no problems and they are very knowledgeable when dealing with my catheter”. Another said, “They current carers know what they are doing. They always ask my [relative] if they need anything else doing”.

Staff received ongoing support and professional development to assist them to develop in their role. One member of staff told us, “Supervision is useful, as are the group meetings. Some of us are studying and the manager has made a room available for us to meet up and discuss our training. It really helps to do it together”. Further staff we spoke with confirmed they received supervision and appreciated the opportunity to discuss their role and any concerns.

Where required, staff supported people to eat and drink and maintain a healthy diet. People told us that where their care workers prepared food for them, they always had a choice of what they wanted and that the food was good. One person told us, “They make me some soup and always wash up the tea things”. Another person said, “They prepare my [relative’s] dinner for him and that really helps me”. A further person added, “They prepare all my [relative’s] meals the way he likes them”. Care plans provided information about people’s food and nutrition. The registered manager told us “We record people’s likes and dislikes about food. We don’t currently support anybody with a specific diet, but we advise and are aware of what a good diet is. People have a full choice of what they eat and we support people to go shopping”.

People had been supported to maintain good health and have ongoing healthcare support. A person told us, “One carer noticed a mole on my back and said I should see the doctor”. We spoke with staff about how they would react if someone’s health or support needs changed. One told us, “I visited a person today and they were not well. We contacted the paramedics”. The registered manager told us, “We record people’s healthcare needs and liaise with GP’s, tissue viability nurses and occupational therapists. We would always take people to a medical appointment if they asked. For example, we have just recently taken somebody to see the nurse to get their leg dressed”. We saw that if people needed to visit a health professional, such as a dentist or an optician, then a member of staff would support them.



# Is the service caring?

## Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, “The care is excellent. They always try to make sure I am happy with everything before they leave. They always think of the user first. They are very polite and respectful when they are with me”. Another said, “The carers who come to see me are so thoughtful. They speak pleasantly to me and we always have a laugh”.

We asked people if they felt that staff understood them and their needs and offered them choice in the way their care was delivered. One person said, “The care is very good. The staff do understand us and always try and help us as much as possible”. Another said, “The carers really understand me and what I prefer”. Staff were also able to describe how they met or understood people’s individual needs and preferences. One member of staff said, “We get to know people and the things they like. For example one lady only has her tea in her cat cup. We always do our best for people. As long as I’ve put a smile on someone’s face then I’ve done my job”. Another member of staff said, “We get to know people and things about their life. One client was recently bereaved, so we were sensitive to that. We didn’t go in all bouncing and cheerful”.

People told us they were encouraged by staff to maintain their independence. One person told us, “They [staff] are polite and know what they are doing. They always try to get me to do more for myself. They see it as a challenge”. A

member if staff told us, “I encourage people to do as much as they can”. Another member of staff said, “It’s my job to make people as independent as possible”. The registered manager added, “We are not there to take over, we’re there to assist people and to promote their independence and provide care their way”.

People we spoke with said they felt staff treated them with dignity and respect. One person told us, “The care I get is excellent and I cannot fault it. The carers always treat me with respect, which is so nice to see these days”. Another person said, “The care we get is excellent, nothing is too much trouble for them. They are polite and respectful to me and my [relative] and she really likes them”. Staff were able to give us examples of how they protected people’s dignity and treated them with respect. One member of staff said, “I shut doors and respect privacy by covering people with a towel or blanket”. The registered manager added, “Staff are caring and professional. They get the time to get to know people and know what they want. We emphasise that even if it’s only a 30 minute call, it’s the client’s 30 minute call, so make it count and make them happy”.

The service had a confidentiality policy which was accessible to all staff. People using the service received information around confidentiality as well. Staff understood not to talk about people outside of their own home, and information around confidentiality was covered during staff induction. One member of staff told us, “Everything is confidential, from what we talk about, to the information we get from the office”. The registered manager added, “Staff have training around confidentiality and we ensure that all information is protected”.



# Is the service responsive?

## Our findings

People told us they were listened to and the service responded to their needs and concerns. One person told us, “My carers certainly know what I like and don’t like”. Another said, “My carers understand me and my needs”. A further person added, “I know how to complain. I did complain when I first started the care about one of the carers, they didn’t send them again”.

People had up to date care plans which recorded information that was important to them, and staff we spoke with said they felt the care plans were detailed enough so that they could provide good quality care. One staff member told us, “I read the care plans to know what people want. The care plans are good and if the care changes in any way we report it and it’s updated”. When we reviewed the care plans we saw that people’s personal histories, likes, dislikes and hobbies and interests had been recorded. We saw that one person was supported by staff to go swimming, and that several people were supported by the service to attend day centres and go shopping.

People received care which was personalised to reflect their needs, wishes and aspirations. Care plans showed that assessments had taken place and that people had been involved in the initial drawing up of their care plan. One person told us, “I had a planning meeting when I first came out of hospital and my son was involved”. These plans also provided information from the person’s point of view. They provided information for staff on how to deliver people’s care. For example, information about personal care and physical well-being, communication, mobility and dexterity. One person’s care plan stated where they would like to eat their breakfast and which chair they would like to sit on. Another person had requested in their care plan that when care workers arrived, they call out and also check to ensure their hearing aid had fresh batteries. A member of staff told us, “We listen to people and do things the way they want. For example, we have one person who wants their scrambled eggs and bacon served on a hot plate. They’ve told us they don’t want their toast on the hot plate though, we serve this separately. It’s just the way they like it done”.

People were treated as individuals and their care needs reflected personal preferences, for example, people were able to change the times of their calls to suit their plans. One person had received earlier calls so that they could

attend a regular appointment. The co-ordinator told us, “There are tolerances built into the daily scheduling, so that we can fit in extra calls for people if they need them, We do our best to adjust calls to meet people’s needs, and with enough notice we usually can. We changed a call recently for a person who has a regular hospital appointment. There was also a person who lives opposite a school, we changed the times with their agreement, so that the care staff missed the school run and now that suits everybody and ensures the calls aren’t late.

We looked to see if people received personalised care that was responsive to their needs. People were happy with the standard of care provided. They also told us that the care met their individual needs and their decisions were respected. One person said, “They know what I like and always try to make sure I’m happy”. Another said, “The carers that my [relative] gets really understand her and listen to what we say”. A further person added, “The carers really understood my [relative’s] needs and the respite care was a great success”. A staff member told us, “I’m flexible in what I do for the clients. If the care plan says to change the bed on a Monday, but it doesn’t need doing and the person wants something else done, then that’s fine”.

Everyone told us they had been asked to give feedback about their care or support. One person told us “The office does check every now and again if everything is alright”. Another person said, “We have had a review and about once every four months we get a form to fill out about what we think of the service”. Other people told us they had recently received satisfaction questionnaires, or had been contacted for their feedback over the phone or in person in the past three months. An annual service user and relatives’ satisfaction survey had been sent out for 2015. Results of people’s feedback had been gathered and analysed and an action plan put in place on several areas on improvement, such as around travel time and continuity. The survey was on the whole positive, and comments included, ‘We are really pleased with the service, thanks’.

We looked at how people’s concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. One person told us, “I have complained in the past about the timing of a call and they resolved it”. Another person said, “No we never really have to complain, except in the very early days when we asked for the same group of carers, which would make my

## Is the service responsive?

[relative] feel more comfortable". Staff told us they would encourage people to raise any issues they may have. One said, "I'd help somebody complain, it's encouraged". Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been

handled and responded to appropriately and any changes and learning recorded. For example, we saw that in light of one complaint a review of care took place and increased spot checks for care workers were implemented.

# Is the service well-led?

## Our findings

People indicated they felt the service was well led. One person told us, “I am very happy with the service, and I have found the office staff helpful when I have needed support”. Another said, “We are very happy with the service I get, and now the office staff are talking to one and other, the communications are getting much better, particularly around the rota”. Another added, “The office and the manager could not be more helpful”. However, despite people’s positive feedback, we found areas of practice which needs improvement.

Quality assurance was undertaken by the provider to measure and monitor the standard of the service provided. For example, the manager checked all medication administration records (MAR) for errors, and complaints were recorded and investigated appropriately. However, we found that despite checks and monitoring taking place, we could not identify how the provider monitored or analysed information around accidents and incidents over time, to determine any trends or concerns, to create learning and to make changes or improvements to the service where required. We raised this with the registered manager, who agreed that more robust and formal audits of accidents and incidents would drive up quality improve the service. Quality assurance is about improving service standards and ensuring that services are delivered consistently and according to legislation. The information gathered from regular audits and monitoring over time is used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. We have identified this as an area of practice that needs improvement.

The service had a clear set of values in place. We discussed the culture and ethos of the service with the registered manager. They told us, “Staff morale is high, and we have the day to day knowledge that we need to give good care to people”. We asked staff about the culture within the organisation. One said, “We give choice and control to both people and staff. We really help and make people’s lives happier”. Another member of staff said, “I’d recommend the care we give here to anyone. They could care for my relatives and family if they needed them”.

Staff said they felt well supported and were happy in their roles. One member of staff told us, “I don’t think the company could improve. I’m happy, they are a good

company to work for”. Another said, “I love my job. It’s a challenge and we have different experiences every day. You get to work with some superb staff”. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The registered manager told us, “Staff can talk to us about anything. I don’t want my staff to feel they can’t speak to us. They are important, we wouldn’t have a business without them. Staff are quite open in feeding back to me”. One member of staff told us, “Our ideas are listened to. I re-designed the risk assessment forms. The old ones didn’t flow very well, and the one they use now is much better”. Another said, “We have strong management leadership here. They are very approachable and make time for us”. A member of staff told us they had raised concerns in the past and that they had been dealt with satisfactorily. Further comments included, “I get plenty of support from the managers” and “I love working here”.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager’s would support them to do this in line with the provider’s policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The provider had systems and mechanisms in place to drive improvement, such as auditing of care plans and a facility to search on the computer system to determine when updates were required for areas such as reviews, car insurance/MOT’s, training and supervision meetings. Monitoring questionnaires were sent out to people, and regular spot checks took place between care workers and supervisors to assess competency and provide support and guidance. There were good systems of communication within the service, and staff knew and understood what was expected of them. The registered manager told us, “I explain to staff the responsibilities of their role and how they are accountable”. Staff meetings took place and the service regularly updated staff with any issues, changes or relevant information they may require.

The service remained up to date with relevant developments in the sector. We saw that the service received regular updates from organisations such as the

## Is the service well-led?

United Kingdom Home Care Association (UKHCA), the CQC, the Local Authority and the local Clinical Commissioning Group (CCG). The registered manager attended forums with

other providers in the area to increase their knowledge and have an understanding of local developments. They told us, “This is a knowledge based industry, you need to continue to learn and the provider supports us to do this”.