

Aeva Care Ltd

AevaCare

Inspection report

Enterprise House
Beeson's Yard, Bury Lane
Rickmansworth
Hertfordshire
WD3 1DS

Date of inspection visit:
14 August 2018
25 August 2018
31 August 2018

Date of publication:
26 September 2018

Ratings

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

Summary of findings

Overall summary

AevaCare is a small domiciliary care agency supporting people in their own homes in the community. At the time of our inspection they were supporting 5 people with the regulated activity of 'personal care'.

The service had a manager who was in the process of registering with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection was undertaken by one inspector and was announced. We gave the provider 48 hours' notice of our intended inspection to make sure appropriate senior staff would be available to assist us with our inspection, and gain permission to speak with people who used the service.

This was the first inspection since the service was registered with the Care Quality Commission in July 2017.

People told us that they felt safe being supported by staff from AevaCare. Staff had received appropriate training to help them support people safely. People were kept safe by staff who were trained to recognise and respond appropriately to potential abuse.

Individual risks to people were appropriately assessed and kept under regular review to ensure people remained safe.

The provider operated a robust recruitment process which helped to ensure that staff employed to provide care and support to people were suitable to work in this type of service.

There were sufficient numbers of staff available to meet individual needs and the service provided was flexible and times of visits could be changed when required.

Staff sought people's consent to care. The manager and staff were aware of the Mental Capacity Act (MCA). People were assisted to eat and drink sufficient amounts to keep healthy and were supported to access healthcare professionals when required.

Staff had received training, support and development to enable them to carry out their role effectively.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People's dignity was respected and their privacy maintained by a team of staff members who treated them with kindness and demonstrated compassion. People and where appropriate their relatives were

encouraged to be involved with people's lives and to provide feedback on the service. People's views were acted upon.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to maintain interests and engage in social events to reduce the risk of social isolation.

People told us they knew how to complain, and when concerns were raised they were investigated and resolved quickly with minimal disruption. People said they were confident they would be listened to if they wished to make a complaint.

We found that records written in a positive and respectful way we found that records provided appropriate guidance on how to support people without reducing people's independence.

People told us that staff listened to them and responded to them in a positive way. Relatives knew how to raise concerns if they needed to and told us they were confident that the registered manager would take appropriate action to address any concerns in a timely way.

There were appropriate quality assurance systems in place to regularly monitor the quality and safety of the service. The manager had arrangements in place to receive feedback from people who used the service, their relative, external stakeholders and staff members about the services provided.

We found that records were well maintained and the systems in place to were effective.

The provider had created an open and inclusive atmosphere within the service. People gave very positive feedback about all aspects of the service. The provider was receptive to feedback and demonstrated an appetite to continually develop the service.

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.

People were kept safe by staff trained to recognise and respond appropriately to potential abuse.

People were protected from the risk of harm, because risks were effectively managed.

Safe and effective recruitment practices were in place to help ensure that all staff were of good character.

There were sufficient numbers of staff to meet people's individual needs.

Trained staff supported people to take their medicines.

Is the service effective?

Good ●

The service was effective.

People gave consent before care and support was provided.

The registered manager and staff followed the MCA principles.

Staff received appropriate training and support to meet people's needs effectively.

People were encouraged to eat a balanced diet to help keep them healthy.

People were supported when required to access healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well.

People and their relatives were involved in the development,

planning, and reviews of the care and support provided.

People's dignity and privacy was respected and maintained.

People's confidential information was stored securely.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal wishes.

Staff had access to detailed information to enable them to provide person centred care and support.

People were encouraged to participate in social events and pursue hobbies.

People were listened to and their feedback valued.

Concerns raised by people were investigated appropriately. Compliments were recorded.

Is the service well-led?

Good ●

The service was well led.

We received positive feedback from people and staff about all aspects of the service.

Quality assurance systems were in place to monitor the quality and safety of the service. The service was making continual improvements.

The registered manager operated an open, transparent and inclusive service.

AevaCare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was carried out by one inspector on 14, 25 and 31 August 2018 and was announced.

We asked the provider to complete a Provider Information Return (PIR) as part of this inspection process. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information we held about the service and the provider and saw that no concerns had been raised.

During the course of the inspection we spoke with three people who used the service, one relative, two staff members, the manager and provider. We received feedback from one professional.

We reviewed the care and support plans for two people, two staff personnel files and records relating to the overall management of the service, the administration of medicines, and staff training records.

Is the service safe?

Our findings

People told us they felt safe being supported by staff from AevaCare. One person told us "I feel very safe and have no concerns about my safety. They are a good team. I know who is coming and have a small team of regular care staff." Another person told us "From the very first day I felt safe, the manager came to see me and explained everything. I have never had any problems with being safe".

The provider had a robust safeguarding policy in place which staff were familiar with. Staff had attended safeguarding training and were able to demonstrate they knew how to identify and report potential abuse. One staff member told us "I would have no concerns reporting anything I was concerned about. They told us about different types of abuse such as neglect, financial abuse and physical abuse. Information was also prominently displayed in the office which reminded staff about the process for reporting concerns along with relevant contact numbers.

People were protected from the risk of harm, because risks were effectively managed. We saw that risks to people's health and well-being were assessed and kept under regular review to help keep people safe. One staff member told us "Everyone has an individual risk assessment. It depends on the person but always includes the home environment, things like skin integrity and moving and handling are all considered as part of the assessment". Risks were mitigated where possible to help keep people safe. This was in the least restrictive way and people were encouraged and supported to make informed decisions.

Safe and effective recruitment practices were followed to help ensure that all staff were of good character and suitable to work in this type of service. The provider told us about their recruitment process which were value based. This meant that potential staff were required to demonstrate they embraced the company's values. We saw that pre-employment checks had been completed before staff started to work at the service. They included a completed application form where gaps in work history had been explored. A minimum of two references were taken up and verified, with at least one being from a previous employer. A disclosure and barring service check (DBS) was completed. Potential staff had to provide proof of identity and photo ID which was usually a passport and or driving licence. These checks helped keep people safe.

There were sufficient numbers of staff to meet people's individual needs. We saw that people had their needs met at times that suited them. Rotas were planned to give staff adequate travel time in between visits. People told us the staff arrived at the expected time and always stayed the full duration of the visit time. One person told us "They will always let you know if they had been delayed or were held up, but that rarely happens. Staff always ask if there is anything else that needs to be done before leaving". The provider told us "I would never take on a new package of care without properly considering if we had the capacity and staff to support the person at the times they wanted the support. This helped to demonstrate there were enough staff available to support people in an unhurried way.

People received their medicines from trained staff who had their competency checked to help ensure they continued to maintain good practice. Where staff supported people to take their medicines a medicine administration record (MAR) was completed. The provider told us "Medication can only be administered

from its original box, blister packs or dossette boxes prepared by the pharmacy". They told us, "There are two levels of medicine administration, level one was when people were prompted and level two when staff actually administered the medicines." The provider told us how they monitored the administration of 'topical' medicines (people's creams) which included documenting the administration and also completion of a 'body map'. The provider told us they observed staff administering medicines as part of their quality assurance process. Staff confirmed that a member of the management team came to observe their work practice in people's homes.

Is the service effective?

Our findings

People received care and support that was effective and met their everyday needs. People had their needs assessed and were supported to make choices about how and when their care and support was provided. People told us the care they received was appropriate and met their needs. One person told us "[Name] came to see me. We discussed what support I would need, as well as the days and times. Everything has gone so well. They are very good at involving you and keeping in regular contact."

People gave consent before care and support was provided. Consent was obtained for different things. For example, people were asked to consent to have their photo taken, to consent to their care being provided and consent to sharing information. Consent was kept under regular review and staff told us they always asked for peoples consent before assisting them. One staff member told us "We are aware people have choices and check that people are happy for us to assist them with each task. We are aware that people may change their minds and respect people's choices and wishes."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The provider demonstrated a good awareness of what steps needed to be followed to protect people's best interests. Staff were able to demonstrate they knew about MCA principles.

Staff received appropriate training and support to meet people's needs effectively. The provider told us that staff completed an induction to help ensure they had the necessary skills and knowledge to provide safe care for people they supported. Following completion of their induction new staff shadowed more experienced staff until they were competent and had the confidence to work alone.

Staff received training in a range of topics relevant to their role which included moving and handling, safeguarding people and the safe administration of medicines. Staff were supported through regular team meetings, individual one to one supervision with their line manager and work based competency checks to observe their work practices. These support arrangements helped to ensure people received effective care from staff who had the appropriate skills and knowledge to support people effectively.

People were encouraged to eat a balanced diet to help keep them healthy. If staff had any concerns about people's food or fluid intake they reported it to the office staff who would make any necessary referrals to specialist professionals such as a dietician.

People were supported when required to access healthcare professionals. The provider confirmed that if people needed to see their GP or other healthcare professional they were supported to do so by staff. One person who used the service told us "The staff from AevaCare have been wonderful, they have accompanied me to hospital appointments in the past and helped make appointments as well."

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us "I have a small team of staff who have been supporting me for months now. They are marvellous, I don't know what I would do without them. They really have been the best. They are lovely, each one of them really does care and it is a pleasure to have them help me, I look forward to them coming, we have a chat and there is respectful banter between us."

People were cared for in a kind and compassionate way by staff that knew them well. One person told us, "Before the service started [Name] came to see me, we talked about everything. I was totally involved. In fact, they have been out to assist me on several occasions." The provider and the staff we spoke with were able to describe people's individual requirements in detail which demonstrated they knew people well. For example, they told us what their preferred routine was, whether they prefer tea or coffee or a shower, wash or a bath. This demonstrated that each person was valued and fully involved in making decisions about how they were supported.

People and their relatives were involved in the development, planning, and reviews of the care and support provided. People and their relatives confirmed they had been involved in detailed discussions about how they would like their care to be provided. The provider went to assess people prior to them agreeing to provide a service. They ensured as part of the assessment process that they could meet the persons needs fully and at times to suit the person's lifestyle. This helped people to be involved and remain in control of their lives and to retain as much independence as possible. People were encouraged to continue to do as much for themselves as possible. One person told us "I was really quite unwell when the service first started but with their kindness, support and continual encouragement I am much better now and still improving".

People's dignity and privacy was respected and maintained. People told us staff were respectful of their dignity and privacy. One person told us "They knock and wait to be let in and when they help with bathing they always make sure I am not left compromised they put a towel round me." A staff member told us that, "We are aware of other people in the house and so speak quietly to help maintain people's privacy."

People received their care and support from a small consistent team of staff which enabled them to build positive and meaningful relationships with the people they supported. Staff told us that working with the same people helped them to get to know people as individuals. Staff were able to describe people's individual likes and dislikes. Staff were enthusiastic and positive when talking about the people they supported. It was clear that staff treated people as individuals. People could access advocates if they needed independent advice about matters relevant to their care or other topics.

People's confidential information was stored securely. We saw that people's private care records were stored in lockable cabinets within the office. This helped to keep personal information confidential. People told us that there were copies of peoples care plan, risk assessments and other information kept in a file in the service user's own home.

Is the service responsive?

Our findings

People received personalised care that met their needs and took account of their preferences and personal wishes. People and their relatives told us they had been involved in developing of care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's changing needs. One person told us "They are very flexible, I only have to mention if I need to change the time I just call the office and they deal with it." "I have often called the office to ask for the times of my visit to be changed to enable me to attend an appointment, they have always been really responsive and changed it for me".

People's care plans clearly explained to staff how people wanted to receive their care. In addition to areas such as personal care, and moving and handling, care plans detailed information that were important to people such as family involvements and relationships, their interests and life history, daily routines and how they wished to have their care provided.

People's care plans were personalised and very detailed to inform staff how to support people in a responsive person-centred way. Any changes were communicated to the office and the provider undertook a care review and updated the care plan. The provider told us that all staff were very aware of people's needs and quickly reported any changes.

Regular meetings were held and information shared between staff and the management team. Staff told us that communication was very good and that they were always given information and updates in a timely way which enabled them to implement any changes quickly.

People were encouraged to participate in social events and pursue hobbies, where this was appropriate. Staff told us they were aware of people getting socially isolated and they told us they tried to encourage them to continue to participate in events that were of interest to them and that they could attend.

The provider told us that they asked people for their views were obtained which were taken on board to help make continual improvements. People were listened to and their feedback valued. We saw that 'spot checks' had been undertaken and a mini questionnaire completed to obtain people's views.

Concerns raised by people were investigated appropriately. Compliments too were recorded. The provider had policies and procedures in place to ensure that concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved to the satisfaction of the complainant. One person told us "I have had a few issues in the beginning but [Name] of provider has responded very positively and always makes sure things are corrected and or adjusted". This showed that the management team were keen to receive feedback from people and act upon it. Compliments were recorded. People we spoke with were very complimentary about the service.

Is the service well-led?

Our findings

People who used the service were very positive about how the service operated. People knew the provider by name, and told us they were 'hands on' and felt that they were very involved in the day-to-day running of the service. One person told us "[Name] of provider, is definitely part of the team and they are very approachable". Another person told us, "[Name] of provider is so kind and caring and [provider] come out to assist people, so is very aware of all aspects of their care".

The service had recently appointed a manager who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback from people and staff about all aspects of the service. People and their relatives told us the provider put people first. One person told us, "I am very happy with the quality of care I have received from AevaCare. Before the service started the provider came and completed an assessment and they usually introduce the staff if they have not been before. I thought that was really nice". Another person told us, "The service is very well organised. It is small and we know what is going on. Communication is good. I have no complaints at all and would recommend the service to anyone who needed good care". A staff member told us, "I have just done a handover because another agency is helping to support a person we have been supporting. We wanted to make sure the transition was as smooth as it could be and also to provide some reassurance to the person."

The service was making continual improvements. The provider demonstrated an appetite to make continual improvements to help people achieve their goals and objectives. For example, people were supported in a non-intrusive way which supported them to remain independent. The provider told us, "We try to support people in a flexible way because people do not always need just what is in the care plan. It is really about embracing person centred care." For example, the provider told us that they helped support a person several times over a weekend when the person was unwell and needed additional support. This demonstrated how the registered manager led by example and aspired to embed a people first culture.

The provider operated an open, transparent and inclusive service. Staff told us they felt very supported by the provider and felt valued as members of the team.

The provider had systems and processes in place to monitor the support people received to help ensure that the service provided was of a good quality. These included works based observations, which were spot checks completed whilst staff were supporting people.

People's care records were well maintained and updated when required. We found the care records we reviewed were well written in a clear and person-centred way. Daily log notes and body maps were well documented and detailed giving useful and clear information. Other audits included checks of records to

make sure they were completed correctly and that the quality was maintained. People's opinions and feedback were regularly obtained and people's views were listened to and acted on to help ensure people were happy with the service they received. We saw that quality assurance surveys were being developed to obtain feedback. The provider told us that as they had been operating for a year it was an appropriate time to request peoples feedback.

The provider was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.