

Key inspection report

Domiciliary care agencies

Name:	Everycare (MK and Beds) Ltd
Address:	Suite L G A, Oak House Breckland Linford Wood Milton Keynes Bucks MK14 6EY

The quality rating for this domiciliary care agency is: two star good service

A quality rating is our assessment of how well an agency is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Chris Schwarz	3 0 0 9 2 0 0 9

This is a review of quality of outcomes that people experience in this agency. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the agency:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example User focussed services)

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people using this domiciliary care agency experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Domiciliary Care Agencies can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the agency

Name of agency:	Everycare (MK and Beds) Ltd
Address:	Suite L G A, Oak House Breckland Linford Wood Milton Keynes Bucks MK14 6EY
Telephone number:	01908224820
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Everycare (MK & Beds) Ltd
Name of registered manager (if applicable)	
Mrs Michelle Boba	
Conditions of registration:	
Date of last inspection	<input type="text"/>
Brief description of the agency	
<p>Everycare provides domiciliary support to people living in Milton Keynes, Bedfordshire and surrounding areas. Its services include live in care, night sitting, escorting to outings and special events, personal care, pension collection, meal preparation, shopping and domestic tasks. It also provides staff to other agencies such as care homes. The service is located on a business park close to the centre of Milton Keynes and is well signposted. There is ample parking for visitors and staff and access to the office is suitable for people with physical disabilities. The office is open plan with an additional meeting room for people to be seen in private.</p> <p>Everycare has a statement of purpose and service users' guide which provide detailed information on the scope of the service and its aims and objectives. Fees at the time of this visit ranged from £14.82 per hour to £209.52 per shift for night sitting on a bank holiday.</p>	

Summary

This is an overview of what we found during the inspection.

The quality rating for this agency is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This unannounced key inspection was conducted over the course of a day from 9.25 am until 3.15 pm and covered all of the key national minimum standards for domiciliary care agencies. This was the service's first inspection since registration in June this year.

Prior to the visit, a detailed self-assessment questionnaire, the Annual Quality Assurance Assessment, was sent to the manager for completion. It provided a good standard of information about the service and statistical information needed to plan the visit and assess standards of care being provided.

Surveys were sent to a selection of people who use the service and staff. Five staff and two service users' surveys were returned (completed by relatives), which have helped to form judgements about the service. Information received by the Commission since registration was also taken into account.

The inspection consisted of discussion with the manager and other staff, evaluation of comments received from surveys and from the self-assessment and examination of some of the service's required records such as the statement of purpose, the service users' guide, care plans, risk assessments, recruitment files, training records and policies and procedures.

Feedback on the inspection findings and areas needing improvement was given to the manager and responsible individual at the end of the inspection. The manager, responsible individual and staff are thanked for their hospitality and assistance with this inspection process.

What the agency does well:

There is a good range of information available to prospective users to help them make a decision about using the service and providing people with a useful reference guide. People using the service are assessed prior to receiving support, making sure that their care requirements are known and recorded and that the service is able to meet these needs.

The diverse needs of the people using the service and their requirements related to their disabilities, lifestyle choices and personal preferences are being recorded in sufficient detail in their care plan to ensure that they receive the full support they require, respecting their religious or cultural needs.

Health and safety and safeguarding are effectively managed to reduce the likelihood of injury or harm to people using the service.

The service provides staff cover to meet people's care needs and ensures that thorough recruitment procedures are in place in order that they are supported by scrupulous workers. Induction and training are undertaken to make sure that skills are current and relate to the care requirements of people being supported.

The service promotes continuity and aspires to good quality of care for the people receiving support and effective complaints processes ensure that their views are taken into account and will be responded to appropriately.

What has improved since the last inspection?

Not applicable.

What they could do better:

No significant areas for improvement were noted as a result of this inspection. The manager was advised to check whether one carer had attended moving and handling training more recently than records showed (2007) and to book her on a course if necessary.

If you want to know what action the person responsible for this agency is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

User focussed services (standards 1 - 6)

Personal care (standards 7 - 10)

Protection (standards 11 - 16)

Managers and staff (standards 17 - 21)

Organisation and running of the business (standards 22 - 27)

Outstanding statutory requirements

Requirements and recommendations from this inspection

User focussed services

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People are confident that the agency can support them. This is because there is an accurate needs assessment, which they, or someone close to them, have been involved in. This tells the agency all about them and the support they need and is carried out before they are offered a personal domiciliary care service.

People and their relatives can decide whether the agency can meet their support needs. This is because they, or someone close to them, have got full, clear, accurate and up to date information about the agency. People know that the agency can meet their needs because staff have the skills and experience to give them the care they need. If they decide to use the agency they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the agency that includes how much they will pay and what the agency provides for their money. People are confident that the agency handles information about them appropriately. This is because the agency follows their policies and procedures. They get a consistent, and flexible care service from reliable and dependable staff members.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is a good range of information available to prospective users to help them make a decision about using the service and providing people with a useful reference guide. People using the service are assessed prior to receiving support, making sure that their care requirements are known and recorded and that the service is able to meet these needs

Evidence:

At the time the Annual Quality Assurance Assessment was completed, six people were receiving support from the service. Eight people were receiving support at the time the visit took place. The manager advised us in the self assessment that prospective users are visited so that a full assessment can be made of their care needs. We were advised that people are provided with a copy of the statement of purpose and service

Evidence:

users' guide and receive the terms and conditions before care commences. The manager told us in the Annual Quality Assurance Assessment that a review is carried out after six weeks and service users are asked to complete a quality assurance questionnaire. Further contact, questionnaires and reviews were described as taking place at regular intervals thereafter.

The statement of purpose and service users' guide were looked at during the visit to the service. Both had been produced to a good standard and set out information required of domiciliary care agencies. Pre-service assessments of three service users were looked at. All had been signed and dated and produced on the same assessment format, covering a broad range of care needs. Additional considerations were taken into account such as household composition, whether there were any pets, environmental issues such as poor lighting and history of local problems, access and key safe numbers where applicable. All assessments looked at had been fully prepared before service users started to receive support and were of a good standard.

Each file contained a detailed contact sheet which showed the point of initial enquiry or contact and made clear the start date and time and frequencies of support needed. Reviews were recorded as indicated in the Annual Quality Assurance Assessment and quality assurance questionnaires were seen on files where service users had been receiving support long enough. One file showed that the service user had not been entirely happy with one of his initial carers and the manager had listened to his views and made other arrangements which were working better and to his satisfaction.

Signed terms and conditions were in place on people's files.

Two relatives who completed surveys on behalf of service users said they had been involved in the decision to use the service.

Personal care

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the agency is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. Their right to privacy is respected and the support they get from workers is given in a way that maintains their dignity. If people take medicine, they manage it themselves if they can. If people cannot manage their medicine, the agency supports them with it in a safe way.

People's needs and goals are met. The agency has a plan of care that the person, or someone close to them, has been involved in making. They are able to make decisions about their life, with support if they need it, as the staff promote their rights, choices and independence.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The diverse needs of the people using the service and their requirements related to their disabilities, lifestyle choices and personal preferences are being recorded in sufficient detail in their care plan to ensure that they receive the full support they require, respecting their religious or cultural needs.

Evidence:

The manager advised us in the Annual Quality Assurance Assessment that care plans are put in place for each person and risk assessments completed with input from service users. Carers were said to be aware of people's needs before they start providing care and were able to access care plans in the office. We were informed that carers are not permitted to administer medication but prompt service users if that is part of the care package.

Two relatives who completed surveys on behalf of service users said they had been given a care plan showing how the service was going to meet care needs and that the care plan matched what they actually wanted from the service. They said carers did all the things in the care plan and that staff 'always' stayed the agreed length of time. They said their relatives' privacy and dignity were 'always' respected and that carers

Evidence:

listen and act on what they said. They said the service helped with medication and considered that the service took into account and respected needs arising from equality and diversity such as age, gender, disability and faith. One commented 'the agency bends over backwards to meet our needs. They are permanently on call should we ever need to change our care plan.' The other said 'the agency is excellent in its concern to ensure the client is given 100% consideration and is happy with the care provided.' Staff who completed surveys considered they had enough support, experience and knowledge to meet the diverse needs of service users.

Three care plans were looked at during the visit to the service. Each followed on from the initial, pre-service assessment. A schedule of calls had been written in each case to set out what support was needed and when. There were sections on 'specific issues to address and outcomes' and tasks to be carried out during each of the visits such as morning, lunchtime and evening. Information contained within the tasks section was detailed, paid good regard for people's dignity such as ensuring that carers placed a towel on the bed when assisting someone with personal care and making sure it was then washed if soiled and making sure that a napkin was used at mealtimes for a service user who is cared for in bed, to prevent bed clothes becoming soiled. Carers were instructed to promote people's independence wherever possible, such as for one service user being supported to help with meal preparation and for another to dry herself after being washed. Carers were instructed to engage with service users to support them in decision making such as whether to put the lights on rather than doing it automatically. Where people's needs had changed there were revised care plans with their updated needs outlined. Each care plan had been signed and dated and signed by the service user or their relative.

There were numerous policies and procedures to direct staff in the principles of good care practice such as autonomy and independence, a charter of rights, end of life care, service users from ethnic minorities and disabled people's rights.

Carers had written detailed notes to record what they had done during their visits to service users and these were of a good quality and would provide a useful audit trail. Records provided evidence of carers reporting changes to people's well being such as contacting the doctor where a gentleman was in pain, obtaining consent to contact a social worker to report increasing care needs and contacting a district nurse where someone was experiencing pain due to their catheter.

The service had a detailed policy on handling of medication which covered areas such as collection of prescriptions, disposal of medicines, assisting and prompting, administration and covert administration. Arrangements for handling medication were

Evidence:

outlined in each person's file. In the files that were looked at, carers had been prompting some service users where this was applicable (and part of the care plan) and administering where stated as part of the care plan. Although the Annual Quality Assurance Assessment referred to staff taking on a prompting role rather than administering, it is acknowledged that some people's needs had changed since the time the Annual Quality Assurance Assessment was completed and medication administration was not needed at that time. Carers whose names or initials were indicated on medication administration records had undertaken training in safe medication practice. The manager also showed the inspector a comprehensive training package that will be rolled out to provide training to staff, after she has undertaken training herself.

Protection

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People using the agency are safeguarded. This is because the agency follows health and safety procedures, keeps records appropriately and ensures their staff follow policies and understand the importance of assessing risks. The agency safeguards people from abuse, neglect and self harm and takes action to follow up any allegations.

People are confident that their property and money will always be safe as the agency follows the right procedures. Their health and rights are safeguarded as the staff keep an accurate record in their home of all the support they give them.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Health and safety and safeguarding are effectively managed to reduce the likelihood of injury or harm to people using the service.

Evidence:

We were advised in the Annual Quality Assurance Assessment that staff receive a handbook which contains information about protection issues and that policies and procedures are included in induction and supervision so that they know how to report any concerns. Environmental risk assessments were said to be undertaken before care is provided and staff made aware of any identified risks. Copies of risk assessments were said to be kept in files in service users' homes and at the office. Forms were said to be in place for staff to complete when handling people's money. No safeguarding incidents were indicated since the service was registered.

Two relatives who completed surveys on behalf of service users said they knew about procedures to protect service users when carers visit their home, collect money or prescriptions and do shopping. Staff who completed surveys said they knew about the service's policies and procedures on working alone, handling other people's money, working in other people's homes and using their keys, getting emergency support and safeguarding adults from abuse.

Evidence:

During the visit to the service it was possible to see there was a health and safety policy statement and various specific policies covering areas such as disposal of clinical waste, infection control, food handling, lone working, moving and handling, control of substances hazardous to health, accident and incident reporting and what to do if there is no reply from a service user. A completed accident form was seen on one person's file.

Moving and handling and medication risk assessments were seen on people's care plan files and were signed and dated. Pre-service assessments also identified environmental risks as referred to earlier in the report. In staff files there were signed declarations to show carers had been provided with items such as a first aid kit, alcohol hand gel, disposable gloves and aprons and also a uniform and identification badge. A member of staff who came into the office picked up further supplies of gloves and was provided with a torch and personal alarm which were now available to staff.

The office is open between the hours of 9 am and 5 pm and outside of these hours a senior person is on call to handle any problems.

The service had a safeguarding policy and had obtained a copy of the local authority multi agency guidance. The manager and responsible individual had attended training run by the local authority on safeguarding, as had carers as part of the common induction standards. The manager confirmed that there had not been any safeguarding issues. Recruitment files showed that carers had started work after all clearances had been received back. Care plans noted where carers needed to be vigilant to potential risks such as one service user who may feed her meals to her pets and who sometimes needs support to put the kettle back on its stand.

Managers and staff

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People have confidence in the staff at the agency because checks have been done to make sure that they are fit to do the job. Their needs are met and they are supported as the staff get relevant training, support and supervision from their managers.

People have safe and appropriate support because the staff providing their care are qualified and competent. They are confident that the staff that provide their support are clear about their roles and responsibilities.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service provides staff cover to meet people's care needs and ensures that thorough recruitment procedures are in place in order that they are supported by scrupulous workers. Induction and training are undertaken to make sure that skills are current and relate to the care requirements of people being supported.

Evidence:

Information in the Annual Quality Assurance Assessment described thorough recruitment practices. Job descriptions were said to be in place and that staff undertake an induction that meets the common induction standards. Staff were said to receive a handbook during induction to familiarise them with practices and shadow a more experience worker. Carers were said to be introduced to service users at the start of the care package. At the time the Annual Quality Assurance Assessment was completed there were twenty six permanent care workers at the service (twenty eight at the time of the visit), ten of whom had achieved National Vocational Qualification level 2 or above and a further two were working towards it.

A relative who completed a survey on behalf of a service user said 'I would recommend Everycare without reservation. All their carers are patient and understanding even with the utmost provocation.' Five staff completed surveys. They said they are given up to date information about the needs of people they support. They considered they had been recruited fairly and thoroughly and that their induction

Evidence:

covered the areas they needed to know about. They said they are being given training which is relevant to their role, helps them to understand and meet individual care needs, keeps them up to date with new ways of working and gives them enough knowledge about health care and medication. They said they receive enough support and meet with their manager to discuss how they are working and felt the ways in which information is shared worked well. Staff said they are given enough time to meet the assessed needs of people. Asked what the service does well, one said 'very good at training needs, problem solving,' another said 'cares 100% re clients and staff and gives excellent care.'

Five staff recruitment files were looked at during the visit to the service. Each file contained all of the required checks necessary for domiciliary care workers such as two written references and a Criminal Records Bureau check. In each case the member of staff had started work after their Criminal Records Bureau check had been received. Application forms had been completed and interview notes had been retained. Records in these files showed that staff had completed car insurance questionnaires and had been issued with an employment handbook and induction workbook. Checklists for the prevention of illegal working had been used in each file.

Job descriptions and employment contracts were also seen on files. Staff profiles had additionally been produced which included the person's photograph, a brief personal profile and training undertaken. Copies of the General Social Care Council code of practice had been obtained and were available in the office.

The service was making use of training provided by the local authority, such as its five day induction which covers the common induction standards and mandatory training areas. Equality and diversity input for carers was being included in the induction. In three of the five files carers had also undertaken training on dementia awareness. One person who came into the office said she was doing a distance learning course on palliative care and felt her training needs were well met. In one file records showed the person had not attended any moving and handling training since 2007 when she worked in a previous setting. The manager was advised to look into this.

One staff meeting had taken place at the service. Records reflecting direct observation of practice were seen on two of the five staff files and showed carers to be working to satisfactory standards. Systems were in place to carry out at least one direct observation during the first three months of employment and further supervision sessions every three months thereafter.

A staff handbook was in place and a copy provided to each carer. Information included

Evidence:

the aims of the service, its mission statement, the organisation's structure, responsibilities, training and development, confidentiality, equal opportunities, staff conduct, staff and service user relationships, personal security and vehicle use and car insurance.

Organisation and running of the business

These are the outcomes that people using domiciliary care agencies should experience. They reflect the things that people have said are important to them:

People get consistent and planned support from the agency because the manager runs it appropriately with an open approach that makes them feel valued and respected.

People using the agency are safeguarded because it follows financial and accounting procedures, keeps record appropriately and ensures that their staff follow policies. If people have concerns about the agency they, or people close to them, know how to complain. Their concern is looked into and action taken to put things right.

This is what people using this domiciliary care agency experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service promotes continuity and aspires to good quality of care for the people receiving support and effective complaints processes ensure that their views are taken into account and will be responded to appropriately.

Evidence:

The manager informed us in the Annual Quality Assurance Assessment that the service provides the same carer as much as possible to ensure continuity of care. Any concerns were said to be dealt with promptly and policies and procedures kept up to date. Personal information was described as being kept securely and in line with legislation. No complaints were identified since the service has been registered.

Two relatives who completed surveys on behalf of service users said they knew how to make a complaint. Staff said they knew what to do if anyone raised any concerns about the service.

During the visit to the service it was possible to see that the certificate of registration was being displayed, as required, and that there was sufficient employer's liability insurance in place.

The manager is experienced in care provision, as is her deputy. She has been undertaking National Vocational Qualification level 4 in care and looked on target to

Evidence:

complete this by the end of the year. Other training was also being kept up to date and she was booked to attend a course on mental capacity and deprivation of liberty and another on risk assessment. The responsible individual for the service was seen to be actively involved in the day to day operations such as answering the telephone and interviewing staff.

The premises are located on a business park close to central Milton Keynes with plenty of parking for visitors and staff. There is access for people with physical disabilities and a meeting room to speak with people in private. The office was equipped with necessary items such as a photocopier, scanner, fax machine and computers. A call monitoring system was being used to manage and programme visits to service users' homes. The structure of the service was ample for its current size. The service users' guide provided people with the contact details of the service and its hours of operation. There was one telephone number to use no matter what time of day or day of the year.

A complaints procedure was seen at the service and information was also included in the statement of purpose and service users' guide. The manager confirmed that there had not been any complaints about the service since registration.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this domiciliary care agency. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.