

Shankaraya Ltd

# Everycare Hillingdon

## 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 Hillingdon is a domiciliary care service providing personal care and support to people living in their own homes. All the people receiving support were funding their own 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. At the time of the inspection the service provided support for 26 adults and older people of which 19 people received support with personal care.

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

Incidents and accidents were recorded and investigated but lessons which could be learned to reduce future risk were not always identified and recorded. We have made a recommendation about the identification of lessons learned following incidents and accident.

Complaints were investigated and responded to, but reviews were not always carried out to identify if any actions could be taken to reduce the risk of reoccurrence. We have made a recommendation about the identification of actions to be taken to reduce risks following a complaint.

People felt they were safe when they received care in their home. Relatives also felt their family member was safe when supported by staff. The provider had a robust recruitment process. Medicines were managed in a safe manner and people received their medicines as prescribed. Infection control procedures were followed by staff.

Staff received appropriate training so they could meet people's care and support needs. 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 care and support needs were assessed and reviewed regularly.

People felt the staff were kind, caring and respected their dignity and privacy. Care plans identified people's cultural and religious preferences. People's care was provided in a person-centred manner with care plans identifying their support need and how they wanted their care provided. People's communication support needs were identified.

The provider had a range of quality assurance processes in place to monitor the quality of the care being provided. The provider worked in partnership with other organisations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 28 October 2017).

### Why we inspected

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

### 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 not always 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 Hillingdon

## 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 1 inspector and telephone interviews with people and relatives were undertaken by 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. The registered manager was also the owner of the company.

#### Notice of inspection

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.

Inspection activity started on 18 September 2023 and ended on 29 September 2023. We visited the location's office on 20 September 2023.

### What we did before the inspection

We reviewed information we had received about the service since their last inspection. We used the information the provider 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 5 people who used the service about their experience of the care, 6 family members and a family friend. We received feedback from 5 staff members via email. We spoke with the registered manager who was also a director of the company. We looked at a range of records which included the care records for 5 people, 4 care workers' files and a range of records including medicines records and policies.

# 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. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

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

- The provider had a process for the recording of incidents and accidents and safeguarding concerns, but possible lessons learned were not always identified to reduce further risk.
- We reviewed incident and accident records and we saw that there was a detailed description on what had occurred, and the immediate actions taken.
- The incidents were not always analysed to identify actions which could reduce further risks. For example, the record for 1 incident identified that a person had experienced a fall when trying to let the staff member into their home. There was no guidance for staff on how the risk of further falls could be reduced.
- We reviewed the records of safeguarding concerns which had been referred to the local authority. There was information on the initial concern and copies of emails between the provider and the local authority but there was no analysis of the concern to indicate how staff could provide care in a way to reduce further safeguarding risks.
- This was discussed with the registered manager who stated they would review how actions to reduce risk would be recorded and implemented to reduce ongoing risk.

We recommend the provider reviews their incident and accident reporting system to ensure it is followed and any lessons learned are recorded and actioned.

- People were safeguarded from abuse and avoidable harm. The provider had a procedure on how to make referrals to the local authority safeguarding team if any concerns were identified.
- People told us they felt safe when they received support in their home. A person said, "The answer is yes, all round. For example, when I walk upstairs the carers always walk behind me and remind me to take it slowly."
- Relatives also told us they felt their family member was safe with comments including, "Yes I do think [my family member] is safe from any harm, and I've never noticed that they are worried when the carers are here" and "[Everycare] knows that we won't have 2 inexperienced carers for helping with a shower, because we don't feel it's safe. They always send at least 1 experienced carer [but] I watch the schedules and if I'm not happy with the carer combination, I ring the company and they change 1 of the carers."

Assessing risk, safety monitoring and management

- People's risks associated with their care and wellbeing had been assessed with risk management plans developed for some risks but not all those identified. Where a person had been identified as living with a medical condition such as neurological illnesses or diabetes there was not always enough detail for staff on the condition. There was general information about the condition, but staff were not provided with information on how the condition affects the person or impacts on their care, for example how diabetes

might affect the person and what to look out for in relation to low or high blood sugar levels..

- This was discussed with the registered manager who informed us that they would review the current risk assessments and add further information. Following the inspection, the registered manager confirmed they had reviewed the risk assessments and increased the level of information provided for staff. They had also developed information sheets of each medical condition they were providing support with which gave staff detailed information on the condition and how it impacts the person and their care.
- The provider had additional risk assessments in place with guidance for staff in relation to the person's mobility, catheter and continence support as well as skin integrity. There were risk assessments completed for the person's home environment including access, possible fire hazards and any increased risk of falls due to flooring.

#### Using medicines safely

- People were supported to receive their medicines safely. Medicines administration records (MAR) were completed and included information on when the medicines should be administered, dosages and any possible side effects.
- Medicines risk assessments were completed to show if the person was supported by staff with their medicines. We noted that the risk assessment did not identify medicines the person had been prescribed which were not administered by staff. For example, one person had support from both staff and a family member with their medicines, but the risk assessment did not list all the medicines prescribed which included a medicine to thin the person's blood. This meant staff did not have a full list of all the medicines a person was prescribed so they were aware of any possible impact on the care they provided, for example if a person was prescribed medicines to thin the blood there was a risk of increased bleeding if they cut themselves.
- We discussed this with the registered manager who confirmed they would review the information on the medicines risk assessment. Following the inspection, the registered manager provided examples of the medicines risk assessments which included all the prescribed medicines with possible side effects to provide staff with additional information.

#### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The number of staff required for each visit was based upon the support needs of the person to ensure appropriate care could be provided.
- People receiving support confirmed staff usually arrived on time and stayed for the full time of the planned visit, with a person commenting, "They do come, within the [15 minute] window. If they're going to be a bit earlier the next day, they let me know." Another person told us, "[The carers] stay the allotted time they're paid for. [Name of a carer] stays the half hour and she'll stay and chat with me for a few minutes if she has time."
- Relatives were asked if staff usually arrived on time and 1 relative told us, "Yes they do, and they get everything done and stay for the whole time; they don't try to leave early, ever." In relation to staff staying the agreed time for the visit, a relative commented, "They always ask if they can go, when they've finished what's on the schedule."
- Staff confirmed they had enough travel time between visits and to provide all the care required during each visit. A staff member said, "If I find I am frequently going over time during a visit I would inform the office and the visit would then be reassessed for the correct time it would need to complete all tasks."
- The provider operated safe recruitment processes. We reviewed the recruitment records for 4 staff members. The records included 2 references, a check on the applicants identity and right to work in the United Kingdom as well as a Disclosure and Barring Service Check for any criminal records. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.



## Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- People and relatives confirmed that staff used personal protective equipment (PPE) when they provided care. Their comments included, "[Carers wear] aprons, gloves and masks; I was asked did I still want them to wear the masks, and I said yes", "Invariably, when the carers come in, they go straight to wash their hands" and "The carers have always got gloves and a mask on."
- Staff confirmed they had completed infection control training which included the use of PPE. Staff told us they were supplied with PPE with 1 staff member telling us, "Yes, I often go into the office to receive my PPE which they provide me with enough that lasts me a long time including hand sanitiser."
- Staff confirmed they had completed food hygiene training.

# 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 we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's support needs were identified before the care visits began. The provider completed a detailed assessment of people's support needs and wishes in relation to their care. People and their relatives were involved in the development and review of their care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a range of training courses to meet the identified needs of people. Staff completed training identified as mandatory by the provider which included health and safety, first aid and moving and transferring people.
- Staff completed The Care Certificate as part of their mandatory training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff confirmed they had completed a number of training courses and they told us they felt supported by the senior staff. We saw there were spot checks carried out on staff providing care and regular meetings between staff and their manager.

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

- People were supported by staff to have enough to eat and drink. People's care plans indicated if staff or a family member supported the person with preparing meals and if they required additional support to eat.
- Relatives confirmed staff support their family member with meals if this had been identified as a care need. A relative commented, "The carers make [my relative] a sandwich for lunch, which he chooses. They heat the evening meal up and prepare it for him, cover it up and leave it on a tray if he isn't ready for it at that time. They always leave drinks that he wants – coffee and water. They let me know if any food is running low."

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

- People were supported to access support from healthcare professionals and other organisations when required. People's care plan included information on their healthcare needs and the contact details of any professional involved in their care including specialist nurses, GP and the pharmacy that dispensed their medicines.
- Care plans provided staff with information on how to support the person with oral care and if they needed help to clean their teeth or dentures.

- The registered manager explained that depending on the person either their relatives made contact and appointments with the GP or the office staff would make any arrangements when required. There were records of any contact with GPs and district nurses with any changes to medicines or the person's support needs noted.
- A relative told us, "A couple of times a carer has phoned me to tell me what has happened and asked what I would like them to do about it. They're very observant and always tell me, if [my family member] doesn't seem herself."

#### 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 MCA 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.

- People's care was provided in line with the principles of the MCA. People's care plans identified if a power of attorney was in place to provide named individuals with the legal right to make decisions for a person when they were unable to make decisions about the care they received.
- The registered manager confirmed that, at the time of the inspection, each person was able to consent to the care they were receiving.
- Staff confirmed they had completed training on MCA and they demonstrated a good understanding of its principles. A staff member said, "It's designed to help people to make decisions when they lack capacity. Has to be in their best interest of course"

# 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 we rated this key question good. At this inspection 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 were well supported. Relatives told us the staff were respectful, kind and caring. Their comments included, "The carers all talk to [my family member], some the whole time, and some less so. They explain to him what they're doing, so he feels comfortable with them.", "The carers are all lovely; I was delighted to find Everycare, I have to say" and "[My family member] has got a good relationship with some of the carers. Some talk to him nicely and ask him questions about himself."
- People's care plan identified their religious and cultural preferences including their preferred language. The registered manager explained they only accepted new care packages if the staff members available spoke the same language as the person receiving support.
- The registered manager said staff completed equality and diversity training and it was discussed as part of the annual appraisal. This meant staff were supported to understand the importance of providing care which respected a person's cultural and religious preferences.

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

- People were supported to express their views and make decisions about their care.
- Relatives confirmed they had been involved with their family member in identifying support needs and the development of the care plan. Relatives told us, "The manager] came to the house and addressed all questions to [my relative]. Things are constantly changing, and all you have to do is drop an email or pick the phone up to the office. They are very responsive to anything I ask [regarding changes to the care plan]" and "The care plan was set up with a lady from the office. She went through all the questions with me. My [family member] wouldn't have been able to take part."
- People were encouraged to make choices about the care they received. A relative said, "The carers will always say to [my family member] 'Is this okay, is it all right with you if I do this etc?' [My family member] is in control, not them."
- People were supported to provide their feedback on the care provided through spot checks, annual surveys, and quarterly telephone calls with people. The feedback we reviewed was all positive.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People confirmed the staff ensured their privacy and dignity was maintained when care was provided. A person said, "They're very good and I feel comfortable with them." Relatives also confirmed that staff supported people's privacy and dignity.
- People were supported to maintain their independence as much as possible. People told us, "When I have

a shower, the carers just help me into it, make sure I'm safe, and help me with what I can't manage; I can do some things and they let me do that. They encourage me actually", and "[When receiving personal care] I can do certain things for myself. The carers do what I can't." Relatives said, "If I've asked the carers to help [my family member] with little exercises, they've been willing to help" and "The carers ask [my family member] what she would like to wear each day, and they will always involve her in doing things for herself."

# Is the service responsive?

## Our findings

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

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

Improving care quality in response to complaints or concerns

- The provider had a process for when concerns about the care being provided were raised so that they were reviewed and investigated. We found that complaints were investigated and responded to appropriately and in a timely manner, but actions which could reduce the risk of reoccurrence were not always identified and recorded.
- We reviewed the records for complaints and looked at the one complaint that had been received in 2023. We saw that it had been investigated and immediate action taken to resolve the issue. The provider had not undertaken a review of the complaint to identify possible lessons which could be learnt from the issues raised. This meant the provider did not identify what longer term actions or changes to systems could be taken to prevent the issues from the complaint occurring again with this person or with other people.
- This was discussed with the registered manager who confirmed they would look at how actions could be identified to reduce the risk of the issues reoccurring.

We recommend the provider reviews their complaints process to ensure any lessons learned are recorded and actioned.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care met their support needs, was personalised, and identified how the person wanted their care provided. People's care plan included information on their care needs and how they wanted their care provided. The care plans also provided staff with guidance on the person's likes and dislikes, who was important to them and their personal life experience.
- The registered manager explained staff used an electronic system to read detailed care plans and record their start and finish time for each visit. They also used the system to complete records of the care they had provided during each visit and the person's experience of that support.
- People and relatives confirmed a regular group of staff members visited to provide care so there was consistency and staff got to know the person and their care need. Relatives said, "The carers are regular people. I'd say in total we have the same 3 or 4 in the mornings and 2 or 3 in the evenings. I didn't ask for it – it just happened", "There are maybe 4 different people. It was something I specified, and the service have been very good. I always know who it is who's going" and "The service has established a regular carer for [my family member], that he gets on with very well. The carers do know my [family member] very well."
- Staff confirmed they read the care plans regularly with a staff member telling us, "[I read the care plans] every day in case there are any changes. The manager will always alert us if there are changes as there could be antibiotics etc added."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified in their care plan. Care plans included information on any impairments relating to sight or hearing which could affect their ability to communicate and staff were provided with guidance on how to provide support.
- The registered manager told us that they matched the person receiving care with a staff member that spoke the same language. Documents could also be provided in a format to meet the person's communication needs.

### End of life care and support

- At the time of the inspection the provider was not supporting anyone with their end of life care. The registered manager explained that if they needed to support a person with their end of life care they would ask the person about their wishes. They would also work with doctors and the palliative care team to ensure access to required support, medicines and identify any increased risks such as skin integrity issues.

# 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 for this key question 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.

Continuous learning and improving care; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a range of audits and checks in place to monitor the care provided and how the care was recorded. People's care plans were reviewed every 6 months.
- The electronic care planning system provided alerts when a visit occurred outside the planned time, either early or late, and the staff member would be contacted for a reason. This system also identified if the administration of a medicine had not been recorded on the MAR.
- The record of the care provided, which were completed by staff, were reviewed to ensure they reflected the person's care needs.
- The provider was responsive to the issues identified during the inspection. When the issues were discussed with the provider, they confirmed they would look into these. We also discussed with the provider the effectiveness of their quality assurance processes in identifying issues like the ones found during the inspection. Following the inspection, the provider confirmed they had updated medicines risk assessments, information provided on the online system for staff and they had developed information for staff on specific medical conditions people were living with.
- There were clear roles within the organisation identifying the responsibilities and tasks to complete.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported in a person centred way. Relatives confirmed they and their family member had been involved in the development of the care plan.
- People and relatives told us they were happy with the care and support being provided. Relatives said, "As far as I can see, the care is meeting [my relative's] needs" and "I am happy. I had them previously for [a relative], so I knew they were good." A person commented, "Yes [I'm happy]; I suppose I'd get rid of them otherwise."
- People were supported to provide feedback on the care they received. An annual survey was sent to people receiving care and relatives to ask for their views on the care provided. We reviewed the 2022 survey results which provided positive comments.
- A survey was also completed by staff each year and we saw that staff gave positive feedback, they felt supported and were valued. This was confirmed by staff who told us they felt supported with a staff member commenting, "Yes. Very much so."
- People's care plans included information on their cultural background and religious preferences which



were supported. The registered manager explained they employed staff who spoke a range of languages to meet people's communication needs.

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 registered manager showed a clear understanding of the meaning of duty of candour and its importance when providing safe and appropriate care. They told us, "It's putting your hands up and admitting when you have done something wrong and coming forward and it involves staff and directors."
- There were a range of policies and procedures that had been developed and were regularly reviewed to ensure they were up to date and reflected current legislation and good practice.

Working in partnership with others

- The provider worked in partnership with other organisations. The registered manager explained they worked with GPs, district nurses and other healthcare professionals. They have also worked with a charity supporting older people to identify how additional support can be provided to meet people's needs.