

Everycare (Medway & Swale) Ltd

# Everycare@Bellerophon House

## Inspection report

Doust House  
Doust Way  
Rochester  
Kent  
ME1 1HH

Tel: 01634830094

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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

The inspection was carried out on 27 July 2017 and was announced.

Bellerophon House is a social housing with care (HWC) scheme with 41 one or two bedroom flats. At the time of this inspection an on-site Domiciliary Care team provided by Everycare (Medway/Swale) Ltd delivered personal care to ten people. Everycare took over the care delivery from another provider in July 2016. Most people received less than ten hours care a week and remained independent in most aspects of their daily lives. Three of the people receiving personal care did not live alone. The Domiciliary Care team assisted people to maintain their health and wellbeing by helping them with personal care tasks or preparing meals. The accommodation was managed by a housing association. Each of the flats had its own lounge, kitchen and bathroom facilities and was fitted with emergency call facilities. For example, a lifeline telephone. A lift was available to take people between floors. There was a small communal lounge.

There was a registered manager employed at the service. 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.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (2005) Code of Practice. The registered manager understood when the code of practice needed to be used so that decisions people made about their care or medical treatment were dealt with lawfully.

Staff understood their responsibilities to protect people from harm. Risks were assessed and management plans implemented by staff to protect people from harm. Staff had received training about protecting people from abuse, based on the provider's policies. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

There were policies and a procedure in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

Staff provided friendly compassionate care and support. People were involved in how their care was planned and delivered. Staff knew people well and people had been asked about who they were and about their life experiences.

The registered manager planned people's care by assessing their needs and then by asking people if they were happy with the care they received.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected. Community participation was encouraged and supported.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again.

Individual and general risks in the service had been assessed and staff understood the actions they needed to take to minimise risk. Managers planned for emergencies, so that should they happen people's care needs would continue to be met. Emergency life line and staff on call systems were in place.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The registered manager employed enough staff to meet people's assessed needs. Staffing levels were kept under constant review as people's needs changed.

Staff supported people to maintain their health by ensuring people had enough to eat and drink.

People understood how to make a complaint if they needed to.

People told us that the service was well led. They told us that managers were approachable and listened to their views. The registered manager understood the balance they needed to achieve by providing and developing the best care packages for people, whilst recognising people's autonomy, independence and lifestyle choices.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they experienced safe care. The systems in place to minimise risks had kept people safe.

The registered manager and staff were committed to preventing abuse. Staff spoke positively about blowing the whistle if needed.

Medicines were administered correctly by competent staff.

Recruitment processes for new staff were robust and staff arrived to deliver care with the right skills and in the numbers needed to keep people safe.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who met their care needs.

Individual staff met with their managers to discuss and support their work performance.

New staff received an induction. Training for all staff was kept up to date. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff understood their responsibility to help people maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People could forge good relationships with staff. People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and received information about the care that would be provided.

People experienced care from staff who respected their privacy, dignity and choice.

### Is the service responsive?

Good ●

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Information about people was updated often and with their involvement so that staff only provided care that was up to date.

People were asked what they thought of the care provided and were provided with details about how they could make complaints if they needed to.

### Is the service well-led?

Good ●

The service was well led.

The registered manager and provider operated systems and policies that were effective and focused on the quality of service delivery.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered.

Staff understood they were accountable for the quality of the care they delivered.

# Everycare@Bellerophon House

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 27 July 2017 and was announced. We announced the inspection with 48 hours' notice as this is a domiciliary service and we needed the manager to be available. The inspection team consisted of one inspector and one expert by experience. The expert-by-experience had a background in caring for elderly people.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

During the inspection we spoke with five people and three relatives about their experience of the service. We sent 30 pre-inspection feedback questionnaires to people, their relatives or friends. We sent 11 pre-inspection feedback questionnaires to staff. We spoke with four staff including the registered manager, the deputy manager and two support workers. We asked four health and social care professionals for their views of the service.

We spent time looking at records, policies and procedures, complaints and incident and accident monitoring systems. We looked at four people's care files, two staff record files, the staff training programme, the staff rota and medicine records.

The service had been registered with us since 15 July 2016. This was the first inspection carried out on the

service to check that it was safe, effective, caring, responsive and well led.

# Is the service safe?

## Our findings

All of the people who responded to our pre-inspection feedback questionnaires told us they felt safe from abuse or harm. People and their close relatives or friends we spoke with told us they had confidence in the service and felt safe when staff were in their flats delivering care. A couple who had recently moved in said, "Staff have made us feel very safe and welcome, they make you feel like royalty and they are always on time."

Another person said, "Yes I feel safe. I feel safe around the staff. I trust them. They are polite, well informed and friendly." Another said, "Yes I feel safe they [staff] are all nice to me, very nice. I would report them if not but they are all really good to me."

A relative said, "Mum has been here for five years and I have never fallen out with them [staff]. They are willing to do anything my mum wants."

People had consistent care from a small team of regular staff. (Most staff had stayed from the previous provider and transferred to Everycare when they took over as the provider.) People could be sure that their calls would be made by staff who they knew. The registered manager told us that if there was a change in the staff calling, for example due to sickness, they informed people so that they would know. People said, "They [staff] are always on time unless it is an emergency. They do my medication, help me get dressed and shower as I am in a wheelchair." And, "Yes they always arrive on time and have never not turned up on time without letting me know."

Staff followed the provider's medicines policies and the registered manager checked that this happened by spot-checking staff when they were providing care. (Spot checks are unannounced supervisions of staff.) The majority of people were independent with their medicines. When staff assisted people with their medicines they followed an up to date medicines administration procedure. All staff were provided with training so that if they were asked to take on the administration of medicine's for people they could do this safely. Staff we talked with gave us details of how they supported people safely when dealing with medicines. Staff said, "I have been spot checked for medicines, I passed okay, but I know if I did not the company would make me retrain."

People were protected by staff who understood their responsibility to record the administration of medicines. The medicine administration record (MAR) sheets showed that people received their medicines at the right times and as prescribed. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff. We sampled recent MAR sheets and these were being completed correctly by staff. The registered manager confirmed there was a policy regarding the safe management of 'As and When Required Medicines' (PRN), for example paracetamol. Medicines were audited monthly by the registered manager. Creams that were regularly applied by staff as part of people's hygiene routines had been recorded with date, time, type of cream and signed off by staff.



The registered manager protected people's health and safety. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks and potential hazards were assessed and equipment was checked by staff before they used it. There was guidance and procedures for staff about what actions to take in relation to health and safety.

The care and housing elements of the service were managed separately and between 2 pm and 4 pm care staff were not on site. However, people had 24 hr access to a telephone lifeline service to enable them to get help if they were unwell or had an accident. The registered manager and deputy manager remained available via an on call system and were often on site to respond to call bells when care staff were not available. At night, a member of care staff was on site to answer call bells and assist people if needed. People said, "I have a wrist buzzer and can ring them for anything." This meant that people could access emergency advice or care if needed.

The registered manager had comprehensive policies about dealing with incidents and accidents. Should any incidents occur they were fully investigated by the registered manager and steps would be taken to prevent them from happening again. Actions needed were checked by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. For example, one person had additional staff calls implemented after an incident. The management actions following incidents minimised risks across the service and meant that safe working practices were followed by staff.

Fire systems and tests were managed by the housing provider. However, staff received training in how to respond to emergencies and had a good understanding of the fire procedure in place. Personal emergency evacuation plans were in place (PEEP's). The registered manager had plans in place in emergency situations so that care could continue. For example, if staff could not get to work in bad weather.

Enough staff were deployed to enable people's individual needs to be met and for care to be delivered safely. People were independent and staff were not required by people all of the time. People who needed more intensive staff support were provided with more staff hours. For example, after people had been discharged from hospital. This enabled people to recover and regain their independence.

People were protected by safe recruitment practices, minimising the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Staff we spoke with gave a detailed account of how they had been recruited appropriately. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications relevant to the role. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. One member of staff said, "I have worked in other places, but this company is very on the ball with safeguarding." Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. (Blowing the

whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.)

## Is the service effective?

### Our findings

Staff understood people's needs and followed people's care plans. People told us that staff were well trained and good at helping them. One person said, "Staff do what they are supposed to do, they are good, some of them go the extra mile, they come in between their allotted call times."

A person's relative commented, "I am extremely grateful to staff for spotting Mum had a swollen leg, their actions resulted in a GP reviewing Mum's medicines and Mum was closely monitored, Mum has wonderful care."

Staff understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left with people in their flat for staff to follow. The care people received was fully recorded by staff. We could see that their notes reflected the care required in people's assessment of need. Staff told us they read people's care notes before they started delivering care so that they were up to date with people's needs. The provider had a training room equipped with practice hoist, beds and other equipment staff may need to use. Staff were provided with hands on practice so that they could use equipment safely. One person said, "If I fall on the floor I need a hoist [to stand back up] and they get two members of staff to assist."

This service was not providing food and drink to most people. This was because people were independent with cooking or there were others with them that took care of their needs around food and drink. However when required, staff were helping people to maintain their health and wellbeing by checking people had access to drinks and food when they provided care. People said, "I have a Catheter so they [staff] can tell if I am not drinking. They tell me to drink more water. I would say they are good at their jobs." And, "Yes they help me half and half with the shower, encourage me to drink water and make me toast and marmalade in the morning." Staff told us how they monitored and encouraged people's eating and drinking. People described to us how staff leave food/snacks and drink within reach for them to use when staff are not there. A relative said, "Staff always ask Mum what she wants. They always put a drink on her bedside table and help her get to the toilet." Food hygiene training was provided to staff. People confirmed this was effective.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. A member of staff described in detail how they delivered personal care, which included gaining consent. The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA 2005 needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided.

People were involved in the regular monitoring of their health. Each person had a record of their medical history in their care plan, and details of their health needs. We asked staff about their awareness of people's recorded needs and they were able to describe the individual care needs as recorded in people's care plans.

Care staff identified any concerns about people's health and reported these to the registered manager. Staff supported and encouraged people to contact their GP, community nurse or other health professionals with concerns. If needed and with consent, the registered manager sought advice for people. For example, one person, with consent, had been referred to a specialist dementia assessment service. Records showed that the care staff worked with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, care and mental health concerns. This meant that staff understood how to effectively implement care against people's assessed needs to protect their health and wellbeing.

People received care from staff that had received appropriate training to carry out their roles. This included statutory mandatory training, infection prevention and control, first aid and moving and handling people. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively.

New staff inductions followed nationally recognised standards in social care. For example the care certificate. The Care Certificate was launched in April 2015 and replaced the previous Common Induction Standards (in social care) and the National Minimum Training Standards (in health). The Care Certificate will help new members of staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

Training consistently provided staff with the knowledge and skills to understand people's needs and deliver effective care. Staff told us that the training was well planned and was a mix of hands on training and on line training. Staff received refresher training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene. Training records confirmed staff had attended training courses or were booked onto training after these had been identified as part of staff training and development. This provided staff with the knowledge and skills to understand people's needs and help people maintain their health and wellbeing. Staff we spoke with were knowledgeable about people's needs. For example, they were aware of people who were at risk of choking and when people's needs had changed. Also, as one person was registered blind, staff had received training in relation to visual impairment.

Staff were being supported through individual one to one supervision meetings. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. A member of staff confirmed training needs were discussed as part of supervision and they could ask for training that would be of benefit to them in their role. Supervisions records were recorded.

Yearly staff appraisals were being carried out and reviewed. This led to the promotion of good working practices within the service.

## Is the service caring?

### Our findings

People's close relatives and main carers described the care that they received very positively. People said, "The staff are polite and caring." Other comments included, "We are very happy with the service and care provided." And "The staff are so helpful and friendly, could not wish for better."

Staff wanted to treat people well. When they spoke to us they displayed the right attitude, they told us they gave people time to do things, they tried not to rush people. People described that staff were attentive to their needs.

People told us that they experienced care from staff with the right attitude and caring nature. People said, "Staff are very caring. If you walk down the corridors the staff are welcoming which is what you want when you first move in." A relative said, "They [Staff] are very very caring, they were all very upset when Mum was ill." People felt that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening during care delivery. One person said of the staff, "I like banter. We have our laughs."

Information was given to people about how their care would be provided. People signed their care plan. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People's preferred names were recorded in their care plans and staff used these when they addressed people.

People's right to remain independent was respected and recorded. One person said, "I don't need a hoist they [Staff] encourage me to do things for myself. They [Staff] used to do my cooking, but I do my own meals now." The care plans clearly identified what people could choose independently and where staff needed to intervene to assist them. One person said, "Yes it's all in the care plan." What people thought about their care was incorporated into their care plans which were individualised.

People told us that staff respected their privacy and dignity. All of the people who responded to our pre-inspection feedback questionnaires said that staff respected their privacy and dignity. We discussed with staff how they delivered personal care from start to finish. They told us this in detail and clearly understood their roles in how people should be respected.

Information about people was kept securely in the office and the access was restricted to staff. Confidential paperwork was regularly collected from people and stored securely. Personal records such as care plans and health information was stored in locked cabinets within the office. Staff understood their responsibility to maintain people's confidentiality. We observed they were careful when discussing personal information.

## Is the service responsive?

### Our findings

People felt their needs were reviewed and kept up to date and that they were listened to. People said, "Our care coordinator did the risk assessment on Monday, the medication, how you are, the doctors and things like that. When we had our initial meeting we had a discussion about what sort of care we will get. I was told about the coffee mornings here." Another said, "Yes they let me know about basic changes. I have twice filled out a questionnaire. If I have any problem I see my carer."

"I have had to pull my cord before as my pendant wrist call bell wasn't working it had not been programmed properly. The Everycare staff were quick and reported this defect to the housing provider so it could be repaired."

One person told us, "They [Staff] have a friendly attitude as well as being professional. They agreed to transfer the care calls from a Tuesday to a Saturday which means I can go my son's house."

People's needs were assessed using a range of information to develop a care plan for staff to follow. Care plans were individualised and focused on meeting people's needs. For example, when people had been discharged from hospital for rehabilitation and they were less mobile. Specific care was planned to support people's recovery including monitoring their skin integrity to minimise the risk of pressure areas developing. The registered manager and senior staff at the service had been trained by the tissue viability nurses to use a Red Box tissue safety intervention kit. Staff understood how to spot pressure areas developing, how to intervene with first aid preventative measures and how to access the tissue viability nurses quickly.

People told us they had been asked about their views and experiences of using the service. One person said, "Everycare is very good. The deputy care co-ordinator comes into check on us every Monday, what a difference he will make." We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings and sending people monthly questionnaires. We sampled 19 responses from the latest questionnaires and these showed a very high satisfaction rate for the personal care service people received.

People told us they had been involved in the care planning process and in the reviews of those plans. People had been asked about their life histories and experiences. One person said, "They like to hear my stories. I think it is very good and can't fault them."

Reviews of the care plans were scheduled in advance, but could also be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Records showed that care plan reviews were comprehensive and inclusive. Staff told us care plans were kept up to date and that they checked people's daily records for any changes that had been recorded. The registered manager reviewed people's care notes to check that people's needs were being met.

There was a policy for dealing with complaints that the staff and registered manager followed. Although people knew how to complain there had been no complaints. People said, "I have had no complaints with

Everycare." Another said, "I have never had to complain. I get a timesheet through every week. It helps me with my anxiety." And, "Yes of course they [staff] listen they will do anything for Mum."

## Is the service well-led?

### Our findings

People told us they were very satisfied with the service they received. People described the service as, "My first impressions is that it is very good", also, "They [Staff] are very efficient and very approachable". One person said, "I would describe the overall quality to be perfect, it is just the way they talk to you and the manager is a very approachable person." Another person said, "I have a laugh and joke with the manager."

People told us they were kept informed of changes. A relative said, "The girls are very helpful they ring me if there is any problem at all."

Feedback about the service was indicative of a well led service. People told us about how managers from the office kept in touch with them. The service delivery schedules were detailed and clear for staff to follow. The registered manager, and other senior staff provided leadership in overseeing the care given and provided support and guidance where needed. For example, the provider's senior manager made themselves available to meet people on a one to one basis. We also saw examples of the provider's senior manager providing support and guidance to the registered manager.

The registered manager had carried out quality audits of the service. These audits assisted the registered manager to maintain a good standard of service for people and to consistently meet the legal requirements and regulations associated with the Health and Social Care Act 2008, and Care Act 2014.

Care plans, risk assessments and staff files were kept up to date and reviewed with regularity. Records showed that the registered manager responded to any safety concerns and they checked that risks affecting staff were assessed. For example, when staff were at risk from delivering care to people who smoked.

Our discussion with the registered manager confirmed there were systems in place to monitor and review any concerns about abuse, accidents, incidents and complaints. Accident audit reports provided an analysis of accidents and identified any themes. Audits included responsive actions and lessons learnt.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. We saw evidence of staff acknowledging they had read and understood the providers policies. Staff confirmed to us they understood the organisations policies.

Staff told us that the management team encouraged a culture of openness. We observed staff being able to access the registered manager and care co-ordinator through their 'open door' policy which meant that staff could speak to them at any time. They were also available on-call if staff needed to speak to them. One member of staff said, "This is a very supportive company to work for."

Staff understood their roles and responsibilities and told us they worked well as a team. They were able to describe these well and were clear about their responsibilities to the people and to the management team. Staff said, "I enjoy this work, I know where I am being deployed and the registered manager is a good



manager." Staff gave us examples of how they had asked for additional training and we saw that this had been booked. For example, diabetes awareness. This demonstrated that the registered manager and provider were responsive to staff.

Communication within the staff team was facilitated through monthly staff meetings. We sampled the meeting minutes and saw that the agenda covered MCA 2005 updates, scenario (What if) discussions about medicines and other work care related topics. These provided a forum where staff could share concerns and receive collective shared knowledge. A senior manager from the provider attended staff meetings.

The registered manager was proactive in keeping people safe and understood their legal responsibilities. For example, they discussed safeguarding issues with the local authority safeguarding team and sent notifications to CQC about events within the service. Staff told us about one situation they raised with the registered manager in relation to a person's mental health and self-harming. Staff said, "As soon as I raised the concern the registered manager was straight onto safeguarding." This set the wheels in motion for the person to get the right professional input which stabilised their mental health. This meant that there was transparency and openness and the risk of harm was reduced.