

Everycare West Kent Limited

Everycare West Kent

Inspection report

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17 June 2021
18 June 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Everycare West Kent is a domiciliary agency providing care and support to older people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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 they were providing personal care to 31 people.

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

People spoke highly of the care and support they received from staff. Comments included, "They [staff] are all lovely, I enjoy it when they come" and "They [staff] are brilliant. They understand what I am like and we get on brilliantly."

People were provided with consistent support from staff the knew them well. Staff followed guidance to reduce potential risks posed to people, to keep them safe. Staff were recruited safely, and systems were in place for the event of a member of staff running late.

Medicines were managed safely and people received their medicines as prescribed. Staff followed people's individual care plans which outlined any support they required to manage their medicines. Medicine records were audited monthly by a member of the management team.

People felt safe with staff and were protected from the potential risk of harm and abuse. Staff had been trained and understood the action to take if they had suspicions. Staff were happy in their role and felt there was an open and inclusive culture, where they were asked for their views and opinions.

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.

Systems were in place to monitor the quality of the service people received. People were asked for their views and changes were implemented promptly to improve 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 and update

The last rating for this service was requires improvement (published 10 January 2020) and there were multiple breaches of regulation. 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.

Why we inspected

We carried out an announced comprehensive inspection of this service on 24 and 27 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance).

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Everycare West Kent on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Everycare West Kent

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 Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

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 registered manager would be in the office to support the inspection. We also needed consent from people using the service to receive a telephone call to give their feedback about the agency.

Inspection activity started on 15th June 2021 and ended on 18th June 2021. We visited the office location on 15th June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, the client supervisor and three care staff.

We viewed a range of records. This included four people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records, records relating to the management of the service and policies and procedures.

Is the service safe?

Our findings

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

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

Using medicines safely

At our last inspection the provider had failed to ensure safe systems were in place for the management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Since the last inspection the Medication Administration Records (MAR) had been revised to reduce the risk of errors. MAR were audited by the management team on a monthly basis as well as being checked during staff spot checks.
- Medicines were managed safely. They were administered by staff that had been trained and had their competency assessed by a member of the management team.
- Staff followed detailed guidance describing the exact support people required with their medicines. MAR were clear and advised staff of the route and dosage of the medicines.
- MAR were checked and audited on a monthly basis by the registered manager and client supervisor. Staff's administration practice was regularly checked by a member of the management team. Any errors were identified and acted on promptly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the potential risk of harm and abuse. Staff had been trained and understood their potential signs of abuse and the action to take if they had any suspicions.
- People told us they felt safe with the staff who understood their needs and followed their care plans. One person said when asked if they felt safe, "Yes, I do. I really like it when I have the regular carers. I have really built up a relationship with them."
- Concerns that had been reported by care staff had been raised to the local authority safeguarding team. Records showed the registered manager had liaised with the local authority, monitoring any actions or outcomes.

Assessing risk, safety monitoring and management

- Potential risks posed to people had been assessed, with actions put into place to minimise the risk.
- Specific risk assessments outlined potential risks and detailed the action staff should take to reduce that risk. For example, comprehensive guidance was available to support a person to move using an electric hoist. This guidance reduced the risk of the person falling.

- Separate assessments had been made recording potential risks within and external to the persons' home. For example, travelling to and from the property and fire safety within the home.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us they had always received their care call and they would be informed if the staff were running late to their call. One person said, "They are great, we have a very good relationship. They have never missed a visit."
- Staff had been recruited safely. Employment records contained full employment history of staff and references were obtained. Criminal records checks had been made with the Disclosure and Barring service to prevent unsuitable staff working with people using the service.
- Staff told us they were given enough travel time between care calls and would contact the office if they were running late. There was an on-call system in place if people required support outside of office hours.

Preventing and controlling infection

- Staff wore personal protective equipment (PPE) to minimise risks to people. One person said when talking about the staff, "They wear gloves, aprons, masks and have covers for their shoes if the floor is wet."
- Staff had been trained and followed the infection control policy and procedure. Staff followed guidance and took action to reduce the risk of COVID-19. Staff told us they were given ample supplies of PPE and used hand sanitiser, as well as regular hand washing to reduce the risk further.
- The registered manager encouraged staff to accept COVID-19 vaccinations to help protect themselves and the people they were supporting. A log was kept of staff's vaccination status.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. The registered manager had oversight of all incidents and identified if any patterns or trends had developed. Action would then be taken to prevent a reoccurrence such as, a referral to Occupational Therapy if a person had an increased number of falls.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure effective systems were in place to assess, monitor and improve the quality and safety of the service. 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.

- Since the last inspection a robust auditing system had been implemented by the registered manager.
- Systems were in place to monitor and improve the quality of the service people received. The registered manager and management team completed a range of audits which included, people's daily notes, people's care records, medicine records, staff training and staff files. Any shortfalls were acted on and rectified promptly to improve the service people received.
- People's contact notes were redesigned in conjunction with care staff to allow them to be clearer and easier to use. For example, if a person had a lifeline pendant it was documented where it was left at the end of the care call.
- Staff were clear about their role and spoke passionately about their job. Comments included, "At Everycare no day is the same, I have met all different clients with all different needs. I feel rewarded, I love my job" and "Supportive management team and an amazing team that work together."
- The registered manager had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as a serious injury or allegations of abuse.

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

- Staff spoke highly of the management team and the support they received. The registered manager promoted a culture where people and staff could visit the office at anytime to discuss anything. One member of staff said, "I have never had a better management team. I can go to them about anything." One person said, "The thing I have really appreciated is that when I call the office, they know who I am, and they treat me as an individual."
- Care staff were empowered to take responsibility to cover the area of care calls during the pandemic. Staff

created a solution which they presented to the registered manager, which was then implemented. When speaking positively about the staff the registered manager said, "Commitment second to none."

- Care records were person centred and showed they had been developed with the person. Care records were individualised and detailed the exact support the person wanted for example, how to make their preferred drink or what to feed their pets.

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 understood their responsibility in line with the duty of candour. There was a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.

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

- People told us they were asked for their feedback about the service at their care reviews and through annual surveys. Feedback from the recent survey was very positive comments included, "Very happy with the 1st class service provided" and, "All very satisfactory, thank you."

- Annual surveys were sent out to staff to give an opportunity to provide feedback about their role as a member of staff. Feedback from the recent survey had been very positive with staff saying they were happy with the training they received and stating they found the management team helpful, approachable, communicative and friendly.

- Staff received weekly well-being checks from a member of the management team. Regular memos were sent out and a private social media account was used to liaise with staff during the pandemic.

Working in partnership with others

- Staff worked alongside external health care professionals following the guidance they had implemented for people.

- Staff supported people to contact relevant agencies when it was required. For example, contacting the Occupational Therapy team when a part on a persons' wheelchair was broken.