

Everycare

Everycare

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 is a care at home agency that provides personal care to people in their homes. Everycare provides support for people who require a range of personal and care support related to personal hygiene, mobility, nutrition and continence. People were supported to maintain independent lives with the care provided. Everycare also provides 'live-in' support for people who have more complex needs such as frailty associated with old age or long-term health conditions. At the time of the inspection 46 people were receiving personal care.

People's experience of using this service:

Without exception people and relatives told us they were supported by staff that were kind and caring and went over and above to meet their needs and preferences. A person told us, "1st class in every aspect I can't think of anything I can find fault with."

People told us they knew who would visit them and when and they told us they were supported by a consistent group of staff who knew them and their needs well.

People were supported to have maximum choice and control of their lives. Staff enabled people to maintain their independence as much as possible. Staff also supported people to regain their independence if this had been lost as the result of a specific event, such as through illness or a hospital stay.

Staff were skilled and knowledgeable. They had received training that equipped them to fulfil their role and there were opportunities for additional training specific to the needs of people using the service. A person told us, "My carers are very efficient, all of them, I can't fault them they look after me very well."

People were provided with care and support that was centred on their needs, wishes and preferences. Care plans described people's needs and preferences and staff were aware of people's personal history, interests and relationships that were important to them. People and their relatives were consulted about decisions and were involved in planning their care. People were encouraged to give feedback about how the service was run. The service demonstrated good management and leadership and staff told us they felt supported.

People received safe care and treatment. Risks to people's health and safety were assessed and managed. People's health needs were monitored well, and staff were responsive in seeking treatment. People's medicines were managed safely by trained staff.

Safe recruitment practices continued to check that suitable staff were safe to work in a social care setting. Staff told us they were not rushed to complete calls and had time to spend with people. Staff were prompt in arriving at people's homes at the arranged time.

Staff supported people to have ready access to food and drink. Relatives told us that staff had supported their relatives to achieve good outcomes with eating and drinking. Relatives told us staff supported people

to eat well and to maintain a healthy weight.

This service met the characteristics of Good. More information is in the 'Detailed Findings' below.

Rating at the last inspection: Good. The last inspection report was published on 13 June 2017. The last inspection was focussed on one key question, Well-led and rated that key question Requires Improvement however the overall rating remained as Good. The previous inspection was rated Good on 8 November 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

There was one inspector who visited the office and an Expert by Experience who spoke to people using the service or their relative by telephone. 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:

The service is a Domiciliary Care Agency, it provides personal care to people in their homes.

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

A comprehensive inspection took place on 16 May 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be in the office and to arrange for telephone calls to people and relatives.

What we did:

Before the inspection: We reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

The registered provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at:

- Notifications we received from the service
- Four care records, medicine records and risk assessments
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Other documents relating to the management of the service.

During the inspection we spoke to:

- Six people using the service; Four relatives
- Five members of staff (The Registered manager; deputy manager; nominated individual and three carers)

After the inspection; We received feedback on the service from a social worker by email, they gave us permission to quote them in this report.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to demonstrate a good knowledge of safeguarding procedures and processes to report of concerns. Staff told us that they were encouraged to raise concerns about people's safety or welfare and that these would be dealt with. A staff member told us how they found ways to encourage a person to wash to avoid a concern about self-neglect. The staff member said, "<Person> was living with dementia and was reluctant to wash, I found ways of distracting her with a nice cup of tea to encourage her to get out of bed, then we managed to give her a wash as she was out of bed and feeling relaxed."
- People and relatives told us that staff and the systems available, such as an on-call number helped them feel safe. A relative told us, "I am happy that <Person> is safe with her carer, she knows her." And a person said to us, "It's nice that they have an on call 24-hour number where we can reach someone, it gives me peace of mind that I can contact someone if needs be."

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and managed to support people to be safe. The assessments identified potential risks to the person and how they and staff could mitigate these risks.
- People and relatives told us without exception that they felt safe. A relative said to us, "I am pretty sure that <Person> feels safe she would let me know if she did not, I think knowing the carers well she has learnt to trust them." Another relative told us, "<Person> has had a number of falls in the past but since having a carer she has not had a fall because they will help her in and out of the shower, it's peace of mind for me, I trust them, I know they will call me if they have any cause for concern, they have in the past called me to say that <Person> was a bit confused so we need to have her urine checked for an infection."
- Risks to people had been assessed based on their care and support needs. When a person first joined the service, staff assessed environmental risks and mobility needs. Referrals were done promptly to the fire service and occupational therapists. Staff told us they communicated on a daily basis about people's needs and met weekly to review any changes.
- Staff were supported by an on-call system for weekends and nights. A staff member told us, "you can always get hold of somebody." A staff member told us about how they help a person feel safe, "I check she's got everything she needs until the next call – lots of water and tea to hand, TV controls, check her Lifeline is on and working ok." A social worker told us "I attended the Wellbeing Lifeline offices to shadow and understand how equipment worked and what operators dealt with day to day, and staff there praised Everycare very highly, stating that often agencies would be unable to respond for hours, but they were on the scene quickly when needed...a fantastic achievement and testament to their dedication and person centred approach".

Staffing and recruitment

- People and relatives told us that staff arrive on time to visits and people told us that they were visited by

the same staff who they knew, were familiar with and wore a uniform. People and staff were clear about what happens if a staff member had been delayed due to unforeseen circumstances. A person told us, "They have a system that if the staff member is more than 15 mins late we call them, but it rarely happens." Another person said to us, "If they are ever going to be late they will call me to check it's ok but it rarely happens only in an emergency."

- The registered manager told us, "We pride ourselves on the continuity of carers, because of that carers really get to know our clients, this means we can spot changes in people's needs." A social worker told us "A client and his sons positively raved about the agency and absolutely relied on them each day to ensure client was well cared for and had total faith in them."
- Staff told us they enough time to spend with people and to travel in between care calls. A staff member told us, "we can be flexible on the time we spend with people and always have enough time." Another staff member said, "We always have enough time, we're not pressured to rush, we have time to read notes and records, we're not stressed with travel time and the office staff are there to help for example if you're stuck in traffic, importantly we're not pressured or stressed – you want the person to feel relaxed so if we do then that's great for them and makes their time with us nicer."
- People and relatives received a rota for the next week so that they knew which staff were visiting them. A person told us, "It's not always the same ones but a core of around 6 carers and we get a rota so we know who is coming." A relative said to us, "It's remarkable that she has the same carers now for over a year, we have a rota with the family for the 2-hour break in the day but if for some reason we can't do it we let Everycare know and they will send someone."
- Staff told us that when a person joins the service they were introduced by the registered manger or their deputy and that they have dedicated time to go through the care plan so they understood the person's needs and had time to go through the logistics such as maps and details such as a key safe to access the person's home.
- A staff member told us, "We have consistent clients but if you're covering a colleague due to sickness or holiday the person receives their call from a staff member they know. If we get a new client, we read the care plan and the manager goes through their needs and even shows us on maps where their home is, so you feel ready and informed, then the first call can run smoothly. If you've not met the client before the registered manager pre-arranges an introduction meeting."
- Staff told us that if a staff member was absent on a long-term basis, permanent arrangements were made for people so that there was consistency and not huge changes for that person.
- Staff recruitment practices continued to be safe. Staff were only able to start working following satisfactory references, including checks with previous employers. Staff held a current Disclosure and Barring Service (DBS) check. Recruitment checks helped to ensure that suitable staff of good character were supporting people safely.

Using medicines safely

- All people and relatives told us that medication was given safely. Records showed that people's medicines continued to be managed consistently and safely by staff, how people were supported with medicines depended on their needs. A relative said to us, "They will always check the notes before giving medication and then after she has taken it they record it on the medicine chart."
- A person told us, "When they apply the cream they will check to make sure there have been no changes on the notes first." And another relative said to us, "They will record her medication and they will also re-order her prescriptions."
- Staff arranged for people to have a medicine review one month after joining the service, after a hospital stay or if their needs changed.
- Risk assessments were completed for giving people support for medicines and for people to take or manage their own medicines to check this was safe. Staff met with relatives and people to coordinate and

manage the person's medicines.

- Staff told us, and records showed, that staff were trained in safe administration of medicines and received refresher training annually. The competency of each staff member was checked before they gave medicines unsupervised and the registered manager did unannounced spot checks.

Preventing and controlling infection

- All staff were trained in infection control and food hygiene. Team meeting minutes showed that staff had discussed NICE guidance on helping to prevent infection. A staff member said, "I always wash my hands before call and then before doing anything such as preparing food, I wear gloves and change my gloves when changing tasks. I always make sure equipment and bedding is clean. We did food hygiene refresher training recently."
- A relative told us, "They will always leave the kitchen spotless before they leave."

Learning lessons when things go wrong

- A medicines audit identified missed recording of topical creams. This was addressed with staff in a team meeting and staff did a practical session to practice and learn. A staff member told us, "Staff are very friendly, staff meetings are friendly and informal, we have four team meetings a year and we use team meetings as way to discuss and learn from each other, those meetings are always valuable."
- Incidents and accidents were recorded and monitored through the provider's own recording systems. Records showed that help from health professionals had been sought immediately where needed.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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.
- We checked whether the service was working within the principles of the MCA, we found the service was compliant. Staff supported people to make decisions and staff respected people's choices.
- Staff continued to be trained in MCA and staff demonstrated a good understanding of MCA, a staff member told us, "We seek consent from people, we ask them, ask what their preference is, assume that the person has capacity." Another staff member told us, "I seek consent from people and I ask them what their preference is, how they like something done." A relative said to us, "They (staff) always ask rather than tell, they will say 'would you like some help with that?'."
- People's care plans were personalised with information relevant to the care and support provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. A staff member said, "I always assume that the person has capacity. I support them to make decisions even if I feel they're unwise, it's about acting in a person's best interests and not restricting the person, it's their choices and their decision."
- Another staff member told us, "It's really important to read their care plan, get to know their preferences but also always giving options and choices each time you visit. With everybody I ask them, I ask is this ok, I'm always communicating and asking their permission, I talk through what I'm doing. I try to make sure the person understands me and I'm communicating with them in a way that meets their needs, for example for a person with a hearing impairment I might use sign, turn the TV down, check that the person's hearing aids are in and working if they use them or a person uses glasses I'll check they have them."

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

- People's needs continued to be assessed before they used the service. A relative told us, "When the care started, we had a visit from Everycare with the carers...it was so reassuring as it's a big step."
- People's needs were regularly reviewed or as and when their needs changed. A relative told us, "The company are very supportive of our needs and keep us updated with what is happening with <Person>, it's very reassuring." Another relative said to us, "2 weeks ago a senior visited <Person> and we talked to her to make sure everything was going ok."

Staff support: induction, training, skills and experience

- Staff were knowledgeable and well trained. Staff were supported by frequent supervision and annual appraisals.
- Without exception people and relatives, we spoke to told us that staff members were well trained and follow the same routine with checking paperwork and completing notes. Relatives told us that staff members knew how to deal with their loved ones on a day to day basis depending on their moods. The results of an annual client survey showed that 52% of respondents strongly agreed and 48% agreed with the statement: 'I feel staff are competent to do the tasks in my care plan'.
- Staff told us they have access to a range of training. Staff completed mandatory training such as moving and handling and health and safety and were encouraged to do additional training to meet people's needs and professional development. Staff completed the Care Certificate and were encouraged to pursue further training such as Diploma in Health and Social Care; these are work-based training qualifications. A staff member told us, "I feel confident to meet people's needs, the training is good. Training is available in specific conditions such as MS or Parkinson's, if you get a new client with a condition you're not familiar with then the training is accessible as and when needed."
- Staff benefitted from the registered manager being a 'train the trainer' in moving and handling and first aid. The office had a training room with a pressure relief bed, hoist and slide sheets so that staff were trained practically in using equipment. A staff member told us, "I like the practical training they are good, we do role play, that helps to see things from the client's perspective."
- Staff told us they received supervision every 3 months and an annual appraisal. Staff said to us they have team meetings every three months. A staff member told us, "The agenda and minutes are shared even if you've not attended so you can stay up to date."

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

- Depending on each person's needs staff members prepared meals where needed and ensured drinks were prepared. Staff knew people's dietary requirements and allergies. Staff received guidance about how to support people to stay hydrated during hot weather.
- All staff were trained in diet and nutrition and monitored people if they were at risk of malnutrition. Staff had supported people to achieve good outcomes in eating and maintaining a healthy weight. A staff member said, "<Person> wasn't eating well so I found out the foods that she really liked, once I found what made her tick and what she found acceptable she had a much healthier appetite."
- A relative told us, "Her meals are all cooked fresh, this has really made a difference to her health as she used to forget to eat but now she has gained weight and seems to enjoy her meals." Another relative said, "As a family having good care has made a huge difference it's taken a great weight off of our shoulders we know they turn up we know they will encourage her to eat, this was a big problem as she was losing weight now she is not, so we are confident that she is eating better."
- People chose their meal according to their preferences. A person told us, "Sometimes I will help them to prepare my meal, we talk about what to have." Another person said, "They will make my breakfast, I usually have the same but if I want different it's no problem they will do it." A relative told us, "They will take <Person> into the kitchen and discuss what she would like for lunch, they are happy to cook whatever there is and she would like."

Staff working with other agencies to provide consistent, effective, timely care

- People's health needs were monitored effectively, and they were supported to access the health and social care services they needed. A relative told us, "In the past they have noticed <Person's> eyes were red and sore they called us and the doctor to arrange a visit."
- A social worker told us "Staff attended vital meetings and provided their opinion on needs ongoing. They supported the client to achieve his wishes for as long as possible, going the extra mile, but were also realistic and honest about when they felt the risks were becoming too great."

- Some people using the service had continence needs such as using a catheter and staff were skilled in meeting these needs. Staff at the service worked with the continence team and district nurses to meet the people's needs. Staff received training from a continence nurse on continence and pressure care.
- Staff supported people to move between services. Records showed that staff liaised with respite care or care homes and adult social care teams in nearby hospitals. Records showed that if a person had needed to go to hospital for any time period, staff visited the person in hospital to understand any changes in their needs before they returned home. Staff told us they liaised with the person's GP and pharmacist with permission on the person's behalf to ensure the continuity of care when they were discharged from hospital. Staff continued to visit people where they had transferred to a local care home, a staff member told us, "the person is living with dementia that is advancing so seeing familiar faces and hearing familiar voices is important to them."

Adapting service, design, decoration to meet people's needs

- Before a person started using the service senior staff visited the person's home to complete a risk assessment of the environment. People were referred to occupational therapy if adaptations or equipment was needed. This ensured that the home was safe for staff to work in and that adaptations the person needed were made and that where they needed equipment, for example to support their mobility, these were arranged.
- A staff member told us, "Our management observe for certain things like showering to check that the environment is safe and if there is the right equipment like non-slip mats and glide sheets." Another staff member said, "It's their home but we would arrange for any equipment the person might need for example if they are at risk of falling or have fallen before using the service."

Supporting people to live healthier lives, access healthcare services and support

- Staff members told us consistently that they spot changes in the people they visit and either speak to the relevant health professional or to office staff to coordinate arrangements, one staff member told us, "Prevention is better than cure, if we spot anything or notice any problems we speak to the district nurse or staff in the office, we're encouraged to intervene early." In people's records we saw referrals to GPs, occupational therapists, the Falls team, the Living well with dementia team, the bladder and bowels team and speech and language therapist. A relative told us, "They know that <Person> has thin skin and they keep an eye on it, if she gets a break in her skin they will let the district nurse know and me too."

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

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

- Without exception people and relatives told us they were supported by staff that were kind and caring and went over and above to meet their needs and preferences. A person told us, "They are so caring, they will do things they don't need to like bring me in shopping and my newspaper, they will ask if I want the bed made." Another person said, "Without a shadow of a doubt they are kind caring people, very pleasant." Another person said, "Everycare have been brilliant from day one, when they visited I was put at ease from the start." A relative told us, "<Person> loves all her carers, she will chat to me on the phone about them, she seems very happy with her care." Another relative said, "I like the way they banter with her and chat, I can hear them."
- Another relative said, "they are genuinely caring like for instance we bring up the shopping but if they see she is running low on something they will get it when they are out on their break." Another person told us, "If they finish early they will look around and see what needs doing then offer to vacuum or make the bed."
- Staff had a good understanding of their needs and wishes. Staff told us they enjoyed building a relationship with a person and getting to know them. A staff member said, "I like working with people and improving their lives. It's so helpful we have regular clients, it's nice to make someone feel comfortable because they know you and understanding that person's needs and preferences, especially if they are a new client. It's an achievement when you've found out how to do something in the least restricting or distressing way, for example to move someone in the least distressing way or having ideas that might help improve their life. That's how I would want to treat my mum or dad."
- A social worker told us, "The agency staff were amazing with <Person>. I observed many interactions between the carers and client that were exceptional to observe. A genuinely caring, warm rapport was developed and maintained."
- Staff were respectful when speaking about people. Staff were considerate of the equality and diversity needs of people including protected characteristics. Care staff actively considered people's cultural or religious preferences. For example, records showed that one person and their family were consistently referred to by their chosen names, staff told us this was important to respect the person's spirituality.

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

- People told us they were involved in making decisions about their care and were supported to make choices and decisions that affected their care. People and relatives told us they met with staff when first joining the service and were part of regular reviews. A relative told us, "When we come to visit <Person> we see the carer and a senior will come and talk to us as well." A person said, "I often get visits from the office staff to check everything is going ok." A staff member told us, "It's always about communication, asking people what they want to do, all individuals have ability to make their own choices and preferences, how

they like things and it's my job to understand their preferences and to meet their needs and wishes."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and dignity. A relative told us, "They will take my wife to the toilet and leave her in private and wait outside until she calls her." Another relative said, "When they bring her out she will have her dressing gown on, they are very respectful."
- People's privacy was upheld at all times. A staff member told us, "I talk to the person, I talk through what we're going to do, I cover parts of the body we're not washing with towels and I keep the bathroom door closed. I ask the person how much help they would like, I give the person space that they need and try to give the person confidence, for example they might want me to stand outside the bathroom door while they shower so they know I'm there if they need support."
- Staff discussed what privacy and dignity means in the care they provide in a team meeting, we saw the records of this meeting where staff made contributions such as, "make sure you get consent from the client for everything you do"; "treat people with respect, as you would wish to be treated"; "support people in the way that is best for them, don't do things because it's quicker or easier for the carer"; "keep people involved"; "get to know what's important for them"; "help people to say what they want or don't want".
- People were encouraged to maintain their independence and staff reenabled people to regain their independence if this had been lost as the result of a specific event, such as through illness. A relative told us, "They generally wash and dress my wife, sometimes she can manage so they will support her but allow her to do what she can." A person said, "I carry on and do what I can they will step in if I call them usually it's to wash my back." Another relative said, "I'm not usually there when they give her personal care but when I have been I see them close the blinds and let her do her business in the bathroom and wait outside. They are respectful in that way." A relative said, "Having this company and the efficiency of them enables <Person> to stay in her own home." A compliment card we saw said, "My mother was a proud and independent person. It was very hard for her to accept her increasing needs for help with personal care and your professionalism and compassion made it easier for her."
- A staff member told us, "We encourage people to do as much as they can themselves and to spend time how they wish, some people want to go out or some people just want to a visitor they know to spend time with them and have a chat. It's vital to promote independence and to respect people's choices." The staff member gave an example of visiting a person who wanted to go out to get their hearing aid fixed so they went for a trip into town to get the hearing aid fixed and went for a walk and coffee afterwards.
- The registered manager signposted staff to guidance and staff team meeting minute showed that staff shared a document from the local authority called, "Steps to stay independent" and discussed how to encourage people to maintain and regain independence where possible.
- The results of an Annual client survey showed that 48% of respondents said they strongly agree and 52% said they agreed with the statement "I am encouraged to retain as much independence as possible".
- A person who had been discharged from hospital required extra visits and was cared for in bed, including being washed in bed. Staff worked with the person with the goal of reablement, the person after a period of time was able to wash themselves and the person was able to walk progressively over time with encouragement from staff during visits.
- Another person who was receiving three care visits a week, the person had a hip replacement and following their return from hospital required three visits per day. After their recovery the person no longer uses mobility aids and has one call per week for two hours to go out for example to go shopping.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to receive care in a personalised way. Care plans were comprehensive and reflected people's needs and preferences. People we spoke to told us they had a care plan kept at home that was kept up to date by staff when visiting. A relative told us, "Everycare have detailed instruction in the care plan, it is always kept up to date." And another relative said, "The care plan is up to date, we are always having conversations about it, they even put in it that she likes earl grey tea without milk."
- People were supported to receive the care they needed and to be supported in any other ways such as accessing the community. A relative said, "Staff will focus on what she likes rather than what suits them." Records showed that people were supported to go shopping, go to health appointments where a person requested support to attend, attend a day centre and to go out for meals with family and friends.
- Staff asked people about goals, for example a staff member stayed with a person in their garden to watch an RAF flyover and a person said they wanted fish and chips, so staff took fish and chips to the person and now takes fish and chips every Friday for their regular visit.
- Relatives consistently told us how staff members achieve good outcomes for people. A relative told us, "My wife will moan about them coming but when they go she's much happier and in a better mood." And another relative said, "The carers will come up with different ideas about how to get <Person> to eat."
- People were supported to maintain relationships that mattered to them. For example, for a person where their relatives do not live nearby staff video-call the person's relatives. Staff used technology in other ways to support people. Staff emailed a rota to some people who preferred this rather than through the letterbox. A social worker told us how staff worked to support a person with some technology that the local authority provided, they said, "Carers rose to the challenge of managing tricky equipment in the home, every day where they encountered teething problems which placed a pressure on their time but persisted until things settled."
- Relatives told us that staff were open and communicative about their relatives care and wellbeing, relatives told us they felt informed. One relative told us, "The communication with Everycare is excellent, they are very responsive." A second relative said, "I was away for 2 weeks, I had total peace of mind that <Person> would be looked after, they treat her the way I would like to be treated." and a third relative told us, "The office always responds if I have a concern or query, I never have to worry."
- People's communication needs were assessed and met in a way that met the criteria of the Accessible Information Standard (AIS). All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. People's communication needs were recorded in their care plans. A staff member told us, "One person has a visual impairment, so I keep everything in place in their home and check that things like their remote control and mobility aids are nearby – I ask them what they want – I check for trip hazards and asking them how they

want things."

Improving care quality in response to complaints or concerns

- Staff continued to listen to and act on any complaints they received. We saw a complaint where a person had requested a different staff member. The staff member allocated was changed with immediate effect and all staff respected the person's preference. The registered manager spoke to the person and their family after this to check that the complaint had been dealt with to their satisfaction.
- Where a person expressed that they did not want to see a particular staff member the online system used by the service had a 'decline carer' function so that a specific staff member and person were not allocated.
- People and relatives knew what to do if they had a complaint or concern. People were given the opportunity to give feedback during visits, reviews and through annual feedback forms and surveys.

End of life care and support

- No one was receiving end of life care at the time of our visit however staff were trained in end of life care and worked with the district nurses and hospice to support people to stay at home until the end of their lives where this was possible. Where the service could not support a person due to their changing needs the staff liaised with external professionals to identify a more appropriate service for the person.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the key question was rated Requires Improvement, at this inspection we found the key question had improved to Good.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a positive culture where staff and management took pride in the care and support that they provided. The registered manager told us, "We pride ourselves on the continuity of care and staff that visit people, carers are well trained and really get to know their clients." Staff ran a session to talk about what the key attributes of Everycare carers are, staff made contributions such as, "Always putting the client first"; "Paying special attention to detail"; "Nothing is too much trouble"; "Know our clients likes and dislikes"; "Always looking for extra things to do to help."; and "Work well together."
- Staff spoke positively about the support of the registered manager provided to them. All staff were trained equality, diversity and inclusion. The service was committed to ensuring equality of opportunity and fairness to its staff and valued the diversity of staff. Staff told us that the service was proactive in meeting the needs of staff with protected characteristics.
- A relative told us, "The quality of leadership is outstanding and that impresses me, the systems they have in place comes from the top."
- Staff told us they felt well supported by the registered manager both in the care they are providing and in how they are as staff members and people. The registered manager said, "We're always here to support our carers in the community, no one is dealing with anything alone, we respond quickly when we're on call, that's what we're here for." A staff member told us, "I really like working here, I feel supported by carer and office staff – listened to and things are sorted out straight way – I know that if I had a problem they would help me, - if I ring with an issue they'll come out straight away."
- Staff also said, "The staff here are great and office staff show genuine care, they can tell if you're not alright." And, "I love the staff, I wouldn't change, the office staff including the manager are very approachable, they do try to help if you've got a problem, if it's something they can't change they'll listen and explain why they can't change something, they always ask you how you are, they do genuinely care about how the staff are."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the regulatory requirements that needed to be met to achieve compliance. For example, notifications that the registered manager was required to send to CQC by law had been completed.

- There was a range of audits in place to monitor the quality of the care delivered. We saw audits that were carried out regularly for care plans, risk assessments and medicines. Accidents and incidents were analysed monthly and the deputy manager checked that appropriate actions were taken. Where improvements had been identified through the auditing process, plans were put in place and action taken.

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

- People were encouraged to give feedback about how the service was run. People were asked for their views about the service through surveys and in person during reviews and visits. A relative said, "We do get questionnaires."
- People and relatives felt involved in the care provided and knew the staff. A relative told us, "It gives me peace of mind as I know they will call me if they have any concerns." A person told us, "I know them all by name in the office and I know the manager, sometimes she comes out to see me." Another relative said, "I know the manager well and all the staff they are very welcoming."
- Staff were seen to be engaged and involved. Staff received a newsletter twice a year which celebrated achievements and shared news. Staff told us they were given opportunities to give feedback and raise issues. A staff member said, "They (the registered manager and deputy manager) are brilliant, they are very willing to help, they do listen and do something if they can - anything I've brought up they've listened to and acted upon." and another staff member told us, "I love them, I wouldn't change them, very approachable, they do try to help if you've got a problem. If they can't change something they explain why. They always ask how you are, they do genuinely care about how the staff are."
- The Registered Manager told us, "We always make time for the carers; we always make sure we say thank you at the end of supervisions or team meetings to acknowledge their hard work." The registered manager continued saying, "We love our staff, we are here to look after them, we make sure they're looked after, that helps them to look after our clients." A staff member said to us, "Staff are great, the office staff are nice and show genuine care, they can tell if you're not alright and give you support."

Continuous learning and improving care

- Minutes of meetings showed that staff worked through learning scenarios and cases to learn from and where issues were identified, for example from an audit, staff used the meeting to learn from what went wrong. Staff meetings were held regularly, and staff told us they found the meetings helpful.
- The registered manager used updates from Skills for Care, local authority and Social Care Institute of Excellence. The registered manager attended quarterly networking events and was a member of forums.

Working in partnership with others

- Records showed that staff communicated effectively with a range of health care professionals to ensure that people's needs were considered and understood so that they could access the support they needed. Staff worked closely with local authority and kept appropriate relatives informed, a social worker told us "We're told of any concerns or changes with speed."