



Inspection Report on

Everycare Cardiff Ltd

**EVERYCARE (CARDIFF) LTD
28-30
CARLISLE STREET
CARDIFF
CF24 2DS**

Date Inspection Completed

19/11/2019

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Description of the service

Everycare Cardiff Ltd. is a domiciliary support service and has its office in Splott/Cardiff. The service provider is also named Everycare Cardiff Ltd. The Responsible Individual (RI) is Mary Cottrell and the service's manager is registered with Social Care Wales.

The service provides support at home to people living in the Gwent and Cardiff footprint areas and this report covers them both. Supported are individuals who are living with learning and/or physical disabilities, sensory impairment, dementia, age related issues and more.

Summary of our findings

1. Overall assessment

We received positive feedback from people and their relatives, who are happy with the service and supports provided at Everycare. Each person is involved in their personal plan of care and receives regular reviews to ensure their support is as they need and want it. Support is provided by well trained and motivated care workers; the service is well led and committed to achieve positive outcomes. Management and staff are said to be approachable and supportive, and service users were complementary about care workers, describing them as reliable, kind and competent. The service has systems in place to help protect from harm. Good organisational and governance arrangements ensure the service runs smoothly and delivers good quality support.

2. Improvements

As this was the first inspection since the service registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016), any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

The service met all legal requirements and we had some recommendations regarding care plans, ID checks and inclusion of the Gwent footprint into documentation. For details see section five of this report.

1. Well-being

Our findings

People have choices and their rights are promoted. We observed care workers encouraging persons to indicate their wishes, and to decide on day-to-day matters such as meals and activities. We heard they were involved in their assessments and contributed to their personal plans, however this was not clearly shown in the care files. We saw appropriate information about the service was provided with contact details, the types of support available from the service, advocacy access and more. We had positive feedback regarding the information people had from the service about what it could offer, and this assisted them to make better choices. This means individuals and their representatives have influence and control over the supports received and can exercise their rights.

The service has systems to protect people from abuse and neglect. The office premises were secure and visitors were required to sign in and out, however we were not asked for identification when we came to inspect. We found staff and management understood their roles in protecting individuals and they had received training in the principles and policy of safeguarding. This enabled staff to recognise signs of poor mental/physical health, abuse or neglect, and they knew how to report relevant concerns. Incidents of a safeguarding nature had been appropriately reported to the Local Authority Safeguarding Team; themes and patterns were identified and measures put in place to reduce the likelihood of a similar event happening again. Risk assessments identified vulnerabilities, and strategies for protecting them. We conclude safety and well-being is actively supported but the service needs to ensure they check the identity of visitors to the office.

The service supports health and well-being. On our home visits in the Cardiff footprint, we saw positive interactions between persons receiving support and staff working for the service: people were regarded with courtesy and kindness in a warm but respectful manner. Staff were attentive and had a good understanding of distinct needs and preferences. We observed staff communicated with the person in ways they understood and they ensured their privacy and dignity were maintained. Staff were praised, by people using the service, for being mostly on time and good at communicating, for instance if there was a delay due to traffic problems. Office staff and management received positive feedback from individuals for being approachable and helpful. We saw evidence of staff seeking advice and support from health professionals when needed, they were aware of specific health needs and how to support them. All staff we spoke with had been working in the service for some time and this also contributed to good continuity of care. We conclude people are well supported in their home and have positive relationships with their care workers and management.

2. Care and Development

Our findings

People receive good care and person centred support. We found the service's Statement of Purpose contained satisfactory information about referrals and initial assessments. Needs assessments were completed prior to receiving support to ensure the right care could be provided. We looked at care plans of individuals and saw there was robust care planning. We heard people, and their representatives, had been asked for their views and they had felt included in the process of planning support, however this wasn't shown clearly in the plans. The plans were based on assessments of needs and reviewed to ensure they remained appropriate. The manager told us they also contacted the local authority to arrange reviews when specific needs have changed and we saw this evidenced in files. Risk assessments we viewed reflected current needs and had been updated following changes. Staff found clear guidance in the plans and risk assessments about how to provide support and maintain safety. However, to make support as individual as possible, we recommended that there be a pen picture/'about me' information in each plan. Detailed routines and preferences were captured in the personal plans giving staff direction about particular needs and requirements. Staff recorded daily events and routines as a useful way of identifying changes or concerns and to see what works positively. We conclude people's support is well informed but could be improved by everybody having a pen picture, and evidence of their participation in their creating and reviewing their personal plan.

Care and support are consistent. We heard from people and relatives that care workers generally came on time, for the length of the required time, and care and support needs were met. They said *"my carers are always kind and funny"* and *"I get very good care from this service, the carers brighten up my day"*. We found people's support was in line with the package of care arranged by the local authority. We saw the staff team was stable, and during our conversations with care workers they said *"I have been supporting this person a long time and we know each other well"* and *"we get to know what our person likes, such as their usual routines"*. They also said they found the care information provided was helpful for their work. Care workers told us their rotas were well organised and allowed enough travel time for them to carry out their calls as planned. Individuals, their relatives and care workers said the service was good when communicating changes to support calls or staff shifts. People, and relatives we spoke with indicated they could easily contact the service face-to-face, by phone/text or via email, and they particularly praised the out-of-hours response. We conclude people benefit from a service which is reliable.

People are supported to stay well and their health is monitored. Staff training and guidance were tailored to meet the needs of the person. We saw from the files that staff were alert regarding health issues and proactive about contacting health professionals if necessary. Medication support for individuals using the service was assessed and safely managed where applicable. We found processes were in place to ensure all aspects of medication were correctly addressed. Staff received training and guidance about the administration of medicines and supplements. We noted that medication administration was generally recorded accurately, and checked by management. We conclude the service supports people to stay as well as possible.

3. Environment

Our findings

The environment is not an area that we consider as part of a domiciliary support service inspection. However, we noted the premises were easily accessible and suitable for the purpose. People's rights to confidentiality was understood and promoted as all records held at the premises were locked in secure facilities, and only staff who had a need to know had access to the information.

4. Leadership and Management

Our findings

The service ensures staff are suitable to work with vulnerable people and supported in their roles. The staff files we saw evidenced robust recruitment and vetting. They were well organised and contained all the required checks and information. Over 50 per cent of staff were suitably qualified for their role to a QCF Level 2, 3 or above and many care workers had already registered with Social Care Wales, ahead of the new requirement to do so. We saw a suitable staff induction programme was in place for new workers and all staff had undertaken mandatory and additional training in a variety of subjects including epilepsy awareness, food safety and first aid, positive behaviour management and more, with further training scheduled. Staff were positive about their training and said they felt competent and comfortable in their roles. They had regular supervision meetings with the manager and used the opportunity to reflect on their performance, receive support and discuss future goals and training. Formal and informal meetings with management kept staff up-to-date with changes and developments and provided a platform for discussion. Staff commented positively about the leadership of the service, indicating they felt valued and supported. They said *“management is really supportive, and we get to make a real difference”*, *“it’s a nice service to work for”*, *“I came only for a short time and now I am still working here many years later”*, and *“we are a good team”*. We conclude that people benefit from a team with appropriate knowledge and skills.

Governance, auditing and quality assurance arrangements ensure the service runs smoothly and delivers good quality care. We saw robust quality assurance systems in place which helped the service to self-evaluate and improve. We looked at a selection of reports and feedback from individuals and staff, and the documents gave evidence of outcomes and informed conclusions and plans. Feedback we got from individuals or relatives stated *“without Everycare my relative could not live at home anymore”*, *“Everycare is a lifeline”* and *“we are very happy with Everycare”*. We also looked at the evidence of the required RI visits, showing the RI had spoken with people using the service and staff, and had noted their feedback. The regulatory six-monthly quality of care review of the service to the provider was integrated into the RI visit evidence but did not distinguish between the Cardiff and the Gwent footprints of the service. We saw clear and current policies for dealing with incidents, accidents, whistleblowing and more. We spoke with staff about these and found them well informed about their roles. We noted that management acted in a timely and appropriate manner with any issues arising and were told that the service had not received any recent complaints. We conclude people benefit from a well-run service which has an ongoing commitment to reflection and improvement.

The service provides good information and is clear about its role and function. The Statement of Purpose sets out the service’s aims, values, and how it intends to deliver the service to the person. It also contained relevant information about processes such as complaints or safeguarding. We considered the complaints information held at the service and found this to be robust, and we were told by the manager that the service had received no complaints. A written guide was available for individuals and relatives, containing practical information about the services provided. We conclude that people benefit from a service that has transparent values and purpose, and makes its intentions and provisions clear

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the first inspection since the service was registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

5.2 Areas of non-compliance identified at this inspection

There were no areas of non-compliance identified at this inspection, the service met all legal requirements.

5.3 Recommendations for improvement

The following is recommended as good practice:

- Ensure all visitors identity is known or checked.
- Continue to ensure personal plans are reviewed at least three-monthly (or more often if needed)
- Include person centred information in all care plans and evidence peoples' participation in their personal planning
- Ensure the Quality of Care Review and RI visit documentation relates to the appropriate footprint details

6. How we undertook this inspection

We undertook a full inspection, the first for the agencies since re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). We covered both footprints of the service, Cardiff and Gwent, in this inspection.

Information for this report was gathered from:

- an announced visit to the service office on 19 November 2019 from 1020hrs to 1610hrs and visits to people using the services on 21 November 2019
- conversations with people and their representatives via phone in the Cardiff and Gwent footprints
- conversations with the manager, office and care staff
- communications with the RI including feedback via phone on 25 November 2019
- observations of daily routines and activities during the house visits
- examination of five care files relating to persons from both footprints
- examination of five staff files, covering both footprints, to consider recruitment, vetting, supervision and training
- examination of records and policies held at the service such as accident/incident reporting, staff training and supervision matrix, privacy, safeguarding and other policies, complaints procedure etc.
- review of information about the service held by CIW
- review of both services' Statement of Purpose and written guide
- review of the service's quality assurance documents, RI visit reports, meeting minutes and other relevant reports
- feedback from eleven service user questionnaires.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	Everycare (Cardiff) Limited
Responsible Individual	Mary Cottrell
Date of previous Care Inspectorate Wales inspection	This is the first inspection under RISCA.
Dates of this Inspection visit(s)	19/11/2019 and 21/11/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. This is because the service is situated in a primarily English speaking area. We recommend that the service provider considers Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care.</i> '
Additional Information:	

Date Published 14/01/2020