Everycare Rugby and Warwickshire

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Everycare Rugby & Warwickshire is registered to provide personal care to people living in their own homes in the community. It provides a service to younger and older adults, who may live with dementia, sensory impairment and learning disabilities or autistic spectrum disorder.

There was a 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.

People were protected from the risks of abuse because staff received training in safeguarding and they understood their responsibility to report any concerns. The provider checked staff were suitable for their role before they started working for the service.

People's care plans explained the risks to their individual health and wellbeing and the actions staff should take to support them safely. Care plans were regularly reviewed and updated when people's needs changed.

Staff were trained in safe medicines administration and in how to minimise the risks of infection.

The provider made sure there were enough staff, with the right skills and experience to support people effectively, and in line with their agreed care plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies, procedures and staff training supported this least restrictive practice.

People said they were supported by staff who took an interest in their well-being and cared for them as individuals. Staff understood people's diverse needs and interests and encouraged them to maintain their independence according to their wishes and abilities.

Staff were happy working for the service and felt supported to build relationships with individual people based on trust. Staff respected people's privacy and promoted their dignity. People were confident any complaints or concerns they raised would be dealt with promptly.

The provider's quality monitoring programme included regular checks of staff's practice, checks that medicines were administered safely and regular conversations with people, to ensure they were happy with the service.

Further information is in the detailed findings below.

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 felt safe, because they trusted the staff who supported and cared for them. Staff understood their responsibilities to report any concerns about people's safety or if people were at risk of abuse. Risks to people's individual health and wellbeing were identified and care plans explained how staff should minimise the risks. The provider's recruitment process ensured staff were suitable to work for the service. There were enough suitably skilled and experienced staff to support people safely. Where needed, people were supported to manage their medicines safely and staff had training in preventing the risks of infection.

Is the service effective?

Good

The service was effective.

Staff were skilled and trained to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health and to obtain advice from healthcare professionals, when their health needs changed.

Is the service caring?

Good

The service was caring.

People were supported by caring staff, who had time to get to know them well. Staff understood people's likes, dislikes and preferences for how they were cared for and supported. Staff respected people's privacy and promoted their dignity and independence.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs and preferences and adapted to any changes people needed or requested. People's

care was planned for their preferred times and was delivered by a consistent team of care staff. People were confident any concerns or complaints were responded to and dealt with promptly.

Is the service well-led?

Good

The service was well-led.

People said they would recommend the service to others because they received a good service from caring and effective staff. Staff felt well-led, because the provider was available and responded promptly to any concerns or queries. There were systems and processes in place to ensure the quality of the service was monitored and maintained.

Everycare Rugby & Warwickshire

Detailed findings

Background to this inspection

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

Inspection activity started on 26 July 2018, with a visit to the provider's office, which was announced, We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was completed by one inspector. Inspection activity started on 26 July 2018 and ended on 30 July 2018.

We had asked the provider to complete a Provider Information Return (PIR), but our inspection visit took place before they had time to complete and return it to us. The PIR is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. During the inspection visit we gave the provider the opportunity to tell us about the information they would have included in the PIR.

The provider and manager have been registered with us since October 2010. The provider and registered manager were obliged by law to re-register with us in October 2017 when they moved their office to a new address. The service was rated Good in 2015, when the service was delivered from their previous address. This was the first inspection since the provider re-registered with us. Twenty-three people were using the service at the time of our inspection.

We reviewed the information we held about the service. This included information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the

local authority.

During our visit to the office location on 26 July 2018, we spoke with the owner and the registered manager of the service. We refer to the owner as the 'provider' in our report. On 27 and 31 July 2018, we spoke by telephone with six people who used the service and with six care staff.

We reviewed three people's care plans and daily records to see how their care was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support to meet people's needs. We reviewed records of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe, because they had regular staff who they knew and trusted. People told us they had a rota so they knew which member of staff to expect and staff wore ID badges, which reassured people they were employed by the provider when relief, or cover staff arrived. A member of staff told us, "I have regular clients. They look forward to my visits. They like me and I have built up a professional relationship. They trust me."

The provider's safeguarding and whistleblowing policies ensured the risks of harm and abuse were minimised. Care staff received training in safeguarding people and were encouraged and supported to share any concerns about people's safety. Care staff told us they would be confident to report any concerns to the manager, but had not needed to report any. A member of care staff told us, "If I have any concerns about anything, I have a chat with the person and share any concerns with [Name of provider]." The provider's safeguarding and whistleblowing policies were explained in the staff handbook and in the service user guide.

There were enough staff, with the right skills and experience, to support people safely. All the people we spoke with told us staff arrived when they were expected, stayed the agreed length of time and gave all the care and support needed as agreed in their care plan. Care staff told us they had enough time to provide the agreed care and support without rushing. A member of care staff told us, "We have enough time to do everything. I have a proper routine with each person."

Care staff were recruited in line with the guidance for safe recruitment of all staff who work in health and social care. The provider's recruitment process included making the pre-employment checks required by the regulations to make sure care staff were suitable to deliver the service. Staff told us they had not started working for the service until all the pre-employment checks were completed.

People's plans included risk assessments related to their individual and diverse needs and abilities. For example, risks to people's mobility, nutrition and communication were assessed and their care plans explained the equipment, the number of care staff needed, and the actions they should take, to minimise risks to people's health and wellbeing. Care staff told us the information in people's care plans, combined with their training, enabled them to minimise risks to people.

The provider had taken action to minimise risks to people related to their home environment. People's individual risk assessments included an assessment of risks related to their own homes, such as trip hazards and other environmental risks. Care plans identified the location of essential supplies that might need to be switched off in the event of an emergency and the safest way to exit the premises. Staff received training in health and safety and first aid.

Medicines were managed and administered safely. Care staff received training in medicines administration to ensure they supported people in accordance with their prescriptions. When people required support with medicines, a senior member of care staff created a medicines administration record (MAR), with written

guidance for staff. Staff recorded whether people took their medicines or declined to take them and the reason why. People told us their care plans included 'body maps' to show staff exactly were topical medicines, such as creams, should be applied. Care staff told us they would know if medicines had not been administered correctly at the previous call and would report any errors to the office. Supervisors checked people's medicines were administered and their MARs were completed at their unannounced visits to observe staff in practice.

People told us staff put their training in infection prevention and control into practice. They told us staff always used gloves and aprons appropriately to minimise the risks of infection.

Good

Is the service effective?

Our findings

People told us care staff had the knowledge, skills and attitude to support them effectively. People told us, "They are discreet and I feel comfortable with them", "They do things how I like it" and "I find them very helpful."

Care plans included risk assessments using recognised risk management tools, in line with the National Institute for Clinical Excellence (NICE) guidance. Risk assessments included actions to minimise the identified risks and the expected outcome of the actions. 'Expected outcomes' or 'aims of care' included supporting people to maintain their usual and preferred routines and to improve their health and level of independence. Care staff told us they read people's care plans before they supported them, to make sure they understood people's individual risks, needs and abilities and the actions they should take to support them effectively.

Care staff told us they felt well-prepared to work independently with people because they were provided with all the training they needed to be confident in their practice. New care staff's induction included training and working alongside experienced staff to learn about people's individual needs to check they delivered care and support safely and effectively. A member of care staff told us, "Training gives you confidence and I have certificates." Staff who had not worked in care before studied for the Care Certificate, which includes training in the fundamental standards expected of all health and social care workers.

Staff training included first aid, food hygiene, moving and handling and medication training. When people needed support with specialist equipment to maintain their nutritional needs, the provider made sure enough staff were trained in using the equipment safely to ensure continuity of care for planned and unexpected staff absence. Most staff went on to obtain nationally recognised qualifications in health and social care. Records showed staff attended refresher training to maintain their knowledge.

Staff were supported in their role through a mixture of team meetings, one-to-one meetings with the provider and observations of their practice at people's homes. Staff told us they regularly met with other staff and the provider when they collected their rotas, gloves and aprons from the office every week. All the care staff we spoke with told us they felt well supported and said the provider and registered manager were always available to discuss people's care or staff's personal needs. They told us, "You can always phone and ask anything" and "We work different hours and I get the chance to speak with [Name of provider].

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff worked within the principles of the MCA. People told us they decided how they were supported with

personal hygiene, what they wanted to wear and how they were supported in their daily living. They all told us they 'directed' their care and support because staff respected their decisions.

Where required, people were supported to maintain a diet that met their needs and preferences. One person needed support to maintain their dietary requirement using specialist equipment, which all staff were trained to use. Care staff told us they had requested and obtained a longer call time to ensure the procedure was not rushed and that there was still enough time to support the person with their other needs.

Information in people's care plans included their medical conditions, any allergies and the signs that they might be unwell. The records staff made at each visit included noting how people were and any changes in their health or wellbeing. Staff told us they reported any changes to the office, to make sure the person's family and GP were made aware when needed. The provider told us they contacted people's families to advise them of any changes staff identified in people's moods or behaviours that could be a sign the person was unwell and needed to visit a healthcare professional. The provider told us, "They trust us, trust our judgement."

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Everyone we spoke with told us they were they were happy with the care and support provided. They all said their care workers were caring and kind, treated them with dignity and respect and supported them to be as independent as possible. People told us, "I think they are very good", "They are absolutely charming" and "They promote my independence. They let me do it myself if I can." Care staff told us they enjoyed their role. They said, "I absolutely love my job"; "They provide a good service and look after us as well" and "I wish I'd done it years ago. I work with some lovely people."

People who used the service told us their care staff behaved and responded to them in the way they liked. They told us their care staff seemed to share their values and interests. People told us, "I am very happy with the staff and they are willing and pleasant and take the time to chat with me" and "It's nice to have someone I can talk to." A member of care staff told us, "I really, really enjoy it. They all tell you stories from their past and I talk about dogs with one person."

The provider enabled people and relatives to develop a relationship based on confidence and trust in staff by ensuring people were supported by a regular team of care staff, whenever possible. Staff told us, "I have a regular round, the same people as much as possible. It's a very good thing for both. People get to know and trust staff if we go regularly. It is difficult if we are strangers" and "Consistency and familiarity is helpful for people, it makes them more comfortable with me."

People told us they were involved in discussions about how they were cared for and supported. They had a copy of their care plan at their home and could read their own daily records of care. People were given a weekly rota, so they knew in advance which member of staff would visit. People told us care staff knew and respected their preferences for how and when they were supported. They told us care staff were always on time, stayed for the agreed length of time and never rushed them.

People were treated with respect and dignity and their preferences for care were respected. People told us, "I don't have any men (as requested) and I know the ladies. They are discreet and I feel comfortable with them" and "They always wait until I am ready before starting care. I have had some brilliant ones. It's a comfort." People told us staff promoted their independence, which was their preference. Staff had training in equality, diversity and inclusion and in person centred care, which supported them to understand everyone had individual and unique needs and motivations.

Good

Is the service responsive?

Our findings

People told us the service was responsive and adaptable to changes in their needs or preferences. Care staff understood that people's needs and abilities could vary and they were adaptable to suit people's different needs. A member of care staff told us, when they provided relief cover, "I tell them my name, show my badge and let them tell me what they want me to do. I can't just follow what I do with others."

People told us the care and support felt 'person centred' because care staff always asked their preferences, took their time and asked if there is anything else they could do before they finished. Care staff told us they had a good rapport with people, particularly their 'regular' clients. People felt care staff understood them well and took an interest in their families and life stories. The supervisors had encouraged people to complete a 'one-page profile' about themselves, to enable staff to get to know them better. This included information such as, 'how people see me and I see myself', 'what is important to me' and 'how you can support me'. Care staff told us they found this information useful to engage people in meaningful conversations.

Where it was agreed in the care plan, staff supported people to go out and engage in their local community to maintain their habits and routines, which maximised the person's level of contentment. One person's care plan guided staff to give the person their personal 'memory book' to look at when they were home alone, to minimise the risk of the person becoming agitated.

People's communication needs and abilities were assessed, and their method of communication and the support they needed to communicate effectively was described in their care plan. Staff kept daily records to show how they supported people and recorded any changes in their needs, abilities or choices. People's care plans were updated when their needs and abilities changed. A member of care staff told us, "If anything changes, it will be written down." During our inspection visit, we heard the provider negotiate to increase the time staff would attend at one person's care calls, because staff had identified the person needed more support due to changes in their health and level of independence.

People were invited to attend regular service reviews with a supervisor, to check their planned care continued to meet their requirements. A member of staff told us, "Care plans are reviewed every six months, or sooner, if needed, and service delivery reviews are every 12 months. We ask, 'what do you like, dislike or want to change?'"

The provider's complaints policy was included in the staff handbook and in the service user guide in people's care plan folders at their homes. People told us if they raised any concerns, care staff responded promptly to deal with the issue to their satisfaction. People told us they had no complaints, but said they would be confident to make a complaint and trusted it would be taken seriously, without prejudice to their ongoing relationship with care staff or provider. Records of a formal, written complaint showed the provider had responded promptly and taken action to resolve it to the complainants' satisfaction. The provider had received too few complaints to be able to identify any patterns or trends in complaints.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us they were pleased with the service and would recommend it to others, because all the care staff were approachable and thoughtful, which made them feel valued. People told us, "I am very satisfied with them. They give me a rota so I know who is coming and what time. The owners are open to suggestions" and "I am encouraged by the owners to let them know if I have any concerns." We saw several people had sent thank you cards to the provider and staff. One relative had written, "[Name] thoroughly enjoyed seeing the (staff) on their daily visits."

The provider regularly checked people were satisfied with the service. They telephoned new service users within two weeks of starting the service, to check their care and support met their needs and expectations, and made changes where needed. They checked again at the scheduled six monthly care plan reviews and again at 12 monthly service reviews. People told us the provider and registered manager sometimes did the care calls themselves, which they appreciated, because it felt like the owners took a personal interest in their well-being and satisfaction. One person said, "[The owner] comes once a month. He listens to me."

The provider's service delivery and rota planning system ensured people's needs were met at the agreed times, by staff who had the necessary skills and training. The electronic planning system enabled the provider to match people to staff by geographical area, availability and skills. The system allocated staff to people where a preference had been identified. For example, if a person stated they only wanted female care staff, the system would not allow male care staff to be allocated to their calls.

The provider and staff demonstrated the same values and ethos, to put people at the heart of the service. All the care staff we spoke with told us they enjoyed their job because they liked working with people, had a regular round so they could get to know people well and because the provider and registered manager were supportive of them personally. Staff told us, "The registered manager does their best to make it regular", "I have a cluster of clients on a round, not back and forth. It really works" and "I go to the office to collect my rota and have time for a chat if needed."

Staff told us they felt supported because the provider was able to adapt the rota to match changes in their availability related to their personal circumstances. Staff had recommended the service as a 'good place to work' to care staff who were looking for work. Care staff told us, "They are really nice to work for. I work with some lovely people" and "I was really impressed with them as an employer. The staff sickness record is so low, it's brilliant and we are well-paid."

The manager had registered with us when the service re-registered in October 2017. They had been registered with us previously, since October 2010, when the service had initially registered at the previous office address. They understood the legal obligations of being registered and sent us statutory notifications about important events at the service.

Staff told us the on-call arrangements, for support out of normal office hours, were effective. They said, "I have used the out of hours' service and it works. They answered straight away and sorted out the problem"

and "They always answer the calls. I phoned at 7am once and the office checked what was going on and informed the family. They don't just leave you on your own. I always have their back-up and support."

The provider's quality monitoring system minimised risks to people's care and support. It included checks by a supervisor or senior member of staff of staff's practice. A member of staff told us, "Spot checks are done with a checklist. The senior will look at the medicines administration records (MAR) and check against each tablet for signatures. We check food and fluid charts and bowel charts where needed, ensuring records are accurate, and legible. Another member of staff said, "They come and do unexpected visits while I am there now and then. If they find gaps on the MARs, they come and check meds were given." Staff told us they found the observations of their practice were useful, because the supervisor turned up unannounced and gave them feedback about their performance. They told us "The feedback makes you be more careful."

The provider worked in partnership with other agencies to minimise risks to people's safety. They had told people about the fire protection officer's availability to make 'safe and well' checks at their homes. As a result, the fire protection officer had been invited to visit several people to check their personal fire alarm and fire safety measures were sufficient for their needs. In partnership with the local council, the provider had obtained door stickers for people they supported, advising 'cold callers' that the door would not be answered to unexpected visitors.