

Everliving Services Ltd

# Everliving Services Ltd

## Inspection report

Stuart House  
St. Johns Street  
Peterborough  
PE1 5DD

Tel: 01733475638

Date of inspection visit:  
04 October 2018  
15 October 2018

Date of publication:  
12 November 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Everliving Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service of personal care to two adults.

This inspection took place on 4 and 15 October 2018. The inspection was announced. This is the first Care Quality Commission (CQC) inspection since the service registered on 2 June 2017.

Not everyone using Everliving Services Ltd received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There were two registered managers in place. There was only one registered manager present during this inspection.

The provider had failed to carry out required checks to make sure new staff were of a good character and were considered suitable to support people safely. Checks carried out were not in line with the providers recruitment and selection policy.

The provider needed to improve their audit and governance systems so that these could drive forward any improvements required. The registered manager and their staff team linked up and worked with other organisations to ensure people's well-being.

Staff were trained to meet people's care and support needs and development opportunities were in place for staff to increase their skills and knowledge. Supervisions and competency checks were in place to monitor and develop staff.

People were having their medication as prescribed. Although there was no evidence of people being placed at risk, some records lacked guidance for staff on whose responsibility it was to order, collect and dispose of people's medication.

People were supported by staff who knew how to protect people from risk and harm. Staff also knew how to report concerns. Risk management plans provided guidance and information for staff on how to reduce and monitor the risks to people's health and welfare. Staff knew about the risks to each person. However, more information was needed about the risks posed by people's specific health conditions.

Care records were held securely in the office to ensure confidentiality and a copy was held in people's own homes.

Staff had not missed anyone's care visits. They had arrived on time, or within the agreed plus or minus 5 minutes tolerance. People received a kind and compassionate service from staff who knew their care and

support needs well. Staff maintained people's privacy and dignity when supporting them with their personal care. Staff respected people's equality and diversity. Staff assisted people, where needed, with their drinking and eating to help people's well-being.

The registered manager took proactive action to inform staff of their expectations to prevent incidents and accidents from occurring. Staff used PPE when supporting people, so that they maintained prevention and control of infection.

People were involved in their care decisions and staff promoted people's independence as far as practicable. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

When people became end of life staff would work in partnership with other healthcare professionals to ensure people's care was dignified and comfortable.

People had not yet had to complain but felt that any complaints would be managed, responded to and resolved wherever possible.

Further information is in the detailed findings below. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Thorough new staff recruitment checks to determine good character were not in place.

People's prescribed medication was safely managed. Clearer records were needed to clarify staff responsibility around the ordering, collecting and disposal of people's medication.

Risks to people were monitored by staff to ensure that people remained safe, but promoted people's independence wherever possible. More guidance for staff was required around people's specific health conditions.

A process was in place and followed by staff, to protect people from harm or poor care. People received their care visits at the agreed time.

### Is the service effective?

**Good** 

The service was effective.

Staff were supported with training, spot checks and supervisions to make sure they were delivering effective care.

Staff supported people with their eating and drinking requirements.

People were assisted to have access to external healthcare services when needed.

### Is the service caring?

**Good** 

The service was caring.

Staff treated the people they supported in a respectful and compassionate manner.

People were involved in making decisions about their care and support needs.

Staff maintained people's privacy and dignity when supporting them with their personal care.

### Is the service responsive?

**Good** ●

The service was responsive.

People's individual needs were assessed and staff used this information to deliver personalised care to people.

People were confident that their concerns would be listened to and resolved wherever possible.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Quality monitoring had not identified that staff recruitment checks were not in line with the organisations policy on recruitment.

Staff were clear about the standard of care and support they were expected to deliver.

People were encouraged to feed back on the quality of care provided.

# Everliving Services 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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 and 15 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that staff would be available.

Inspection site visit activity started on 4 October 2018 and ended on 15 October 2018. It included visiting the office and speaking to staff and people who use the service by telephone. We visited the office location on 4 October 2018 to see the registered manager and to review care records and policies and procedures.

One inspector undertook the inspection.

Prior to the inspection we used information the provider sent us in the Provider Information Return on 12 June 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We looked at the notifications received by the Care Quality Commission (CQC) and other information we hold about the service. A notification is information about important events which the service is required to send us by law.

We contacted other health and social care organisations such as representatives from local authority contracts team and quality improvement team and Healthwatch (an independent organisation for people who use health and social care services). This was to ask their views about the service provided.

We spoke with two people who used the service. We also spoke with a registered manager, safeguarding lead and two care staff. We looked at care documentation for two people, two staff recruitment files, staff supervision, and training records. We also looked at other records relating to the management of the service including audits and action plans, feedback questionnaires, the service user guide and statement of purpose, recruitment and selection policy and end-of-life policy.

# Is the service safe?

## Our findings

The provider's recruitment practices did not promote safety. Required checks to verify a new staff applicants' character and suitability for the role were not carried out in line with the providers policy and procedure. Satisfactory evidence of conduct in earlier employment was not sought for new staff members, such as a full employment history and references.

This evidence demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

People's care records and risk assessments were held securely at the office to promote confidentiality and a copy was held in people's own homes. People also had a premises risk assessment in place.

Staff monitored and reviewed people's risk assessments following any deterioration in people's care needs. Staff knew the people they were supporting and their needs and risks well. However, more information for staff to guide them on people's specific health conditions and the risks associated with these, was needed. This would help reduce the risk of unsafe or inappropriate care being given to the person by staff.

People, who required support with their prescribed medication, had no concerns. One person said, "It is so important with one of my medicines that I take it 30 minutes before I eat and I do forget, but staff will prompt me". Care records showed the level of support a person needed with their prescribed medication from staff. However, clearer written guidance for staff on whose responsibility it was to order, collect and dispose of each person's medicines was needed. This would reduce the risk of potential medication errors as it would set out clear expectations of what staff were expected to do and not do.

People told us they felt safe because of the support and care they received from Everliving Services Ltd staff. One person said, "[Registered manager] comes around a lot to find out how things are going. I feel safer with [the agency]".

Staff had completed training on how to safeguard people and knew their responsibility to protect people from poor care and harm. Staff said they would report any concerns both internally to the registered managers and to external agencies such as the local authority, police or CQC. This was in line with the service's safeguarding process. Staff knew how to whistle-blow and were aware of the providers policy and procedure on this. Whistle-blowing is a process where staff are given a safe arena to report any poor standards of care. A staff member said, "Whistle-blow. I would raise a concern as it would be a breach of conduct if I don't". Another staff member confirmed, "I would always raise a [concern]".

The service had enough, suitably skilled staff to meet people's needs. Staff were punctual and there had been no missed care visits. The registered manager told us that there was a clear expectation that staff arrived within plus or minus 5 minutes of the agreed care visit time. This was monitored using a mobile phone app (application), on which staff logged times in and out of the care visit. One person confirmed that staff were on time to their care visits and stayed the correct amount of time. Another person said, "Staff are

on time", when asked about staff's timekeeping.

There were processes in place to prevent the risk of infection. Staff had received training in the prevention of cross contamination, infection control and food safety. Staff confirmed that there was enough personal protective equipment (PPE) of aprons and gloves for them to use and that these were single use items only. One staff member said, "I would take my gloves off after each task, you always change your gloves".

The registered manager gave us examples of, and staff confirmed, pro-active learning had taken place with staff as no accidents and incidents had occurred to date. For example, staff had been given clear guidance, linked to the organisations policies, to reinforce the standards expected from staff with regards to the prompt timekeeping for care visits. Shared learning was communicated to staff individually or as a group.



# Is the service effective?

## Our findings

Staff used guidance from external social and healthcare organisations to provide effective care based upon current practice to support people with their care needs. For example, although no one using the service was currently end-of-life, NICE Guidelines on end-of-life care were used to inform the providers policy on end-of-life care and support.

Staff attended supervisions and checks of their competencies were carried out. Staff were observed by a more senior staff member to support them in their day-to-day role and to help identify and discuss any learning needs. The service employed staff who were members of the same family. These staff were supervised by senior staff who were not related to them in any way.

Staff were supported to maintain their current skills with regular training on mandatory core subjects relevant to their role. The provider also supported them to undertake further qualifications to develop their skills and knowledge. One staff member said, "I am being given the opportunity to complete [a health and social care qualification] via Everliving Services Ltd. I have never had this opportunity before".

Staff supported people with their food and drinks. People had no concerns and staff gave them choices. One person told us, "[Staff] support me with my meals and drinks. Due to my [religious beliefs] I want things done a certain way. This is very much respected [by staff], very much so". Another person said, "I'm not very good at eating at the moment so staff make me drinks and put fruit out for me to take to work".

Staff supported people to set up or help them attend external health appointments, when needed. One person said, "The [registered manager] was present when an ambulance was at my home. They offered to travel with me [to the hospital] I have a lot of hospital appointments and admissions and staff will drive me if I request this assistance".

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

During this inspection, the registered manager confirmed that no one using the service lacked mental capacity to make day-to-day decisions. Staff had undertaken MCA training. Staff could demonstrate an understanding in relation to the application of the MCA. One staff member told us, "If a person could not think for themselves and have been assessed as not being able to make a decision, I would make a decision to help them in line with their care record. We would need to do this in their best interest". Another staff member told us, "If a person has [mental] capacity they know the risks of their choices. The consequences... however, if a person lacks [mental] capacity you may need to remind them to take their medication".

People told us that they were given a choice and staff respected their choices. People were supported to

have maximum choice and control of their lives and staff supported them in the least restrictive way possible; and systems in the service supported this practice.

# Is the service caring?

## Our findings

People had very positive opinions about the support and care they received from staff at Everliving Services Ltd. Staff treated them with kindness and compassion. A person said, "I think it is very important that people like you [representatives from the CQC] get to hear when [staff] are really taking care of people well". Another person told us, "I have had four [previous] care agencies and this one is the best for explaining to me what they can and cannot do and why. I am happy with the care I receive".

Staff supported people to be as independent as they could be at home. Care records showed that staff were reminded to respect people's choices and to help people keep their independence. People explained to us that it was their wish to stay in their homes and the assistance from staff at Everliving Services Ltd helped them to achieve this.

People were encouraged to voice their views and were involved in the decisions about their care and support. A person said, "I feel very much involved, I am very particular and I want things done in a certain way. I show [staff] how I want it done and then they do it". Another person told us, "I am involved in my care decisions".

No one at the time of the inspection was using advocacy services. Information about advocacy services should people or their relatives need it was available on request. Advocates are independent and they support people to communicate their views and wishes.

Staff promoted people's dignity and privacy. People told us that personal care was carried out in a dignified way behind closed doors and privacy was maintained always. One person said, "As a [named religion] dignity and privacy are very important so I make sure of this myself". Another person told us, "[Staff] ask me if I need the toilet, then help me to the toilet. They make sure I am safe and then say, 'let me know when you have finished' and close the door to help me with my privacy and dignity".

People's preference to be supported by male or female staff was upheld. The registered manager checked each person's preference when they first started to use the service. They said only one person had expressed a preference and people confirmed this.

## Is the service responsive?

### Our findings

People's needs were assessed prior to them using the service to make sure their needs could be met by staff. People were involved in the development of their individual care records to make sure that their preferences and future goals were recorded. One person said, "I am cantankerous so I made it clear what I wanted". Another person told us, "[Staff] understand my needs. I felt that at my assessment as a new client I was very involved...being supported by staff is helping to improve my independence". Care records held relevant information about the individual so that staff could get to know the person they supported. Staff completed daily notes of how people were supported at each care visit.

People did not need help from staff to promote their social inclusion and well-being. However, one person told us how staff encouraged them to be more involved in the community. They said, "[Registered Manager] is always trying to encourage me to go out for walks [with staff support] and has offered to drive me places".

The provider had a complaints process in place. No complaints or concerns had been raised with the service. People told us they had information on how to raise a concern and would feel comfortable complaining or making suggestions if they needed to. A person said, "I am aware of how to raise concern if needed". Another person told us, "I have the details of how to raise a concern if I had one, I have the directors telephone number [to contact]".

No one using the service was receiving end-of-life care. Staff told us in the event of a person reaching end-of-life, they would follow their end-of-life policy. They would work with external health care professionals' guidance and advice when it became clear that the person's health condition had deteriorated. This would enable staff to support people to have the most comfortable, dignified, and pain-free a death as possible.

# Is the service well-led?

## Our findings

The providers quality monitoring systems needed to be strengthened to ensure they gave a wider overview of how well the service was performing against the fundamental standards and meeting legal requirements. Quality monitoring checks had failed to find recruitment practices were poor and did not follow policy which could potentially place people's safety at risk.

There were two registered managers 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. They were supported day-to-day by care staff and a deputy manager.

The registered managers and staff promoted equality and inclusion within the service and workforce in line with their policy. The registered manager and staff demonstrated a good knowledge of people's care and support needs. A staff member said different scenarios had been discussed regarding the care of people using the service. Staff then talked through any learning. For example, staff had a good knowledge and understanding of how to support a person's cultural and religious preferences including food and food preparation.

Staff were clear about the expectation to provide a good quality service that met and supported people's individual needs. One person told us, "It feels like it is a two-way conversation and a partnership, because of the good communication".

Staff felt supported by the registered manager and management team who were approachable and listened to them. A staff member said that they were new to the service and felt "really supported. Shadow shifts I got lots of support and gained lots of learning".

People were very complimentary about the service provided, and how the service was run. People could speak to the registered manager should they wish to do so and the registered manager made themselves available for this. Quality monitoring visits were carried out to gain feedback on the service provided. Feedback included, "[Staff] are professional, caring, knowledgeable and on-time". Another comment was that the support from staff "helps a lot".

Records CQC held about the service confirmed that the provider had sent a notification to the CQC. A notification is information about important events that the law requires the provider to notify us about such as safeguarding concerns, deaths, and serious incidents.

Staff at the service worked in partnership and shared information with other key organisations and agencies to provide joined up care and support for people using the service. This included working and sharing information with health and social care providers such as representatives from the safeguarding team and local fire service. This was to ensure that the support that a person was currently receiving from the service

was meeting their needs.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (1) (a) (b) (c) (2) (a) (b) 3 (a) (b) : Fit and proper persons employed. The provider did not make sure that recruitment checks on all new staff were carried out to make sure they were suitable and of good character; in line with their recruitment policy.</p>