

Everlasting Care Ltd

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Inspection report

11 Hedley Court
Orion Business Park
North Shields
NE29 7ST

Tel: 01912574575
Website: www.everlastingcare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Everlasting Care is a domiciliary care agency providing personal care to people in their own homes, as well as providing personal care at the provider's day centre. The service supports older people, including people living with dementia, younger adults, and children. At the time of our inspection there were 50 people receiving the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of the service and what we found

People felt safe due to the consistency and reliability of the provider, and individual staff members. People received a continuity of care from core staff members they knew well and had built strong relationships with.

Communication from the provider was regular and inclusive, ensuring that people and their relatives were fully informed and involved in the planning of care. The provider had successfully rolled out an electronic care records system, which was working effectively and enabled them to keep real time oversight of core areas, such as call times and medicines administration.

Care calls were well planned and monitored, meaning people and staff were safe. Systems were in place to monitor staff competence and training, ensuring people received care and support from staff who were competent and confident.

The culture was open and supportive. Staff felt engaged in how the service was run and valued for the work they did. The provider worked well with a range of external health and social care professionals.

People, their relatives and external professionals all agreed the service was well managed. They had confidence in the provider and in staff they had got to know over a period of time.

The provider was open to feedback and engaged in provider forums and other external events to stay abreast of good practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 19 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We contacted the local authority to ask for feedback. We used the information the

provider had sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and the deputy manager. We reviewed a range of records. These included electronic care records for 5 people and staff records. A variety of records relating to the management of the service, including audits, incident reports, safeguarding information, rota planning and policies. As part of the inspection, we spoke with 4 people who used the service and 6 relatives. We contacted 4 more care staff over the telephone. We sought feedback via email from 4 external health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place and regularly reviewed. Staff understood how to keep people safe and what to look out for. One person said, "I do feel safe with them, very much so." The provider was responsive to feedback about how to make two areas of risk assessment more person-centred and effective.
- The provider used the electronic care records system and reminder emails to ensure staff were informed about risks to people. Staff helped people minimise risk in their own home by advocating for them and flagging concerns with the office team.
- The electronic call monitoring system also helped the provider monitor the timeliness of care calls, meaning people did not face unnecessary delays and staff, who may be lone working, were safe. One relative told us, "They are here at the right time and if there is any delay, they let us know."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse and avoidable harm. The provider had clear policies and procedures in place, which staff understood and acted on when needed. People had been kept safe thanks to prompt action by the provider.
- Staff completed safeguarding training as part of their induction and received regular refreshers after that. Regular competence observations included questions for staff around a range of safety topics. Staff supervisions were also a forum for staff to raise any issues, and for the provider to support them.
- The provider's systems allowed for accurate, real time recording of safety information, such as timing of calls, detailed food and drink information and medicines. The provider reviewed information regularly and any learning was shared with staff regularly. The electronic records approach meant information was shared effectively with staff and relatives, to reduce risk. One person said, "The app is marvellous. Take this morning, the carer said I was a bit red and she put cream on and it is all on the app, so the next carer can see it, and my son too. That's good."

Staffing and recruitment

- Recruitment was safe. There were appropriate pre-employment checks were in place, including references and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People felt safe and described the peace of mind they got from knowing they had a stable, core staff team to support them. The provider worked hard to plan rotas to ensure people received a continuity of care. One person said, "We know it's the same group of carers, if it's someone new then they are always introduced by someone experienced."

Using medicines safely; Preventing and controlling infection

- People received their medicines safely. The provider's electronic records system recorded medicines administrations. Staff understood how to use the system. One relative said, "They help [person] with their medication every day and know what they are doing."
- Medicines records were accurate and up to date. Staff received training in how to administer medicines safely. Their competency was regularly checked and the provider ensured staff received training from external nursing professionals when they were completing more complex duties.
- Staff encouraged people and relatives to maintain their homes and were diligent with things like out-of-date food and being mindful of clutter. All people and relatives confirmed staff used PPE appropriately.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and deputy ensured staff had a clear understanding of their responsibilities and the high standards expected. They worked with staff to improve the service, and there was mutual respect.
- People and their relatives felt the service had clear leadership. One relative told us, "They come and do spot checks on the staff, when they don't expect them, and they ring and make appointments to see me to ask me how things are and if I am happy with everything."
- Policies and procedures were in line with good practice. The provider ensured all staff read these and stayed up to date with their learning. The provider was looking to introduce more champions for areas of good practice.
- The provider had effective quality assurance systems in place. They utilised the electronic records system well to understand any risks and to look for ways to improve quality.
- Staff were encouraged to learn new skills and engaged well with additional training, and new responsibilities. One staff member said, "There are regular reminders about what we need to get up to date on with training and there are regular supervisions to see how we are doing."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture was supportive, open and focused on good outcomes for people. People spoke highly of the effectiveness and regularity of communication from office and care staff. One relative said, "They support me really well and it means our relative can stay at home."
- The majority of staff had worked at the service for a number of years, and told us they enjoyed the role and valued the support of the provider. Staff retention levels were high.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and deputy engaged with people, relatives and staff on a regular basis. They met with families to help understand people's needs and used regular calls and surveys to understand if there was anything they needed to change. One relative said, "You can talk to them anytime, even at weekends, and if they can't answer immediately, they always ring you back. The app is excellent, if I am on holiday I can see when they have been and what they have done and if there is an issue which is great."
- People's protected characteristics were respected. The provider's systems recorded people's individualities and beliefs and staff acted accordingly.

- Staff felt involved and valued. They received a blend of formal observations, supervisions and informal support. The registered manager had training in counselling and was proactive in ensuring staff mental health and wellbeing was supported.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong ; Continuous learning and improving care; Working in partnership with others

- The registered manager understood and had made appropriate notifications to CQC. They understood the duty of candour requirements and were open and transparent with people and relatives if something went wrong.
- The provider worked proactively with external health and social care professionals. One external professional said, "They show professionalism, compassion for the people they care for and their proactive approach to raising concerns or providing feedback on care that is working well."
- The registered manager was keen to continually improve the service and was responsive to feedback.