

SMS Health Care Services Limited

Everycare Romford

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

About the service

Everycare Romford is a domiciliary care agency registered to provide personal care. At the time of the inspection, nine people were receiving support with personal care.

People's experience of using this service and what we found

At our previous inspection we had concerns with how medicines were managed, whether incidents were recorded appropriately and with the provider's recruitment processes. At this inspection we found medicines were managed safely, lessons were learned from incidents and accidents and recruitment processes were robust.

At the last inspection we found the provider was not completing quality assurance processes satisfactorily. At this inspection we found a marked improvement with regular quality assurance measures in place including the gathering of feedback from people, staff and other health and social care professionals.

The service sought to keep people safe from abuse. Risks to people were assessed, recorded and monitored. People told us they were happy with staff punctuality. Infection prevention and control measures were in places.

People's needs were assessed to ensure the service was effective for them. Staff received inductions, were trained and provided with supervision. People were supported to eat and drink where required. Staff worked with other health and social care professionals to provide people with effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's consent was sought when care was provided, and they were given appropriate choices by staff.

People and relatives told us staff were caring. People's equality and diversity characteristics were respected as was their privacy and dignity. People and relatives were able to express their views about the care provided. People were encouraged to be independent.

People received person centred care, with their needs recorded and reviewed through regular care planning. People's communication needs were met by staff and their communication needs and preferences recorded in care plans. People were supported with activities they wanted to do. People and relatives were able to complain, and the service responded to complaints appropriately.

Staff and management knew their job roles and responsibilities. Staff were able to engage with the registered manager through regular meetings or supervision. The service worked in partnership with other organisations to benefit people using the service.

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 requires improvement (published 03 April 2020) and there were breaches of regulation and a recommendation around supervision of staff. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations and had acted on the recommendation.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good 

Everycare Romford

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 was carried out by one inspector and an Expert by Experience who spoke with people over the telephone following the site visit. 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 and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 24 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 held received about the service. We sought feedback from the local authority and professionals who might work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, one director and three carers for the service. We reviewed a range of records. This included four people's care records. We looked at five staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

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 this key question was rated Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the previous inspection the provider did not manage medicines appropriately. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. One staff member told us, "We've had a lot of training on medicines, and we get checked how we administer at spot check."
- At our last inspection we had found numerous issues with the ways medicines were managed, including gaps in Medicine Administration Record (MAR) sheets where staff were supposed to sign, medicines being administered and a lack of auditing of MAR sheets to ensure they were being properly administered.
 - At this inspection we found no gaps in MAR sheets, regular audits to ensure people were having their medicines administered and care plans containing detailed descriptions of medicines, their side effects and why they were being prescribed. Within the audits, there were actions for staff to follow, including revisiting their training where deemed necessary. All staff had been trained to administer medicines.
- We saw the provider had placed National Institute for Health and Care Excellence (NICE) medicine administration guidelines in their medicine folder for staff as they wanted to ensure they were following best practice where possible.

Staffing and recruitment

At the previous inspection the provider had not always made sure persons employed were of good character or had the competence, skills and experience necessary for the work to be performed by them. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for fit and proper persons employed.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment practices were robust. At our last inspection we found gaps in staff employment histories, references missing and one instance where a person lacked a Disclosure Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in

care services.

- At this inspection we looked at five care staff files and we saw the provider had implemented a simple checklist system to ensure files contained all the correct information. The checklists in staff files was also mirrored within a matrix the management had created so as to better manage what was required from staff. The staff files we looked at all contained evidence of DBS checks, suitable references, full employment histories and identity checks.
- People told us they were happy with the service stating there were enough staff. They told us staff usually attended on time and if they were going to be late, contacted them to let them know. We looked at staff rota and electronic call monitoring data which confirmed staff punctuality and attendance. One person said, "The carer is always on time."

Learning lessons when things go wrong

At the previous inspection the provider was not doing all that is reasonably practicable to mitigate risks to the health and safety of service users. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found instances where information about incidents and accidents had not been recorded appropriately and action not taken when a person required medical intervention.
- At this inspection we saw lessons were learned when things went wrong. Incidents and accidents were recorded by staff who acted responsively when adverse situations arose. One staff member said, "We can call the manager and write in an incident report."
- The registered manager, or other management staff, completed follow up actions when incidents had been reported. This included contacting emergency services and or referring people onward to other health and social care services.
- When incidents occurred, information was shared with appropriate parties. This included relatives, health care professionals, local authorities and the service's own staff. This meant people's safety was promoted as lessons were learned when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- Staff received training in safeguarding and knew what to do should they suspect abuse. One staff member said, "If there were any problem I would go to my manager and if I wasn't happy, I'd raise with safeguarding team and the local authority." When safeguarding concerns were raised with the management team, they took actions to ensure people were kept safe.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Care plans and risk assessments contained information about people's lives and potential risks to them. These were personalised and covered people's individuals' circumstances and highlighted what specific risks there were to them. Risk assessments focused on people's health and also contained information about their home environments.
- One risk assessment we saw covered a person's specific mental health concerns, how their symptoms presented and what staff needed to do to support this person. Another risk assessment provided information about a person's mobility, how staff should support their movement. This demonstrated risk to people were managed by the service.

Preventing and controlling infection

- The service had infection prevention and control measures in place. The service had an infection control policy which staff followed, and staff were trained regularly on how to use Personal Protective Equipment (PPE), about COVID-19 and more generally about infection control. The provider had ample supplies of PPE and provided these to staff as required.
- Staff were tested regularly for COVID-19 to lessen the risk of infection transmission. The service recorded staff's test results to ensure these were being done to keep people safe. The provider was able to evidence their following government guidance throughout the COVID-19 pandemic and their continual discussions with staff about infection prevention at staff meetings. One person told us, "They made sure all the carers' vaccines were and are up to date which is really important for me as I don't go out except for hospital appointments." One staff member told us, "We were testing twice weekly until recently and we could go online, and it was all recorded. We make sure we keep everything clean and wearing all appropriate stuff, wearing a mask etc."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection this key question was rated Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider seek established guidance and review their practice on supervisions. The provider had made improvements.

- At our last inspection we noted staff did not receive regular supervision. At this inspection we saw staff received support through regular supervision. Supervision notes showed staff were able to raise concerns and seek development. The provider had a matrix in place to ensure they knew when staff were due supervision.
- Staff received inductions, were trained and were supported in their roles. Staff completed specific training during their induction period to assist them to be ready and prepared for their new roles. This included reviewing the provider's policies and shadowing experienced staff in the role.
- Staff received regular training so they could support people effectively. This training included basic first aid and life support, safeguarding, medicines administration and infection control. One staff member told us, "I received an induction and had training for working with people in their own homes. I did all the documentation and shadowing; we get a reminder if we don't do our training."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At the previous inspection we found the completion of daily logs were sometimes difficult to read as they were hand-written and office staff were not always reviewing logs to ensure people's needs were being met effectively. At this inspection we saw systems in place to review logs regularly and logs we read were all legible.
- The service worked with health and social care professions to provide effective care. These included social services, GPs, pharmacists and other health care professionals. This meant people were supported to receive consistent timely care.
- The provider contacted and referred people to health care professionals and worked alongside them in some cases. The provider had gathered feedback from various professionals to support improvement in their own care. The feedback we read was positive and highlighted the service sought to provide people with effective care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they used the service. This gave the service the opportunity to find

out whether they were able to support people adequately or not. Assessments covered people's health needs and social circumstances and were the foundation of people's care plans. Assessments covered people's equality characteristics, such as their sexuality, religious preferences and or cultural backgrounds so they provider could best meet their needs. These were in line with the law.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink as per their needs. Care plans contained information about people's dietary requirements and the foods they liked.
- The service recorded one person's meals to ensure they had eaten sufficiently and were satisfied with the food provided. These records showed the person was satisfied. Staff received training in food preparation. One person told us, "I tell [carer] how to cook my food as I'm [cultural background] and I like chicken and spices so they are happy to make the food in the way I need and they put me on a high stool in the kitchen and I talk them through how to make the recipes and they do it so well and they do the shopping for me".

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Consent was sought before care was provided. Care plans contained consent agreements which demonstrated people had given their consent to care. Where people lacked capacity, this was recorded, and advocates and or family members were involved to assist best interest decisions being made.
- Staff were trained in the MCA. One staff member told us, "I always give the people I work with their choices, with their food their clothes, where they want to go."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection this key question was rated Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were happy with the care they received. A relative said, "The carers going in are excellent and we can't fault it." Spot checks and monitoring forms showed people and relatives had regularly given positive feedback about how people were cared for.
- People's equality and diversity was respected. People's needs and characteristics were recorded in their care plans and staff were trained in equality and diversity. One staff member told us, "We are all diverse in our own way and it's about accepting people as they are, and we are all different."
- Care plans recorded people's cultural needs. The service worked within a metropolitan area working with a diverse group of people from a variety of different cultural backgrounds. Their needs were recorded in their care plans. For example, we saw people's faith was recorded as well as how this may dictate their dietary requirements. This demonstrated how the service took people's diversity into account when supporting them.

Supporting people to express their views and be involved in making decisions about their care

- People were able to express their views and be involved with decisions about their care. One person said, "They review the care yes, usually [quality manager] and a man called [registered manager] and they are very consistent and they are very thorough and they are always checking up on me and change the care plan if needed... If there's a problem they've told me I must ring if I need anything or concerned."
- Care plans were signed to document people's or relative's involvement. This indicated their involvement in the care planning process and decisions made about their care. Care plan completion and reviews, spot checks and telephone monitoring provided opportunities for people to express their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff were trained how to respect people's privacy and dignity, with respect to personal care and cultural needs.
- People's information was kept securely so that it remained confidential. Documents with people's details were stored in locked cabinets and or on password protected electronic devices which were kept in locked offices. One staff member told us, "[We maintain confidentiality] by not talking about people's things and keeping their information private."
- People's independence was promoted. One person told us, "[Carer] helps me and doesn't do it for me when I can, which is important to me, so they encourage me." Staff told us they promoted people's independence and encouraged people to be as independent as possible. Care plans contained instructions for staff that aimed to empower people as much as possible and get them to do what they could for

themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection this key question was rated Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised and they had choices and control in how they received care. People's needs and preferences were recorded in their care plans. Care plans contained personalised information about people, what care they required and how they would like to receive it.
- Care plans were reviewed regularly or as and when necessary, such as when people's needs changed. Areas covered included people's health conditions, potential risks to them, how people wanted to receive care and how they liked to spend their time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service worked to meet people's communication needs. Care plans contained information about people's communication needs and preferences. Where people had differing communication needs, there was information for staff about how to communicate with them.
- We saw the service had offered training to staff to support one person's specific communication needs and worked alongside supporting organisations to ensure people's needs were met. One care staff told us, "We have learned some sign language."

Improving care quality in response to complaints or concerns

- People and relatives told us they were able to raise complaints and concerns. One relative said, "We have no concerns but if we did, we would raise it."
- Complaints were recorded and dealt with by the provider in line with their policy. The provider used a complaints checklist to ensure they worked in line with their policy and shared information appropriately. The provider investigated complaints appropriately and sought to improve their care as a result of investigation.

End of life care and support

- At the time of our inspection no one at the service was at end of life. However, we noted care plans could provide better opportunity to gather information about people's end of life wishes. We spoke with the registered manager who adjusted their template before we concluded the inspection.
- The provider was able to provide training for staff in end of life care should the service begin working with

people who required this type of care.

Is the service well-led?

Our findings

Well-Led – this means 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 this key question was rated Requires Improvement. At this inspection the rating has changed to 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

At our last inspection the provider had systems which were either not in place or robust enough to demonstrate quality was assured or safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection quality assurance measures were not being completed regularly. At this inspection we found good systems in place to assure the quality of care and safety for people using the service.
- The registered manager and other staff were clear about their roles and responsibilities. There was a clear line of management responsibility and auxiliary administration and management staff to support with quality and performance. Staff files contained job descriptions, which explained staff roles and responsibilities.
- The registered manager alongside their management team, monitored quality performance of the service utilising a variety of quality assurance systems to do so. The registered manager was aware of the risks people faced and the broader risks the service faced working within the adult social care sector.
- The provider informed relatives, local authorities and health professionals about risks to people where appropriate. They notified the CQC when required to do so in line with health and social care regulation.

Continuous learning and improving care

- There were numerous quality assurance systems and processes which the provider used to learn from and improve care. These included spot checks, telephone monitoring and staff observations. Quality assurance measures were completed regularly with weekly feedback gathered from people receiving care. People's responses were recorded and where appropriate shared with staff in meetings or supervision. This demonstrated learning and improving care.
- Feedback about the care provided was positive. This was gathered from people, relatives, staff and health and social care professionals whom they worked with.

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

- The service promoted a positive culture that was person centred. Documentation relating to people's care such as care plans and risk assessments, placed people at the centre of their care. Systems and processes at the service sought to ensure people were kept safe and received good quality care.
- People and relatives told us the service was well led. One relative said, "This is one of the better care companies I've dealt with re: communication so we are happy with the service." A person said, "It's absolutely fantastic is this service and they are so brilliant and especially during COVID they were 24/7. The managers and coordinators check up on me regularly." A staff member said, "The management are good; they are helpful and they 'll try to fix things for you."

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

- The provider was open and honest when things went wrong. They investigated incidents, accidents concern and complaints. They used the last CQC inspection report for the service to address issues we had found. They communicated findings with people, relatives and local authorities as appropriate. They apologised if staff or the service were at fault or could do better.

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

- People and relatives were able to be involved with the service. Office staff had weekly contact with people and relatives to assure the quality of care being provided. Telephone monitoring, spot checks and staff observations provided assurance and gave people and relatives the opportunity to feedback and engage with how care was provided.
- Meetings were held with staff so they could engage with the service and be involved in how the service was run. Supervisions also provided a space where staff could input into how the service worked. One staff member said, "We have video call meeting monthly, and we talk about issues with people, guidance from NHS and you can also talk personally to your line manager if there is anything you need." Meeting minutes we read covered a variety of topics included policy and procedure refreshing of staff knowledge, infection control, people's welfare and training.

Working in partnership with others

- The service worked in partnership with others. The service worked alongside a range of professionals including GPs, pharmacists, social services and other healthcare professionals. People received good quality care as a result of this joint working. This partnership working was evidenced in people's care plans and/or through service records.