

Everycare (East Surrey) Limited

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## Inspection report

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Date of inspection visit:  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Everycare (East Surrey) is a service providing care to people's in their own homes. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, the agency had 70 people with a care package, of which, 59 received personal care.

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

People said they felt safe with staff and staff were aware of their risks and how to keep them free from harm. People received the medicines they required and records in relation to medicines were robust.

People confirmed staff wore appropriate personal protective equipment when providing care and staff confirmed they had received infection control and handwashing training.

Care was provided by a sufficient number of staff and people told us they usually saw the same care workers. Staff were recruited through a robust recruitment process. People were asked to give their feedback on the service they received and any concerns they raised were addressed.

Staff told us they received supervision, spot checks and appraisals. They also told us they felt supported by management and staff meetings had continued throughout the pandemic.

Since our last inspection the registered manager had made improvements to the service with the introduction of medicines audits and more regular opportunity for staff to meet with their line manager on an individual basis. Further improvements were planned with the introduction of an electronic care management system.

### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (report published 20 September 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service in August 2019 when breaches of legal requirements were found relating to staffing and good governance.

We undertook this focused inspection to check the registered provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key

Questions, Safe and Well-led which contain those requirements.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Everycare (East Surrey) Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Everycare (East Surrey) Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors. One inspector visited the office and a second made phone calls to people who received care packages from the agency.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all of the information we held about the service internally. This included notifications submitted to us relating to accidents, incidents or safeguarding concerns.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke or received feedback from six members of staff including the registered manager and care workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and records.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe with care staff. 29 out of 31 people answered in the last feedback survey that they felt safe and secure in their home whilst their carer was present. People also told us, "I feel comfortable with them. Never concerned with how they are," "I feel safe, they get me up out of bed" and, "No concerns with the staff, they are friendly people and have a great deal of compassion."
- People were kept safe from the risk of abuse as staff recognised potential signs and knew how to and where to, report them. A care worker told us, "I would report it to the manager straight away and do a body map if necessary. I would consider any unexpected bruises as a safeguarding as well as if someone was withdrawn, or at risk of self-neglect."
- The agency worked closely with the safeguarding authority to help ensure incidents were investigated and did not reoccur. In addition, the registered manager made contact with CQC if they had any concerns they wished to discuss.

Assessing risk, safety monitoring and management

- At our last inspection we found some people's care plans did not include detailed information in relation to any potential risks to their safety. We made a recommendation to the registered provider in this respect. We found some improvement at this inspection with guidance in place for staff to enable them to keep people from experiencing harm. In addition, the registered manager told us they were introducing an electronic care planning system which would further support the ability to add information easily to people's care records.
- People said staff were competent and helped keep them safe. One person told us, "When they are using the hoist, I have felt safe." A second person told us, "They came here and did a risk assessment."
- One person was at risk of malnutrition and dehydration and a food and fluid chart was completed by staff to monitor their intake and help reduce the risk of them losing weight.
- A second person was at risk of falls and there was evidence in daily notes that staff checked they had their personal alarm on.
- Where people were at risk of their skin breaking down, staff checked for any changes to their skin each day and if they had concerns they reported these to an appropriate health professional. On the day of inspection, we read in the on call notes a staff member had reported a skin tear for one person. We heard the office staff making arrangements with the district nursing team for a visit to the person. One person told us, "Staff are gentle with me moving my leg."
- There was an out of hours call service available to people and staff. This meant contact could be made with someone if an incident occurred outside of normal working hours. In addition, all office staff were trained to carry out care calls if need be and some office staff worked regular shifts on the rota.

## Staffing and recruitment

- At our last inspection we found deployment of staff required improvement. We made a recommendation to the registered provider in this respect. We found improvement at this inspection and people told us as such. However, the registered manager planned to introduce an electronic care monitoring system to the service which would further improve timings of care calls.
- People said staff generally arrived on time and they saw the same staff. One person said, "I know roughly (what time staff are coming) and they would normally stay for the full time. They have never not turned up." A second person said, "I usually get the same people all the time." A further person told us, "I have the two same girls. Carers are not late."
- In the most recent feedback survey two people had commented, 'continuity of care' and 'I have the same care worker' as positive elements of the service.
- Staff generally felt they had enough time with people and said if they felt more time was needed they would contact the office. A care worker told us, "We get enough time to get between calls on our rota." A second said, "It has got better. There is more than enough time to spend with people."
- Travelling time was factored in between care calls to help ensure staff arrived at their next call on time. The registered manager told us, "We group staff to keep the distance travelled down."
- They also told us, "We have enough staff to cover the care calls. All of our staff are permanent, and we do not use agency. Some people have to have timed calls and it's important staff arrive at the time stated."
- Staff who worked for the service had been recruited through robust procedures. There was evidence of the right to work in the UK, performance at previous employment, fitness to work and a Disclosure and Barring Service (DBS) check. A DBS checks potential staff are suitable to work in this type of service.

## Using medicines safely

- At our last inspection we identified shortfalls in medicines records. We made a recommendation to the registered provider in this respect. We found improvement at this inspection.
- People received the medicines they required. One person told us, "I tell them what I have to take and they give it to me." A second person said, "They do remind me in the evening to take my tablets."
- People's medicine administration records showed no gaps. Where people had a transdermal patch (pain patch) body maps were used to record the date and position when this was changed.
- Body maps had also been introduced to show clearly what part of a person's body care staff should apply any topical creams to (medicines in cream format).

## Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) during their visits. One person said, "They always wear masks and are fully aware of the risks." A second person told us, "They have masks and aprons. They wash their hands and put the gloves on."
- People also fed this back in a recent survey, commenting, 'dutiful in handwashing, mask wearing and PPE' and 'wearing of PPE is normal now'.
- Staff followed national guidance in relation to infection control. We observed staff wearing masks in the office and procedures were in place for visitors to help reduce the risk of spread of infection. A care worker said, "We have gloves, aprons, masks and face shields when necessary. We do a lot of handwashing and our uniform is cleaned every day."
- People's care plans contained COVID-19 risk assessments. These covered what PPE staff were expected to wear on a care call.
- Weekly testing took place and an office risk assessment was in place, covering the wearing of masks and cleanliness of workstations.

## Learning lessons when things go wrong

- Where incidents or accidents occurred, staff took appropriate action in response and learnt lessons. The registered manager told us they used, "Lots of pictures, then we can send these over to health professionals. It helps them to see what we are concerned about."
- One person had a series of falls over a short period of time and staff moved their bed near to the wall and organised for a crash mat to be placed beside their bed to reduce the risk of further falls.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led.

At our last inspection the registered provider had failed to ensure robust quality monitoring was taking place in the service and we found contemporaneous records were not always in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found sufficient improvement at this inspection to demonstrate the registered provider had met the breach.

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

- The registered manager told us since the last inspection they had introduced more robust medicines audits and had started to use medicine administration records produced by the pharmacy. This had improved the recording of people's medicines and the ability to identify any errors. The registered manager told us, "We have a dedicated member of staff who has turned medicines records around." This also meant they had improved their record-keeping.
- In addition to medicines audits, PPE and infection control audits were completed. The registered manager told us, "We have a list of information we sent out to staff, such as testing information, new guidance, PPE risk assessments, antibody testing, weekly tests and PPE usage reminders."
- The registered manager had produced an action plan following our last inspection in which they stated they would be introducing body maps for topical creams and developing PRN (as required medicines) protocols. We found these both in place.
- They also told us they would continue to review care plans. We spoke with staff about people's care plans and received a mixed response. Some staff said sufficient information was provided to them prior to providing care to someone they had not been to before. One care worker said, "We are made aware of any potential risks, all other information is provided in their care plans." However, other staff told us they would often go in, "Blind" and it was their responsibility to call the office in advance to find out more information. A care worker told us, "People's health conditions aren't always in their folders and I think this is important information for us." We fed this back to the registered manager following our inspection.

At our last inspection the registered provider had failed to ensure staff received suitable support, supervision and appraisal. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found sufficient improvement at this inspection to demonstrate the registered provider had met the breach.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us that since our last inspection, "We have changed the supervision policy and now we carry out regular spot checks as well as yearly appraisals with staff. We have picked up the

backlog." Staff confirmed they had supervision and spot checks.

- The registered manager went on to tell us, "I was working at home during the pandemic, but I would speak with people on the telephone. The field supervisors were more likely to go out and do the spot checks with staff and some staff are able to do observed supervisions. Telephone and video supervisions have also been done during the pandemic."
- They also said a planned improvement for the service was the introduction of an electronic care planning and medicines system.
- The service was registered with the Surrey Care Association. They worked closely with health care professionals, such as the district nursing team and engaged with the local authority regarding care packages.
- In addition, the registered manager was part of the Skills for Care groups and they had paired up with a local registered manager from another service for support during the pandemic.

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

- People's comments when office staff visited them were positive. We read comments which included, 'She is happy with the way [staff name] works and treats her', '[Person's name] is very happy with his care and is happy to call if he requires his support to be changed' and, 'Caring and friendly carers. Flexible and understanding. Always show up whatever the circumstances. Thank you for all your hard work – well done to the carers'.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had carried out a feedback survey in September 2020 and 31 responses were received from the 52 surveys sent out. Any comments that required action were followed up. For example, people said they were unaware of the complaints procedure so this was recirculated to everyone.
- Where the agency had failed to meet people's expectations, the registered manager took responsibility. There had been some negative comments in the survey responses and the registered manager spoke with each person individually to further understand and resolve these.
- During the pandemic, staff meetings were held remotely and twice-daily office catch ups were held. This enabled on-going communication, staff to be kept up to date, and the agency to continue to function.