

Wirral Care Ltd

Everycare Wirral

Inspection report

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Date of inspection visit:

16 February 2018

23 February 2018

Date of publication:

08 May 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection of Everycare Wirral took place on 16 and 23 February 2018, the first day of the inspection was unannounced. This is the first inspection of this location.

This service is a domiciliary care agency. It provides personal care to older adults living in their own homes in the community.. Not everyone using Everycare Wirral receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; which is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection Everycare Wirral was providing personal care for 31 people.

A registered manager was 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's family members told us that the service was safe and reliable. One person's relative told us that the reliability of the service together with the relationships built up with care staff made them, "feel safe in their hands." Another person's relative told us, "Everything is always fine, there are no problems, I trust the carers. They make us feel comfortable in our home."

There was a system in place to make sure that people received the visits they needed. People told us that carers were very rarely late and if they were they made a phone call. If needed emergency cover was available from the senior member of staff who was on-call. Staff logged in and out of visits and these logs were recorded. We looked at one staff members' schedule and saw that the correct time was allocated to each call including travel time to ensure people's needs were safely met in a timely manner.

The registered manager told us and people confirmed that the service aims to have the same staff visit people, so staff knew people's needs and have an opportunity to build up a relationship with them. People told us that new staff are always introduced to them before they start.

New staff members spent a period shadowing the work of an experienced staff member; this was often for a couple of days. Staff told us that they found this shadow period helpful for them to learn of people's preferences, pick up important details and get to know people. One staff member told us, "When I went out by myself I felt confident."

The quality of support provided to people was monitored by unannounced spot checks completed by the registered manager and feedback being sought from people both informally and by a feedback questionnaire. People's medication administration records and records of the care provided were checked by the registered manager.

The service had recruitment procedures in place to help ensure that new staff were suitable to work with vulnerable adults. However on occasions this process had not been followed robustly. Also staff knowledge of safeguarding procedures and the safeguarding policy of the service needed improving.

People's care files contained important information to help keep people safe and also their likes, dislikes and preferences. We saw appropriate risk assessments had been completed and contained guidance for staff on how to reduce risks to people. We also saw that people's consent to their care was sought in line with the principles of the Mental Capacity Act 2005. People were treated with respect and their confidential personal data was protected.

If appropriate people were supported with their health needs and appropriate information was contained within people's care files.

People and their relatives told us that they had confidence in the skills and abilities of the care staff who visited their homes. Staff told us that they were well supported in their roles. One staff member told us, "It's brilliant. I absolutely love this job". Another staff member told us, "The job is great I love it. The company is very good and supportive."

People and their families gave us examples of how they thought the service was very caring. One family member told us, "They have made a colossal difference, [name] would not be alive without them, she was going downhill before. But they are fantastic with her, absolutely fantastic, they are friendly, cheerful and nothing is too much trouble. My wife responds to them, they sing to her, they are cheerful and bring joy. She smiles when they come in, they sit with her and paint her nails and really look after her hair."

Another person told us how they had been supported to make improvements in their life and with friendly encouragement had been regaining skills they had lost. They told us that they thought this was because of good support from care staff. They told us, "They [care staff] are not in and out, they take their time and help me to make improvements. I have really been helped to improve by the staff from Everycare."

People cared for; their relatives and staff members were all praising of the leadership of the service. People knew and had confidence in the registered manager and nominated individual. Some people told us of examples when they had asked for help and had been really happy with the response. One family member finished by saying, "Care [sector] gets a bad reputation, but I am blown away by them."

The nominated individual of the service and the registered manager were very involved in the day to day running of the service. The registered manager also ensured that audits took place to ensure the quality of the service being provided to people. This ensured that the registered manager had oversight of the service being provided to people.

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.

Staff recruitment procedures had not been consistently robust.

People told us that the service was safe and reliable.

The service had sufficient staff and systems in place to ensure people received their care in a timely manner.

Risk assessments were in place and the registered manager completed unannounced spot checks of people's care.

Requires Improvement 

Is the service effective?

The service was effective.

People and their relatives told us that they had confidence in the skills and abilities of the care staff.

Care staff were introduced to the people they cared for. Received an induction into their role, completed training and told us they received ongoing support.

People's consent to their care was sought and the service operated within the principles of the Mental Capacity Act 2005.

If required people received support with their nutrition and hydration.

Good 

Is the service caring?

The service was caring.

People and their relatives told us that the service was caring towards them. They gave examples of when they thought the service went above and beyond what they expected.

People had been supported to make improvements in their lives.

Care staff spoke with fondness about the people they supported

Good 

and told us that there was a caring culture within the service.

People's confidential personal information was protected.

Is the service responsive?

The service was responsive.

People and their relatives told us that the service was responsive to their needs and flexible. People's care had been planned in a collaborative approach with them and their families.

People's care plans contained important information on how to minimise risks and keep people safe.

Care files also contained detailed information on people's likes, dislikes and preferences.

Care plans had been regularly reviewed with people.

Good ●

Is the service well-led?

The service was well-led.

People, their relatives and staff told us they thought the service was well-led. People and their relatives told us that the service 'listened' to them. Staff members told us the office base was welcoming.

The nominated individual and the registered manager were involved in the day to day running of the service and had relationships with people and staff members.

There was a culture of making improvements. Everycare had a clear statement of purpose and organisational structure in place.

People's opinions about the service were sought and there were checks and audits of the quality of the care provided for people.

Good ●

Everycare Wirral

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.

This inspection took place on 16 and 23 February 2018, the first day of the inspection was unannounced.

Inspection site visit activity started on 16 February 2018 and ended on 23 February 2018. It included visiting the office, speaking with staff and visiting people who used the service in their homes. We visited the office location on both the 16 and 23 February 2018 to see the registered manager and office staff; to speak with care staff and to review care records and policies and procedures. We also visited three people who used the service on the 23 February 2018.

The inspection was completed by an adult social care inspector. Prior to the inspection we looked at the information we held about the service, such as notifications about events that the service is required to send to the Care Quality Commission. Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that 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 of this information to plan how the inspection should be conducted.

During the inspection we spoke with three people who used the service and five relatives of people who use the service. We spoke with the nominated individual the company who was also the nominated individual; the nominated individual is the person who is nominated for supervising the management of the regulated activity. We also spoke with the registered manager, two supervisors and six care staff. We looked at the care records for five people and the files for five members of staff.

Is the service safe?

Our findings

People and their relatives told us that the service they received was safe and reliable; they told us that they could depend on the service they received. One family member told us that over a long period of time the care staff have only once been late. Another family member said, "They are reliable, if they are even a little late they phone us up." A third family member told us, "If they are running late they always ring up and let us know, but it does not happen often. If things go wrong then the manager covers."

One person's relative told us that the reliability of the service together with the relationships built up with care staff made them "feel safe in their hands." Another relative said, "We have care from the same group of people we have got to know, four or five different carers. They come in and say good morning. I can go and get the paper and come back. Everything is always fine, there are no problems, I trust the carers. They make us feel comfortable in our home." One person told us that the care staff always, "Make certain that everything is safe before they go."

Everycare Wirral had a registered manager, two care supervisors and sufficient care staff to make sure that everybody received the appropriate care. The service did not make use of agency staff, the aim was for each scheduled call to be completed by a member of staff familiar to the person. There was also an out of hours on-call service available where care staff can contact a senior member of staff if necessary.

There was a computerised system in place which was used by senior staff to plan people's scheduled calls. The system was demonstrated for us, we saw how it does not allow staff to be 'double booked', makes sure there is adequate travel time between calls and alerts senior staff if a call is not allocated to a staff member. Care staff had an app on their phone which they used to log in and out of the calls that they made. If a call was more than 30 minutes late without a staff member 'logging in' an alert was sent to a senior member of staff who investigated the reason. This allowed the senior staff and the registered manager at Everycare Wirral to be assured that the service was safe and reliable. A staff member showed us the app on their phone and how it was secured with a unique PIN number, keeping people's information secure.

Care staff told us that they never miss a call. One staff member told us, "The system knows who you have visited. Staff in the office ring you if you forget to book out of a call."

We looked at the schedule for one care staff member and saw that there was appropriate time allocated to provide people's assessed care and for travel in-between people's homes. Staff had weekly schedules that were issued on a Friday to start the following Monday. At any time the registered manager could check the planned schedule against the actual calls provided.

The registered manager told us that they aim to have the same staff visit people, so they know their needs and have an opportunity to build up a relationship and new staff are always introduced to people before they start. People we spoke with confirmed this. One person told us, "Before somebody comes, they always introduce them a few times." One staff member told us that they, "Never go to new people without first being introduced." One person's relative told us that this was important to them saying, "I trust them

because we have the same group of carers".

The service had recruitment procedures in place to help ensure that new staff were suitable to work with vulnerable adults. New staff filled out an application form and had an interview, their identification was checked and a disclosure and barring service (DBS) check was carried out. A DBS check provided employers with information which they can use to make safe recruitment decisions for staff working with vulnerable adults. Two references were obtained for each applicant; after this process an applicant was signed off as suitable by a senior member of staff.

The law requires health and social care providers to have evidence of applicants conduct in previous employment within health and social care. We saw that for some staff members the references obtained did not adequately cover periods of previous employment in social care. This meant that the senior staff member making the recruitment decision could not have sufficient information regarding the applicant's previous conduct. We also became aware that evidence for qualifications that applicants stated that they had obtained was not always sought and verified. We spoke with the registered manager and nominated individual about this, who told us they would obtain further information.

Everycare Wirral had a safeguarding adults policy which was available for staff. It contained guidance for staff about the different forms abuse may take and what may be possible indicators that people are at risk of abuse. However there was not enough guidance for care staff who may feel the need to report a safeguarding concern outside of the organisation, including the details of who it would be appropriate to report these concerns to. The whistleblowing policy had been reviewed three years ago and contained some out of date information.

The knowledge of staff regarding safeguarding vulnerable adults and knowing what actions they could take if they suspected a person was at risk of abuse, varied greatly. We spoke with the nominated individual about the safeguarding training provided to staff. When we looked at documents we saw that safeguarding training was provided during staff induction. The induction covered a variety of subjects; such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards, medication and medication records, issuing a booklet covering care certificate standards and other administrative tasks in a three and a half hour timeframe. There may not be sufficient time or focus given to safeguarding training as part of this induction process.

The quality and safety of people's care was assessed by a senior member of staff using unannounced spot checks. One staff member told us, "Spot checks support me in my role, getting feedback is positive because I know what I need to work on."

Staff were easily identifiable as an Everycare worker, they wore a uniform and carried photographic identification. The service provided staff with appropriate hygiene equipment such as gloves and aprons to ensure good infection control when offering people care. We also saw records that showed that staff received training in effective infection control.

People's care files contained risk assessments, these identified risks to people's wellbeing and gave guidance for staff on how to reduce them. For examples these included safe moving, medication administration, skin integrity, nutrition and risks in the environment. Everycare Wirral had produced a guide to preventing falls in your own home. It was called a fall prevention program and the guide was passed on to people they cared for, their relatives and staff. It offered advice on practical steps people can take to minimise the likelihood of a fall.

The service ensured that any incidents were recorded in people's daily care records. However there was no

system that senior staff used to record accidents or incidents in order to assess the quality of the service provided to people. The nominated individual and the registered manager were very 'hands on', knew people supported by the service and often responded in person to any incident. However as the service expands it would become difficult to remain involved in each individual incident in order to have oversight of the quality of people's care and ensure that relevant parties were appropriately notified of such events. A system for recording and reviewing such events and recording any actions taken would be needed.

When people required support with their medication this was clearly documented in people's care plan along with an appropriate risk assessment. We saw records of and staff told us that they had received training on assisting people with their medication and how to complete medication administration records (MAR's). MAR charts in people's homes were checked as part of the periodic spot checks, Completed MAR charts were returned to the office to be checked at the end of the medication cycle.

We looked at the service's policy for medication assisting and prompting and saw that it differed from the practice within the service. The service was more detailed in the recording of people's medication, we advised the nominated individual to look over the policy.

Is the service effective?

Our findings

People and their relatives told us that they had confidence in the skills and abilities of the care staff who visited their homes. One person's relative told us they thought the staff were, "Absolutely magic, doing a wonderful job, they are brilliant at the job." One person told us, "I like the carers. They are excellent, I'm very pleased." Their family member added, "Their attitude is good, they are very pleasant and well mannered." Another person's relative told us about the care staff, "They are very good; we came back to them after [name] had a stay in a nursing home." One family member finished by saying, "Care [sector] gets a bad reputation, but I am blown away by them."

Staff told us that they felt well supported in their roles. One staff member told us, "It's brilliant. I absolutely love this job". Another staff member told us, "The job is great I love it. The company is very good and supportive." Some staff told us that a recent uncertainty in hours of work available to them and how these were allocated amongst staff was affecting morale. We fed this back to the registered manager and nominated individual.

We saw that new staff had been introduced to people by the registered manager or another senior member of staff. One care staff member told us that the registered manager came out with them for the first time, The staff member told us, "They are always available to help, support and advise." After introductions to people new staff spent a period shadowing the work of an experienced staff member; this was often for a couple of days. Staff told us that they found this shadow period helpful for them to learn of people's preferences, pick up important details and get to know people. One staff member told us, "When I went out by myself I felt confident."

All staff received an induction with the nominated individual. This covered the documents that the service used, safeguarding vulnerable adults, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, medication administration and confidentiality. During the induction staff were issued with a workbook that covered the care certificate standards. The nominated individual told us that staff members worked through this with a senior member of staff over their first twelve weeks.

Most staff were positive about the training they had received. The mandatory training provided to staff was, basic food hygiene, hand hygiene, first aid, infection control, medication administration and a practical training session on safe moving and handling of people. There were periodic refreshers of this training. These were provided by a mix of internal and external training providers. Staff also received specific training, if the care they were providing required this training, for example some staff had been trained in stoma care.

We spoke with the nominated individual about the training provided, in particular that no health and safety training was recorded. The nominated individual of the service told us that they would address this and that they were exploring providing training in health and social care for all staff that led to a recognised qualification.

Staff feedback about supervision meetings was mixed. Some staff told us that they don't happen regularly, only if there is a problem or a specific reason to have one. There was also mixed feedback about completion of appraisals with some staff telling us that they had them and they were useful and other staff telling us that they had not received them.

We recommended that the registered manager review the process that ensured that care staff received structured allocated time to discuss their role and performance.

Staff told us that there were periodic staff meetings. One staff member told us that these were used to discuss any arising problems and the introduction of any new paperwork or procedures. Another staff member told us that the registered manager and nominated individual had used these meetings to praise the care staff.

Staff told us that the quality of support provided was checked by unannounced spot checks by the registered manager. They told us that the registered manager talked to the people supported and observed the carers work. One staff member told us that they got written feedback from the spot check, they got to read through the forms, chat with the registered manager and sign off the check.

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 be 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. In the case of where support is provided in people's own home, applications must be made to the Court of Protection.

The service operated within the principles of the MCA. People we spoke with told us they were treated with respect and consent to their care was sought. We saw documents that showed people's consent and permission was sought before support was put into place. We also saw documents that showed people had given consent to be supported with their medication. Staff received training in the MCA as part of their induction.

We saw that people's care plan's covered their health needs and records were kept of health appointments and correspondence from health professionals if appropriate. People's family member's told us that staff were attentive to people's health needs and had made appropriate alerts and reminders when appropriate.

If people required support to prepare their meals this was recorded in their care plans along with any guidance that staff may need. People's care plans also contained details of their likes and dislikes, including how they liked their drinks being prepared and if it is necessary to leave drinks for people to have in-between calls. If the person was at risk of losing weight or of not eating sufficient quantities of food a diet risk assessment was completed, highlighting how these risks would be mitigated. Most people had the capacity to tell the carer what they would like to eat and care staff took the lead in this from people. Records showed that staff had received training in basic food hygiene.

Is the service caring?

Our findings

People and their relatives told us that the service was caring towards them. One person told us about their care staff member, "I like them; [name] is a gorgeous person." Another person told us, "I have a good relationship with the carers, I can have a joke with them and they care." One person had rated their care as 'excellent' and had written on their feedback form, "I can't say enough about how good Everycare [Wirral] are. They do care."

One family member when telling us about their relatives experience told us; "They have made a colossal difference, [name] would not be alive without them, she was going downhill before. But they are fantastic with her, absolutely fantastic, they are friendly, cheerful and nothing is too much trouble. My wife responds to them, they sing to her, they are cheerful and bring joy. She smiles when they come in, they sit with her and paint her nails and really look after her hair."

Another person's family member said, "Sometimes I'm downstairs and it's nice when I can hear the carers and my wife laughing. It's fantastic how they relate to my wife." One person told us that they care staff, "Always have the time for a good conversation."

Some people told us of times when they thought the service had gone above and beyond what they could have expected to care for them. For example one person's relative told us of an unexpected time when they needed some help quickly. How they only had to ask and four care staff, the registered manager and the nominated individual were at their home really quickly and ready to help them.

Another person told us how they had been supported to make improvements in their life and with friendly encouragement had been regaining skills they had lost. They told us that they thought this was because of good support from care staff. They told us, "They [care staff] are not in and out, they take their time and help me to make improvements. I have really been helped to improve by the staff from Everycare."

Care staff that we spoke with were caring in their approach and spoke with fondness about the people they were caring for. One staff member told us, "I like the chats I have with people." Another care staff member told us, "I value the relationships I build up over time." One family member spoke about this culture and told us, "We consider the carers to be like friends."

Care staff told us that they thought there was a caring culture within the service. One staff member told us, "All staff are really nice. Everyone I've met has been lovely." Another staff member told us that when one person was nearing the end of their life they provided additional unscheduled support. All staff took turns to make sure that somebody was always with the person, day and night. This included care staff, the registered manager and the nominated individual of Everycare Wirral.

People's confidential personal information was stored securely in the office used by the service, only approved people had access to this information. The scheduling system was on computers and mobile phones that were password protected. We saw that people's care planning was sensitive to people's

confidentiality. For example any risks recorded that were associated with people's behaviour were not recorded in people's house file, this was to protect people's dignity if the file was read by other people.

One person's relative told us, "I'm really happy, if mum is happy it's good. Another person's family member told us that in their experience, "They only employ people who care."

Is the service responsive?

Our findings

People and their relatives told us that they thought the service they received was responsive to their needs. One person told us, "We are very happy, they are always thorough, it's not a rush job."

Initial assessments of people's care needs are completed by the registered manager or another senior member of staff. These assessments helped to plan the length of a person's call and agree the care that would be provided. One staff member told us, "The call lengths are good, appropriate for what we need to do and do it well and safely."

People and their relatives told us that they felt involved in the assessment and care planning process. One person's relative told us, "The manager came to our home and completed a care plan, we explained to them what we wanted, we were involved. They put a package together and it has gone well ever since."

Another person's relative told us that they appreciated that the care plan was completed collaboratively. They told us, "[Manager's name] visited and we set out the care plan together to match what we wanted. From the word go, she did everything she said she would do and things happened exactly as she said they would."

We looked at a sample of people's care files. We saw that important information was at the front of the file and at times was highlighted in red text. This included emergency contact information and a document titled, 'symptoms likely to lead to a hospital visit', which gave guidance on pre-existing conditions for staff. One care staff member explained, "In the front of the folder is the important information, so you quickly know what the call is for. If I am ever not familiar I check the front of the folder and know what to do."

Care plans contained clear instructions for staff regarding how to support people to stay safe and also detailed information about areas of their life that may pose risks to them. For example care plan contained details about assistive technology people may use to call for help and how staff regularly check this was being appropriately used and to hand.

Care plans focused on and recorded what areas people required support with and what they could do for themselves, this helped people to maintain their independence and for staff to know when it was appropriate to encourage this.

We also saw that care plans contained small but important details about people's likes, dislikes and preferences. For example one person likes, 'weak tea and small sugar'; another person likes 'toast and no crusts'. One care plan contained instructions on how a person would like support to care for their cat.

Each care staff made a record of the care provided to people in a daily log. These were collected each month, reviewed by the registered manager and stored in people's care files as a record of the care that had been provided.

Care plans are reviewed every three months or sooner if there are significant changes. We saw records of care plan reviews that included the person and their family members. One care staff member explained what happens if there are significant changes to a person's care. They told us, "If a person's support package changes, a senior member of staff comes out to help and support us. This helps me to feel reassured and confident in my role. I feel confident that I'm doing all I can for people."

One person's family member had written in praise of the service their family member received. In part they stated, "They set up the package [of care] quickly and effectively and made sure it was flexible enough to support us whenever we needed care." Another person's relative praised the flexible approach and told us of the positive effect this had on their family. They told us, "They are flexible; we can have earlier calls if we are going out, or calls a bit later during the light nights."

There was no record of complaints from service users about the service they received. The registered manager told us that if anybody had any concerns they usually phoned straight away and it was resolved before it became an issue. Nobody had written to the service to complain.

People we visited and their families told us that they had not experience anything which could give cause to a complaint. One person's relative told us that they had written to the nominated individual of Everycare Wirral with regard to the high quality of the service, saying, "I have nothing but praise."

The registered manager told us that they had recently supported people to receive end of life care at home. They spoke with passion about this, telling us that their aim was to work alongside people's families and other health professionals to pay attention to the details and to have a really personalised approach. The registered manager was able to tell us examples of how they had ensured that the care was as the person wished, including in the smallest detail. Staff told us that they felt it was a privilege to provide people with care in this way.

An equality and diversity policy was in place. This along with a person centred approach helped ensure that people were not discriminated against regardless of their age, sex, disability, gender reassignment, marital status, race, religion or belief or pregnancy, as required under the Equality Act 2010.

Is the service well-led?

Our findings

People cared for; their relatives and staff members were all praising of the leadership of the service. In particular of the registered manager and her approach towards people. One family member told us, "When we first met [manager's name] we knew we had found the right care, she understood and listened. They have delivered; big time. Another family member said, "The manager brings very high standards to care. She told us that if there is ever an issue give me a call, call me any time." A third person's relative told us, "I trust them. I like that it is not a big company. It's personal and I know people."

Most of the feedback from staff on the leadership of the service was very positive. One staff member described the management as, "Flexible and reasonable." Another staff member told us, "It's been a good move; I've had a lot of support. It's very personal here." A third staff member speaking about the nominated individual and registered manager told us, "They are genuinely really lovely, they really do care about people."

We spoke with the nominated individual and the registered manager who both spoke passionately about their desire to provide good quality care. The nominated individual told us, "Simply, I believe we deliver person centred, high quality care." We visited three people with the registered manager, it was clear from people's interactions that the registered manager was well known to them and that the registered manager had positive relationships with people. The registered manager told us that because they are involved in people's assessments, care plan reviews and on occasion in providing care to people; they have a clear overview of people's support.

One care staff member told us about a time when there was a problem and they called the registered manager. The registered manager said, "Right, I'm on my way." The staff member told us that they felt supported with this response and the registered manager would come and help staff when she can. Another staff member told us, "I feel really well supported. They [nominated individual and registered manager] are really open, I can ring and ask anything." A third staff member told us, "It's more of a family, if anything is bothering me I come into the office."

The nominated individual told us that they were keen for staff to feel comfortable popping in and out of the office. There was a basic kitchenette with a microwave and tea and coffee making facilities. The kitchenette was available to staff outside of office hours. During our visit we saw that when care staff visited the office they were made to feel welcome and were offered a drink. One care staff told us, "I often pop into the office when on a break." Another care staff member told us, "I pop in and chat about my work. Often it leads to a conversation about how to improve; with staff asking me, 'Have you tried..?'" A third staff member told us they were, "Very friendly and always available for advice."

We saw that when care staff came into the office the registered manager asked about people's wellbeing, knew about people's family members and was up to date with what was happening in people's lives. We heard one care staff member giving the registered manager an update on a person's care, they spoke with compassion and it was clear that they had a positive relationship with the person they cared for.

Everycare Wirral had a clear statement of purpose, there was an organisational structure in place, people were clear about their roles and responsibilities and there was always a senior member of staff available on the phone.

The nominated individual had made good use of technology to ensure the service was safe and reliable. There was a call allocation and monitoring system in place that was working well. We also saw that at the end of each month people were provided with a statement which clearly showed the date, times and length of each call the person had received. This was a transparent way of showing what care had been provided to people.

During our inspection the nominated individual of the service told us that they were always keen to make improvements to the service people received wherever possible. They told us that they were looking at implementing a system that allocated and reminded staff of important tasks both routine and one off requests from people that needed to be completed. The plan was that this would be in real time and compliment the care plans that were in place and give staff a quick overview of the care people required. This showed that the nominated individual had continuous improvement plans in place for the service.

The nominated individual of the service and the registered manager were very involved in the day to day running of the service. They responded quickly to any matter that arose and had in-depth knowledge of the service being provided to people. The registered manager also ensured that audits took place to ensure the quality of the service being provided to people. For example there were periodic unannounced spot checks of people's care and also regular reviews of people's care with them and their family members. Paperwork was also audited and spot checked for quality, including people's daily care notes and medication administration records. This ensured that the registered manager had oversight of the service being provided to people.

The nominated individual of the service regularly sought people's feedback by both formal and informal methods. Feedback questionnaires had been sent to people and the feedback had been overwhelmingly positive. One person had written that they appreciated regular visits from the nominated individual and the registered manager and that the 'service is outstanding and the carers are brilliant'.

We spoke with the registered manager about statutory notifications. There are certain events that registered providers are obligated to inform us about by law. The registered manager was not aware of the full range of these events. During our inspection the registered manager submitted these necessary notifications.