Aboutcare Hastings Ltd

Everycare Hastings

Inspection report

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Date of inspection visit:
14 November 2018
16 November 2018

Date of publication:
17 December 2018

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

Summary of findings

Overall summary

This inspection took place on 14 and 16 November 2018 and was announced.

Everycare Hastings is a domiciliary care agency which specialises in the care of older people living in their own homes. The service provision varied from minimum one-hour visits daily to support people with personal care but they also provided companionship services and home help services.

Not everyone using Everycare Hastings received a regulated activity. CQC only inspects the service 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. At the time of inspection, the service provided personal care support to two people.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager had been appointed and started in post on 3 September 2018. At the time of inspection, they had yet to apply for registration as manager. However, at the time of writing this report an application had been submitted for processing.

This was the first inspection of Everycare Hastings since registration. The organisation was developing systems to monitor and review the quality of the care provided. The service was small. Systems were still evolving and needed further time to be developed to fully meet their needs. We recommended the owner sought additional support in this area.

People told us they had continuity in the staff that supported them. When their carer was on leave the manager provided support. They liked the consistency offered by the service. They staff always arrived on time and stayed for their allocated time. They told us staff always completed the tasks required of them along with any additional requests. One person told us, their carer was "Like a family member."

People were supported by staff who demonstrated kindness and had a caring approach. Staff knew people well. A relative told us they had good communication with their relative's carer and with the office staff.

People knew how to complain if they needed to. They told us they would have no hesitation in picking up the phone if needed. However, one person said, "We have had nothing to grumble about."

Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. There were thorough recruitment procedures that ensured as far as possible staff were suitable and safe to work with people. As part of the assessment process risk assessments were carried out in relation to people's homes and to their individual needs and where necessary, actions were taken to mitigate risks to reduce the risk of accidents or injuries.

There were safe systems for the management of medicines. These ensured people received support in a safe way. There was information in support plans about how people liked to take their medicines. Care staff had received training on medicines and the procedures to follow to ensure they were given safely.

Spot checks had recently been introduced to monitor staff performance. Staff attended regular training to ensure they could meet people's needs. There was a thorough induction to the service and staff felt confident to meet people's needs before they worked independently. People told us they liked the fact office staff came to check on staff as this meant they cared about them and their staff.

The owner and staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA are regulations that have to be followed to ensure people who cannot make decisions for themselves are protected. People's support plans reflected the choices they had been given daily and people told us staff always checked what support they needed and how it should be provided.

Support plans gave staff detailed advice and guidance on how to meet people's needs. People told us they had been involved as part of the process. Support plans were reviewed regularly and as and when people's needs changed. If professional advice and support was sought then this was included within the documentation. People had the equipment they needed to keep them safe.

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.

There were safe procedures for the management of people's medicines.

Staff had a good understanding of the risks associated with the people they supported and knew how to recognise and report abuse.

Thorough recruitment checks were carried out.

Is the service effective?

Good

The service was effective.

Staff sought people's consent before providing all aspects of care and support. Staff received training to support people effectively.

People told us support was provided in the way people wanted to receive it.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were cared for by staff that were kind and treated them with dignity and respect.

Staff ensured they promoted people's independence and supported them to make choices.

Staff ensured care was provided in a way that each person's particular needs and wishes.

Is the service responsive?

Good

The service was responsive.

People received care tailored to their preferences. People were supported by staff that knew them well including their likes and dislikes.

Support plans contained person-centred guidance to ensure staff knew how to support people.

There was a detailed complaint procedure and people told us they knew how to complain if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was no registered manager in post.

Systems to ensure the service was appropriately monitored were still being developed and needed further time to ensure they were effective.

People, their relatives and staff said positive things about the service.

Everycare Hastings

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 was announced. We gave the service 24 hours' notice of the inspection visit as the agency is small and we needed to be sure there would be someone in the office when we visited.

Before the inspection, we checked the information held regarding the service and provider. This included any statutory notifications sent to us by the service. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

The inspection started on 14 November and ended on 16 November 2018. We visited the office location on 14 November 2018 to meet with the owner and the manager and to review care records and policies and procedures. On 15 November we spoke with a carer by telephone. On 16 November 2018 we visited two people in their home to gain their experiences of care provided and to review their care documentation. We also met with a relative of the people.

During the site visit we spent time reviewing records, which included two support plans. We looked at a staff file, medication administration records, staff rotas and training records. Other documentation related to the management of the service such as incidents, meeting minutes, daily records and quality monitoring records were also viewed.

This was Everycare Hastings' first inspection with the Care Quality Commission.

Good

Is the service safe?

Our findings

People told us they felt safe in their homes. They were happy with the security arrangements and knew who was coming to support them on each visit. They felt confident with the support they received in relation to their medicines.

There were safe systems for the management of medicines. Risk assessments had been carried out to assess how much support people needed with their medicines. Support plans showed who had responsibility for re-ordering medicines. Staff completed medicines administration records (MAR) to show medicines had been given and when. A new MAR format had been introduced this month and this enabled clearer recording. When people needed support with the application of prescribed creams there was a body map that showed where to apply the creams and records stated what cream and how much cream to apply. Staff had completed training in the safe administration of medicines and records showed this was up to date. Medicine competency checks had not been completed at the time of our site visit but there was a format for doing this assessment. The day after our site visit the manager confirmed in writing competency checks had been carried out.

People were supported by staff who managed risk safely. Where risks were identified, risk assessments provided staff with specific information and actions to take to reduce the risk of an accident. One person was living with diabetes. They were prescribed medicine for this. The manager told us the diabetes was well controlled. There was no information in the care plan stating whether the person had a history high or low blood sugars and what to watch out for in terms of symptoms should they be unwell. Following the site visit this information was discussed with the person and their relative and we were told the care plan had been updated to reflect the current treatment plan which involved very minimal monitoring by professionals.

There were good systems for the recording of accidents and incidents. There had only been one incident. This had been recorded along with the measures taken to prevent a reoccurrence. This demonstrated the service learned from incidents. One person told the agency they had stumbled. The person was checked over for injuries and a 'near miss' form was completed to assess if anything could have been done to have prevented the stumble.

Staff had an understanding of different types of abuse and discrimination told us what actions they would take if they believed people were at risk. All staff had received training in safeguarding and the manager told us they would not hesitate to report any concern to the local safeguarding authority.

People lived in a property that was run by a housing association so responsibilities for checks regarding fire safety in respect of smoke detectors and carbon monoxide monitors lay with the association. The agency checked this had been done. There were also tools available to ensure that if people living independently, the agency would ensure these checks had taken place. There was a general evacuation procedure in the event of a fire but this did not include a person-centred assessment of each person's ability to leave their home in the event of an emergency. The manager told us this would have little impact on people as they would have been able to leave their house in the event of an emergency. They said they would update

records. Following the inspection, a format for an updated risk assessment tool was sent to us.

There was a business continuity plan that provided detailed advice and guidance to assist staff in a range of emergencies such as, infectious disease, damage to the premises, loss of utilities and computerised data.

Staff recruitment checks were undertaken before staff began work for the service. This included an application form with employment history, references, and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults. Where there had been gaps in a staff member's employment history these had been explored through the interview process. These measures helped to ensure, as far as possible, only suitable people were employed.

There were enough staff to support the needs of people in their home safely. Rotas were planned a week in advance and care staff were informed of the calls they would be covering. When staff were unwell or on leave, care calls were covered by the manager. People and their relative told us they almost always had the same staff member visit them. If they had a day off or holiday, the manager would carry out the call. One person told us this was the reason they changed agency and they really valued the continuity of care provided by Everycare. One person said, it is flexible. If the carer wants to come early or late or if we want them to come early or late we talk about it and fit in with each other. There were on call arrangements for staff support outside of office hours. There were no overnight calls. Staff told us visits were mainly a minimum of one hour. They confirmed if they were running late they would ring people to let them know and advise the office.

There were good procedures to monitor infection control. People and relatives told us staff had access to and wore personal protective equipment (PPE). Gloves and aprons were readily available and used frequently. Staff were up to date with infection control training.

Good

Is the service effective?

Our findings

The owner had systems to ensure staff had the skills, knowledge and experience to deliver effective care and support. People told us they were confident staff had received good training.

There was an induction programme for new staff. Staff confirmed before they started working with people they completed this induction training. They also told us they had an introductory visit to new clients before they started to provide care. There was only one staff member providing personal care to people. Since the new manager started in post they had carried out a spot check with the staff member. They told us going forward, they would do weekly spot checks for any new staff and then gradually move this to monthly and then two monthly checks to ensure competency

New staff completed a mixture of online and face to face training. Online training included safeguarding, improving outcomes for people with dementia, catheter care, prevention of ulcers, food hygiene, diet and nutrition and equality and diversity. Face to face training was also provided in relation to medicines and moving and handling. A staff member told us, "I have had a lot of training from the company." They confirmed the training equipped them to do their role well. They felt confident if they needed further training due to a person's changing needs this would be provided.

A staff member told us since they had started in post in January 2018 they had only attended one formal supervision meeting at the beginning of November 2018. However, they said despite this they felt very supported. They were in touch on an almost daily basis with the manager and also spoke with the owner regularly. They felt they could raise any concerns or ask for advice and support if they needed it. They told us, "I feel very supported. I always felt involved but it's even better since the new manager started in post."

We were told staff who had not previously worked in care would go on to do to do the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. However, staff employed to date had already either completed the Care Certificate or had completed a health-related qualification.

Staff continued to receive training in a variety of subjects including safeguarding, medicines, first aid, infection control and food hygiene. Staff also completed specialist training to fulfil their role if this was assessed as necessary. A full assessment of people's needs was carried out to assess if needs could be met and to identify if there were any specific training needed before a new care package could be started. For example, if a person required support with dementia or diabetes, additional training would be provided for staff.

The service told us they worked closely with healthcare professionals. When assessed as necessary, guidance was sought, and any guidelines obtained were included as part of people's support plans. When one person's health needs changed the manager arranged for a health professional to visit and they now visit the person twice weekly to provide support. A health care professional told us,

People supported did not have any specific needs in relation to food and drink. However, they told us staff checked with them on each visit to see if they needed anything to eat and always made sure they had a plentiful supply of drinks.

People had the equipment needed to meet their individual needs. People had lifeline pendants to seek help in an emergency. The owner told us as part of their assessment process they checked people's needs and where appropriate, offered guidance to people about how to gain additional help in areas such as occupational aids and fire safety. Arrangements had been made for one person to have their needs assessed by an occupational therapist to see if there was any additional equipment they could benefit from.

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. Staff had received training in MCA. People's abilities to make decisions had been assessed. People told us staff asked them what they wanted to be done and how they wanted it done. Staff spoke to us about the need to check people's consent and understanding on a daily basis and records confirmed choices presented to people and the decisions they made. One person used to take medicines independently. Concerns were raised as medicines had sometimes been missed. This was discussed with the person, and their relative, and the person decided they would like support in this area. The person told us they were happy with this arrangement.

Good

Is the service caring?

Our findings

During our inspection people told us they were happy with the care staff gave them. One person said their carer was, "Like part of the family. They are flexible, they know what needs to be done and how I like it done and they fit in with me and how I am feeling. They always ask if there is anything else I want done. Nothing is too much trouble." Another told us their carer was, "Very caring, we couldn't get better care."

People's support plan and daily records and charts were stored in their homes and copy was held safely in the office to ensure confidentiality was maintained. The support plan gave advice on how they person liked to be supported, their individual likes and dislikes, and information about how staff should support them to maintain their dignity. Staff were able to give us examples of how they maintained people's privacy and dignity, for example ensuring dressing gowns were worn. People confirmed staff respected their privacy and individual preferences in relation to support. Support plans detailed how person-centred care should be provided. One person's support plan stated to make sure a particular soft cushion was available in the lounge. A person told us, "Little things can mean a lot when you can't get up easily to fetch something."

People told us staff were very helpful and accommodating. A staff member told us they liked the flexibility the role offered. They gave an example of where they provided personal support in the morning and companionship and domestic work in the afternoon. However, if one person wanted to have a lie in, this meant they could do the domestic element in the morning and provide support with personal care later. The said, "There is no need for compromise or sacrifice care, clients appreciate that, there is no rushing." Flexibility meant people continued to live as normal a life as possible maintaining important family relationships.

Care and support was provided in a way that promoted people's independence. Support plans for personal care included detailed advice about the areas people were able to complete independently and the areas they needed support and how this was to be provided in a way that suited the person. For example, staff assisted one person by putting socks on halfway and the person was then able to manage the rest. As well as maintaining skills this also ensured the person's dignity.

There was information within support plans about the need to ensure people's dignity was maintained. There was advice in one person's plan to make sure inhaler and lifeline pendant was at hand before staff left the house. Support plans also referred to making sure drinks were left within reach. People told us staff always ensured there were a variety of drinks within easy reach and we saw this during our visits to people's homes.

Good

Is the service responsive?

Our findings

People knew staff followed support plans that included information about the care to be provided and told us they were involved in the process. People told us staff arrived on time for calls and stayed the allocated time.

Each person's needs and wishes had been assessed with them and where appropriate, their relative. From this a support plan was drawn up. As part of this process where risks had been identified, risk assessments had been written to assess and reduce the risks to people. Support plans were person centred and included information about how they liked to spend their time, the specific areas they needed support and how this should be provided.

There was a copy of people's support plans and risk assessments in the office and in the person's home. Daily records confirmed the support provided to people each day. There were signed forms consenting to the provision of care. Support plans were reviewed as and when a person's needs changed. We asked staff how they were kept up to date with changes in care packages and support plans. A staff member told us when changes were made, the support plan would be updated and "I am in touch daily with the manager so I know when changes are made." They also told us if they found a person's needs were changing and it was taking longer to provide their care they would report this to the office and the care package would be reviewed. They were able to give an example of how one person's support needs had changed and a care package that was originally set up for domestic support had been reviewed and increased to provide some elements of personal care. Support plans reflected the care of the people we met.

The service had an effective complaints policy and systems to ensure complaints would be documented, investigated and responded to within clear timeframes. There was also advice about who to contact if the complainant was not satisfied with the response. The owner told us they had not received any formal complaints since they were registered. People told us they had been given guidance about how to make a complaint and contact details so they knew who to contact at the service for advice or support. People felt confident if they had to phone the office their requests would be met. However, they told us, "We have had nothing to grumble about."

As the service was still relatively new they had not yet provided end of life care support. The manager said until they employed additional staff they would not be in a position to provide this type of care but hoped as the service grew they would be able to.

From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. The manager was aware of AIS and told us support plans had been designed to take this into account. Any needs identified to facilitate communication were recorded and responded to. For example, staff supported people to ensure their glasses were cleaned when needed. They said if people needed large print documents or easy read literature this would be provided.

Requires Improvement

Is the service well-led?

Our findings

The service had been running for almost a year. At the start there was a registered manager in post but they left in April 2018. Until a new manager was appointed the owner was responsible for the running of the service. At that time the emphasis was on meeting the needs of the clients but the expansion of the service was put on hold. A new manager was appointed and started in post on 3 September 2018. They had yet to apply to be registered with the Commission. However, at the time of writing this report an application for registration had been submitted for processing. At this inspection the manager had put in place some systems to assist in monitoring the running of the service but as the systems were still in their infancy it was too soon to determine their effectiveness.

There was an informal system for reviewing and auditing support plans, daily and medicine records. When a shortfall was found in medicine there was information about the action taken to address the matter and to ensure it did not reoccur. A more formal and robust system for auditing was in the process of being created but it was recognised the system would need ongoing review to ensure it met the needs of the organisation. Due to the size of the agency it was difficult to assess this area as further time is needed to determine how this will be embedded into every day practice as the service grows.

Relatives retained responsibility for ordering two people's medicines and for arranging the medicines into dosettes for staff to give to people. The manager provided a hand-written MAR chart that gave details of all medicines contained in the dosettes. Records showed the family/carer had responsibility for giving medicines. We asked that the extent of each responsibilities be clarified and detailed in the support plan and this had been done before the end of the inspection.

We recommend the owner seeks further advice and guidance on how to develop and review quality monitoring systems that accurately reflect the running of the service.

The owner told us they met once a month with the owner of another franchise of Everycare. They said these meetings were constructive and gave them valuable advice about how to grow the service. These meetings were informal so there were no minutes of the outcome. They also met with the Head of Everycare, who provided advice and guidance but this was given in the form of verbal feedback. Everycare also had a franchise conference meeting twice a year. The last planned conference had to be cancelled so the next one is due to be held in March 2019.

The manager told us they planned to send satisfaction surveys in December 2018 to people, relatives, staff and professionals to hear views of the service. The owner had visited people twice in October and twice in November 2018 to hear views. Whilst a record of the visits had been made, records did not detail the discussions.

The last staff meeting had been held in February 2018. The minutes demonstrated a wide range of topics had been discussed with staff at that time. The manager told us since starting in post they had met informally with staff, saw them regularly and spoke with them on an almost daily basis. A meeting had been

planned for later in the month. People, relatives and staff told us the organisation was supportive. A staff member confirmed the close contact they had with the manager and told us, "I like the way the company is set up and the fact we do not make short calls. The rules and conditions are clear and transparent. It's a good company to work for."

There were four reviews on the service's website and all four respondents stated they would be extremely likely to recommend the service to others. One reviewer stated the service was, 'Very professional, treated with dignity. Caring and supportive. Will do more than what is expected, nothing is too much trouble. Polite, punctual and always happy.' People, a relative and a staff member all told us they would recommend the service to others.

Emphasis had been placed on building links with local professionals and organisations. For example, attending business breakfast meetings, meeting with solicitors and attending a fair to tell people about the service provided. The owner told us they were also gradually making links with local health and social care professionals. These types of initiatives develop strong links with organisations in the local community and heighten awareness and understanding of the organisation.