

## Everycare (Edinburgh) Ltd Support Service

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Telephone: 0131 668 4184

**Type of inspection:**

Unannounced

**Completed on:**

25 July 2019

**Service provided by:**

Everycare (Edinburgh) Limited

**Service provider number:**

SP2010011266

**Service no:**

CS2010275416

## About the service

This service registered has been registered since 2011.

Everycare (Edinburgh) Ltd (referred to in the report as Everycare) is registered to provide a Support Service - Care at Home.

Everycare (Edinburgh) Ltd has its office base in the Craigmillar locality of Edinburgh. The service provides care to people in the Edinburgh and surrounding areas and at the time of the inspection Everycare had around 48 supported people who were using the service on a regular basis.

'The mission of Everycare is to:

- Significantly improve the quality of life for people with health and social care needs in all environments.
- To ensure our services are of the highest quality, and effectively meet the needs of our clients, we carefully tailor our services to match individual requirements.'

The aims and objectives of Everycare state:-

"Everycare provides a comprehensive and flexible range of care services to any adult who has been assessed as needing help to meet their social and personal care needs. We will provide support in the client's home, at times that are suitable and convenient. We aim to help our clients achieve the best possible quality of life while maintaining their independence.

We understand that our clients wish to make choices from a range of different options; we aim to encourage them to exercise individual choice and to not apply a "one size fits all" approach"

## What people told us

We sent care standard questionnaires to a sample of 20 people who used the service and received nine completed questionnaires back. Some of the questionnaires had been completed by relatives of people using the service.

Below are responses to a sample of the statements we asked people to score against on the questionnaires:-

"Overall, I am happy with the quality of care and support this service gives me" - all nine people responded - all (100%) either strongly agreed or agreed.

"I am confident that staff have the skills to support me" - all nine people responded - all (100%) either strongly agreed or agreed.

"Staff have enough time to carry out the agreed support and care" - all nine people responded - all (100%) either strongly agreed or agreed.

"I know the names of the staff who provide my support and care" - all nine people responded - eight people (89%) either strongly agreed or agreed. One strongly disagreed.

"Staff treat me with respect" - all nine people responded - all (100%) either strongly agreed or agreed.

"The service check with me regularly that they are meeting my needs" - eight people responded - seven people (88%) either strongly agreed or agreed. One strongly disagreed.

Additional comments made on the care standard questionnaires included praise for consistency of care. All staff were also praised for being "courteous and helpful".

One relative stated "Not all staff appear to have the skills when it comes to my mum's dementia". They felt unfamiliar care staff should spend time reading the support plan as they did not know how to respond to their relative's refusal of care and support whilst familiar care staff did. At the time of the inspection care staff were undertaking dementia training.

One client considered communication to be poor with the office and two people stated the receipt of a rota was inconsistent. We are aware that the service had recently had IT issues which had prevented the issuing of a rota for several weeks.

During the inspection we spoke with supported people and relatives through visits to their homes and on the telephone. The feedback we received was largely complimentary about the service. Concerns that were raised were fully discussed with the service.

Comments from people included:-

"By and large Everycare are far superior to the last provider. They are very very good. Very good at reviewing"

"Very pleased with the carers - one carer is great - mum looks forward to her visiting more than us visiting, she is so good with her"

"All going well - regular carers unless holidays and sickness - same pool of carers"

"One carer in particular goes over and above the call of duty. Carers are very caring, sitting and talking with mum, taking time for a chat"

"The service is going well - really flexible - really good. The girls genuinely care - we have regular carers. They are all really friendly"

"Very good service, all the ladies are very efficient - very very good indeed - I'd recommend them to anyone"

"Care was 1st class - I cannot fault them"

## Self assessment

We are not asking services to submit a self-assessment for this inspection year. During the inspection we discussed improvement plans.

Issues relating to quality assurance, feedback from people using the service and their relatives along with the quality of the service's improvement plan are all considered throughout the inspection.

From 1 April 2018, the new 'Health and Social Care Standards' have replaced the National Care Standards. These seek to promote and improve outcomes for people who experience care. Services should now be providing support in accordance with the guidelines outlined therein.

These are:

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high quality environment if the organisation provides the premises.

<https://scotgov.publishingthefuture.info/publication/health-and-social-care-standards-my-support-my-life>

## From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

There were very good communication pathways which ensured the safety and well being of supported people. These included communication with supported people and their relatives and communication with care staff providing the support. Any concerns raised about people's care needs and overall wellbeing were progressed accordingly and, where needed, reported to appropriate bodies, for example health professionals and social work.

We saw examples of a duty of care being applied when people needed the help of the emergency services. Where carers were unable to gain entry on a care visit specific procedures were followed to find out where the person was in order to ensure their safety.

People told us they had regular carers visiting and how this meant care was provided in a consistent way. Continuity enabled trusting relationship to develop. One person stated: -

"The service is excellent - there is very good consistency my mum appreciates the same faces coming - there is rarely a carer my mum doesn't know"

There had been improvements made with service delivery. People considered care staff were largely on time bar emergencies and Edinburgh traffic and that they were usually telephoned if a carer was going to be very late. Feedback was that carers were largely staying the designated time and sometimes longer if needed. A visit being accidentally missed was a rare occurrence. This meant people could be confident their care visits were reliable. People told us the service was also flexible when they asked to change a visit due to appointments.

People could be assured the service checked on how effective the service provided was by seeking feedback from people and their relatives at one to one reviews, spot check visits and on the telephone at regular intervals. This checking included when new care packages commenced, with carers also reporting back any concerns or changes needed.

Care plans were being updated when there was a change in care needs or background information. All relevant paper documentation whether in the person's home or in the office and computer records were updated to reflect the changes. The service had purchased a new computerised system on which new care plans had been developed. Additional information was being added to the plans with the aim to give sufficient guidance for care staff to provide consistent and appropriate care and support and background information including health conditions relevant to care, use of equipment used for mobility support and how to respond to communication difficulties.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 5 – very good

## Quality of staffing

### Findings from the inspection

Newly appointed carers had been recruited in a safe and robust manner. Suitable checks and references were obtained prior to employment.

The service had reviewed and revised induction and on-going training. The whole three month induction period for new recruits had been reviewed and revised so they should receive appropriate support and their skills and suitability should be checked through competency and spot checks. The programme was ready to be rolled out with the next intake of staff. We will follow up on the new induction programme at the next inspection.

Moving and handling practical training was now being provided by the service coordinator who is an accredited moving and handling trainer. The mandatory training programme had been further developed with timeframes identified for refresher training. Other mandatory training topics were being sourced through e-learning.

Motor Neurone training had recently been given to some carers from a health professional. The training enabled carers to know exactly how the person needed the support to be delivered. We recommend the service includes other client specific training as part of their training programme.  
(see Recommendation 1).

We identified further improvement areas in relation to the rolling out of mandatory training to existing staff, undertaking specific competency checks and the monitoring and recording of training undertaken.  
(see Recommendation 1).

The service advised and helped staff to register with the Scottish Social Service Council (SSSC). We advised the service to support registered staff with their continuous personal development, this to include appropriate training and the undertaking of SVQ qualifications. Some staff will also need help to reflect on their learning and record on the SSSC portal which is a requirement of their registration with SSSC.

Since we visited in February 2019 there had been two team meetings held. Minutes of the meeting were distributed to all staff. We advised the service to have a standing agenda to allow for discussions about practice and standards. Carers who attended the meetings found them to be positive. One person commented:

"Everyone was pulling together as a team & sharing information"

Supported people and their representatives were complimentary about the care and support provided by individual carers. One relative commented:

"All the carers are very good. Because of carers like x & y mum is able to stay in her own home. It takes away lots of pressure from us, we cannot fault them"

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The provider should ensure improvements are made in relation to the following training and competency elements:-

- (a) completed induction training books should be appraised and signed off;
- (b) all staff should have all mandatory training topics made available to them to undertake forthwith;
- (c) client specific training should be provided where needed. This to include palliative care training;
- (d) training undertaken should be monitored with up to date training records being accessible at all times;
- (e) introduce reflective practice in relation to the impact and learning from all training undertaken;
- (f) the competency of carers, particularly in relation to medication support and moving and positioning, is checked in the field, recorded and linked into training, one to one supervision and personal development;

This is in order to ensure staff have sufficient knowledge and skills and is consistent with the Health and Social Care Standards:-

(HSCS 3.14) I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

Carers told us they felt well supported by everyone who worked in the office. They gave examples of where they had personal difficulties and how they were supported and really appreciated the support. One carer commented:

"I feel valued as a member of the team. I also feel listened to & respected"

Management included carers in decision making. Where new packages of care had commenced regular carers were feeding back their observations and suggestions to management to improve the care package. One carer commented: -

"I feel at ease putting forward any suggestions I feel may improve individual clients needs & sometimes see these suggestions rolled out across the field"

There was an effective "on-call" system which provided good support and information to carers and supported people and their families when the office was closed.

Incidents and dissatisfaction were being progressed through the services procedures. During the inspection we reminded the manager of what events need to be notified to the Care Inspectorate.

The service had commenced undertaking internal audits to check quality care was being provided to all. Other areas still need to be audited. During the inspection we discussed how records of events such as care reviews and supervision and competency checks should be audited to check on how meaningful and effective the event was and to check that any planned actions had been carried out. We have made a recommendation. (see Recommendation 1).

We advised the service to review some policies and procedures which had not been reviewed for several years. This included the "failure to obtain a reply" procedure. Since the last inspection the medication policy and procedure had been revised however further additions were needed. We have repeated the recommendation. (see Recommendation 2).

The service had worked hard in laying the foundations for the improvements which we had previously recommended and required at the last inspection. We could see where improvements had taken place and at the next inspection we will follow up on outstanding areas. The service's new systems should then be fully embedded to support all areas of service delivery, care planning and quality assurance.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The provider should develop appropriate auditing systems for internal processes relevant to the service. This to include (but not restricted to) auditing:

1. Visit arrival and departure times and length of visits;
2. Missed visits;
3. Completed medication records;
4. Completed financial transaction records
5. Care reviews;
6. Care and support plans;
7. Risk assessments;
8. Recruitment and induction process;
9. Staff appraisal, one to one supervision, support phone calls;

10. Staff competency observations and spot checks;
11. Training undertaken;
12. Accidents and incidents;
13. Complaints and expressions of dissatisfaction.
14. Develop a system to track the return of communication logs, financial transaction records and medication record sheets.

This is in order to ensure the service continually seeks improvement and is consistent with the Health and Social Care Standards:-

(HSCS 4.19) I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

2. In order that care staff have relevant guidance when providing medication support the provider should update the medication policy and procedure to include tasks care staff are undertaking and current best practice.

This is to ensure medication support is consistent with the Health and Social Care Standards:-

(HSCS 4.11) I experience high quality care and support based on relevant evidence, guidance and best practice.

(HSCS 4.27) I experience high quality care and support because people have the necessary information and resources.

**Grade:** 4 - good

## What the service has done to meet any requirements we made at or since the last inspection

### Previous requirements

#### Requirement 1

In meeting this requirement people will be confident that staff employed to work in the care service are trained, competent and skilled to undertake their designated roles.

By **30 June 2019** the provider must ensure (though not be restricted to) the following:-

- a) all care staff have access to appropriate and sufficient training at induction and on an on-going basis to effectively develop their skills, knowledge and continuing competencies appropriate to the work they are to perform;
- b) all current induction and mandatory training material and methods of delivery is reviewed and revised so that it provides sufficient information and opportunities for discussion to effectively train and guide staff in their practice and reflects current legal requirements and best practice in Scotland;



c) revise and update the induction process which should include (but not restricted to) the following:-

- i. keep a record of each shadow visit undertaken;
- ii. seek and record feedback from the experienced carer who is being shadowed on the performance of the new carer;
- iii. complete competency assessments and spot checks and undertake one to one supervisions at key stages of the induction process, for example a competency assessment and spot check after the second week of lone working;

d) all staff receive practical based training (e.g. moving and positioning) necessary for their work, from a suitably trained and qualified person;

e) the competency of carers, particularly in relation to medication support and moving and positioning, is checked in the field, recorded and linked into training, one to one supervision and personal development;

f) there is a mandatory training programme that addresses the review of training needs, induction of new staff and taking account of any client specific training. This to include but need not be limited to training in the following areas:-

- i. dementia care;
- ii. nutrition and hydration;
- iii. food hygiene;
- iv. anal handling;
- v. adult support and protection;
- vi. continence care including care of catheters and stomas;
- vii. infection control; and
- viii. medication prompting, administration and recording.

g) Evaluate the training, which must include seeking feedback from people using the service and their carers about how well staff are organising their care and caring for them.

This in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 15(a) (b) regulations which state that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users and that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

The following Health and Social Care Standards have been taken account of in making this requirement:-  
(HSCS 3.14) I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

(HSCS 4.27) I experience high quality care and support because people have the necessary information and resources.

Relevant evidence based practice / recognised training may help guide the service in meeting this requirement.

For example:

The Scottish Promoting Excellence Framework training resource available @ <http://www.sssc.uk.com/workforcedevelopment/supporting-your-development/promoting-excellence-in-dementia-care>.

**This requirement was made on 26 March 2019.**

## Action taken on previous requirement

The service has made sufficient improvements for this requirement to be considered met. These have been further detailed in this report under the Quality of staffing section of this report. We have made a recommendation in relation to some improvement areas still outstanding and other training and competency related improvement areas.

## Met - within timescales

### Requirement 2

In meeting this requirement people will have confidence that their personal care plans reflect their current individual needs and inform staff how to provide that care and support.

By **30 June 2019** the provider must ensure each supported person has an accurate, up to date personal care plan, which sets out how their individual health, welfare and safety needs are to be met. This should include, but not be limited to:

- a) sufficient detail to enable the care and support to be carried out consistently by each carer in the way the person prefers and needs the care and support to be carried out;
- b) information on current health conditions which is relevant to the care being provided;
- c) how mobility support is provided, including what and how equipment is used;
- d) how to communicate and respond to people experiencing care who have communication difficulties, cognitive and mental health issues and other communication conditions;
- e) care plans are kept up to date to reflect any changes in the needs of people receiving care. All relevant paper documentation whether in the person's home or in the office and computer records, are updated to reflect the changes.

This is in order to comply with Regulation 5 (1) and (2) (ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The following Health and Social Care Standards have been taken account of in making this requirement:-  
(HSCS 1.15) My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices.

(HSCS 1.19) My care and support meets my needs and is right for me.

(HSCS 1.23) My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

**This requirement was made on 26 March 2019.**

## Action taken on previous requirement

The service has made improvements for this requirement to be considered met. These have been further detailed in this report under Quality of care and support.

## Met - within timescales

**Requirement 3**

In meeting this requirement people will have confidence that their care and support is being provided in a safe way.

By **30 June 2019** the provider must ensure:-

- (a) where there is an identified risk to supported people or staff that risk assessments are completed, reviewed and evaluated. Assessments must clearly record all risks to supported people and staff and clearly define how each risk will be managed and evaluated.
- (b) the assessed risks are formally reviewed along with the care plan on a minimum six monthly basis as well as when needs change;
- (c) at all times the handling of supported people's cash monies and subsequent auditing process is undertaken as per the organisation's policy and procedures to reduce associated risks.

This is in order to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The following Health and Social Care Standards have been taken account of in making this requirement:-  
(HSCS 4.14) My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

(HSCS 4.27) I experience high quality care and support because people have the necessary information and resources.

**This requirement was made on 26 March 2019.**

**Action taken on previous requirement**

The service has made sufficient improvements for this requirement to be considered met. The new care plans incorporated associated care risks. Additionally, specific risk assessments were in the process of being developed. We will follow this up at the next inspection.

Care staff had been reminded about the service's organisational policy and procedures when handling people's cash monies when purchasing items for people on an ad hoc basis for example, bread and milk. We saw completed financial transaction records when this had taken place. Auditing of these documents still needed to take place. We have included this auditing improvement in a recommendation covering quality assurance under the Quality of management and leadership section of this report.

**Met – within timescales**

**Requirement 4**

In meeting this requirement people will have confidence that the service has robust and transparent quality assurance processes to support a culture of continuous improvement.

By **30 June 2019** the provider must develop appropriate auditing systems for internal processes relevant to the service. This to include (but not restricted to) auditing:

1. Carer communication notes;
2. Visit arrival and departure times and length of visits;
3. Missed visits;
4. Consistency of staffing;
5. Completed medication records;
6. Completed financial transaction records
7. Care reviews;
8. Care and support plans;
9. Risk assessments;
10. Recruitment and induction process;
11. Staff appraisal, one to one supervision, support phone calls
12. Staff competency observations and spot checks;
13. Training undertaken;
14. Accidents and incidents;
15. Complaints and expressions of dissatisfaction.

c) Develop a system to track the return of communication logs and medication record sheets.

This is in order to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The Health and Social Care Standards have been taken account of in making this requirement. In particular:- (HSCS 4.19) I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

**This requirement was made on 26 March 2019.**

### **Action taken on previous requirement**

The service has made sufficient improvements for this requirement to be considered met. All care plans were being audited and checked as part of the development of the new plans. Carer communication notes were now being audited however we have advised the service to further develop this process. Consistency of staffing was being monitored. The new computerised system incorporates functions for service delivery to be audited. We have made a recommendation in relation to outstanding areas to audit under the Quality of management and leadership section of this report.

**Met - within timescales**

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

In order that care staff have relevant guidance when providing medication support the provider should update the medication policy and procedure to include tasks care staff are undertaking and current best practice.

This is to ensure care and support is consistent with the Health and Social Care Standards:-  
(HSCS 4.11) I experience high quality care and support based on relevant evidence, guidance and best practice.  
(HSCS 4.27) I experience high quality care and support because people have the necessary information and resources.

**This recommendation was made on 26 March 2019.**

#### Action taken on previous recommendation

The medication policy and procedure had been revised however further additions were needed. We have repeated this recommendation. This has been further detailed in this report under Quality of management and leadership.

This recommendation has been: **Not met**

#### Recommendation 2

In order that carers can meet together for the dissemination of new information, best practice guidance and internal procedures, and for the facilitation of staff consultation and team work, the provider should ensure that regular carer team meetings are planned and take place.

This is to ensure care and support is consistent with the Health and Social Care Standards:-  
(HSCS 4.11) I experience high quality care and support based on relevant evidence, guidance and best practice.  
(HSCS 4.27) I experience high quality care and support because people have the necessary information and resources.  
(HSCS 3.14) I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

**This recommendation was made on 26 March 2019.**

#### Action taken on previous recommendation

Since we inspected in February 2019 the service had held two staff meetings. These have been further detailed in this report under Quality of staffing.

This recommendation has been: **Met**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
6 Feb 2019	Unannounced	Care and support Environment Staffing Management and leadership Not assessed Not assessed Not assessed Not assessed
26 Feb 2018	Unannounced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed Not assessed 4 - Good
2 Nov 2016	Unannounced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 4 - Good Not assessed
15 Mar 2016	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 4 - Good
30 Sep 2014	Unannounced	Care and support Environment Staffing Management and leadership 6 - Excellent Not assessed 5 - Very good 6 - Excellent

Date	Type	Gradings	
3 Mar 2014	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
18 Sep 2012	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
3 Oct 2011	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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