**Care Quality Commission**

**Inspection Report**

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

### Everycare (Medway/Swale) Limited

Suite 1, Delta House, Culpeper Close, Laser Quay, Rochester, ME2 4HU  
Tel: 01634295630

Date of Inspection: 01 May 2013  
Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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<th>Status</th>
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<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Notification of other incidents</td>
<td>X Action needed</td>
</tr>
<tr>
<td>Records</td>
<td>✓ Met this standard</td>
</tr>
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<th>Everycare (Medway/Swale)</th>
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<td>Registered Manager</td>
<td>Mr. Richard James Tutt</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Everycare Medway Limited offers care and support to people with personal or health care needs in their own homes.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Domiciliary care service</td>
</tr>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and reviewed information given to us by the provider.

What people told us and what we found

We spoke with people and their relatives about the care that they received. People told us that they liked the staff and were happy with the support they received. We looked at care records and saw that people had care plans that were reviewed and amended when needed, and which reflected their individual needs.

We spoke to staff about the processes that they followed to ensure that they protected themselves and people who used the service from the risk of infection. Staff were knowledgeable about what they needed to do and what equipment they needed to use.

We spoke with relatives of people who used the service about the staff that provided care. They told us that they were happy with the staff and had always received support when they needed it.

We looked at compliments and complaints received by the service. We saw that the service sent out questionnaires to people who used the service to gather their views of the service and the support they received.

We looked at records kept by the service. We saw that care records, staffing records and complaints records were all accurate and up to date.

We found that the provider had failed to notify the Care Quality Commission of allegations of abuse in relation to a person who used the service as required by the Health and Social Care Act 2008.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 14 June 2013, setting out the action
they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Care and welfare of people who use services

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We looked at five sets of care records for people who used the service. We saw that each person had a client information sheet at the front of their file which contained important information about the person including their next of kin, how to access their property and an overview of their care needs. Each person had a set of risk assessments completed which covered the areas that they may need support in such as continence, medication, eating and drinking and mobility. We saw that the results of the risk assessments were used to put together a care plan that met the person's individual needs.

We saw that each person had a record of the medication that they were taking in their care records. Staff had reported to the management if people had not taken their medication on any occasions, and if they suspected that people may have taken their medication incorrectly. We saw in one person's records that there was a protocol in place for managing the person's refusal to take medication as it had been identified that they had refused it on a regular basis. This included guidance for staff such as when to inform the person's GP and how to record that medication had been refused.

We looked at the care records for one person who displayed challenging behaviour at times. We saw that there was a behaviour protocol in place which gave staff guidance on how to manage difficult situations. Advice included "Using humour often helps to diffuse the situation if he is anxious" and "Give positive praise to encourage positive behaviour in future". Staff we spoke with told us that this worked well. We also saw that the team of people who supported the person met regularly to discuss the person's needs. We saw records of a meeting held in January 2013 where the team discussed how to take a consistent approach to managing challenging behaviour with the person. This meant that care was provided in a consistent way for people.
We saw in two sets of records that people had activity planners in place which showed the activities that people liked to attend such as day centres and bowling. Staff we spoke with told us that they supported people to maintain activities in the community as much as possible. The manager told us that they had recently held an event for people who used the service to socialise together where they had gone bowling. This meant that people’s social needs were taken into account when care was planned and delivered.
### Cleanliness and infection control

<table>
<thead>
<tr>
<th>Met this standard</th>
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**People should be cared for in a clean environment and protected from the risk of infection**

#### Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

#### Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

We spoke to staff about the processes they followed to reduce the risk of infection when they delivered care. They told us that they used disposable gloves and aprons when providing personal care to people. People told us that staff always wore protective clothing when they supported them. One person said "I see them washing their hands regularly".

We saw that people's contracts stated that the service "Would provide appropriate protective clothing as may be necessary for the health and safety of its care staff and clients". Staff we spoke with told us that they always had protective equipment available when they needed it. This meant that staff were provided with the equipment they needed to protect themselves from the risk of infections.

We looked at the service's infection control policy. Staff told us that they were given a copy of the policy to read when they started working at the service. We saw that most staff had received training in infection control however the provider may find it useful to note that some staff needed to update their training.
**Staffing**

<table>
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<tr>
<th>Met this standard</th>
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There should be enough members of staff to keep people safe and meet their health and welfare needs

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**Our judgement**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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**Reasons for our judgement**

There were enough qualified, skilled and experienced staff to meet people's needs.

We spoke to the manager about staffing levels for the service. We were told that rotas were agreed with people who used the service on a two week rolling basis and people were allocated a team of care staff so that people were familiar with the people that were providing their care. We spoke to relatives of people who used the service who told us that most of the time they had the same staff to cover their relatives' care but occasionally different staff were called in to cover staff sickness. They said that this had not made a difference to the care that their relatives received.

We saw that the service used an electronic system called 'people planner' which recorded which staff were allocated to each person who used the service. Staff were able to plan in advance which staff would support people on which days. Staff worked in the office to co-ordinate care staff on a daily basis to cover any unforeseen emergencies such as staff sickness. Staff we spoke with told us that they usually provided support to the same people each week. They said "We're a good team and will always help each other out when we can if someone is off sick. We don't want to let anyone down".

Relatives of people who used the service told us that they thought the staff who provided care to their relatives were good at providing support. We saw that questionnaires were sent out annually to people to assess the quality of the service that they received. One of the questions on the questionnaire was "Are you happy with the staff we are currently sending to you?". We saw that 97% of people who had responded to the questionnaire had replied to say that they were. We spoke to the manager who confirmed that they had followed up with the other 3% to find out why they were not happy. This meant that the service checked that people were happy with the staff that supported them.
Complaints

People should have their complaints listened to and acted on properly

Met this standard

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

We looked at a copy of the service’s complaints procedure. We saw that the policy contained information on how to make a complaint and which external organisations people could contact if they wanted to make a complaint. We spoke to relatives of people who used the service who confirmed that they were given a copy of the complaints procedure when they started using the service. The relatives that we spoke to told us that they were happy with the service and had not needed to make a complaint.

We saw that there had been no formal complaints made to the service in the last twelve months. We looked at information relating to informal complaints which had been received and saw that the service had clearly documented when concerns were raised, what action had been taken and where they had sought advice from external agencies such as the local authority. This meant that complaints were investigated and recorded appropriately.

Every year the service sent out questionnaires to people who used the service to gather their feedback on the quality of care and support that people received. The questionnaire covered all aspects of peoples care and support including staffing, care plans and information that they received. We saw that the majority of responses were positive and where people had said that they were not happy, the manager had contacted them to find out what the issues were and how they could be resolved.

We saw in one person’s care records that the service had received positive feedback from the local authority about the progress of the person since using the service. We also saw in another person's records that the mental health team had contacted the service to thank them for maintaining the monitoring of the person that they had asked them to, so that they could offer the person the most appropriate treatment for them. This meant that the service received compliments from external organisations.
Notification of other incidents

The service must tell us about important events that affect people’s wellbeing, health and safety

Action needed

Our judgement

The provider was not meeting this standard.

The provider had not notified the commission of allegations of abuse about people who used the service.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We were made aware of an alleged incident of abuse about a person who used the service before we carried out our inspection. We asked the manager about the incident and they explained that they had raised the concern with the local authority and all appropriate investigations had been carried out. We looked through the records of the alleged incidents and saw that all appropriate steps had been taken to protect the person from abuse however the service had not formally notified the Care Quality Commission of the allegation of abuse.

During the inspection we asked the manager whether there had been any other allegations of abuse raised with the local authority about people who used the service. We saw that another allegation of abuse had been reported to the local authority within the last six months. We looked through the records and saw that the local authority had investigated the allegation and all appropriate steps had been taken to protect the person however the provider had failed to formally notify the Commission about the allegation of abuse as required by the Health and Social Care Act 2008.
Records

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. Staff records and other records relevant to the management of the service were accurate and fit for purpose.

We looked at five sets of care records for people who used the service. Each person had a set of risk assessments in place that were used to inform their care plans. We saw that risk assessments and care plans were updated for people at least once a year, but more frequently if there were any changes to people's needs. For one person we saw that a new behavioural plan had been put in place following advice from the person's mental health team, and another person's medication had been updated following advice from a person's GP. This meant that people's care records were accurate and up to date.

We looked at four sets of staff files for employees of the service. We saw that each file contained recruitment information, including employment checks such as references, proof of identity and criminal records checks. The files also contained records of staff supervision and observations that had been carried out by more senior members of staff. We also looked at the training records for staff and saw that the manager recorded when staff had completed training. This meant that all staff records were kept up to date.

We looked at complaints and compliments records for the service. We saw that clear records were kept for each stage of complaints investigations including a chronology of events leading up to and after the complaint. We saw that all correspondence was kept with complaints so that it could be tracked if needed. This meant that all records in relation to complaints were accurate.
Compliance actions

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal care</td>
<td>Regulation 18 CQC (Registration) Regulations 2009</td>
</tr>
<tr>
<td></td>
<td>Notification of other incidents</td>
</tr>
</tbody>
</table>

How the regulation was not being met:

The registered person did not notify the Commission without delay of an allegation of abuse in relation to a service user. Regulation 18 (1) (2) (e)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 14 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✔ Met this standard  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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<tr>
<td>Records</td>
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</tbody>
</table>

**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.