

EVJ Healthcare Ltd

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Inspection report

4 Hyacinth Close
Clacton-on-sea
CO16 7DG

Tel: 07984988857

Website: evjhealthcareservices.co.uk

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16 May 2022

23 May 2022

13 June 2022

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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

About the service

EVJ Healthcare Ltd is a domiciliary care service providing personal care to people who live in their own homes. At the time of our inspection there were three people using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

One person told us, based on their own experience, they would, "most definitely [recommend the service to others], because you can be confident, you're going to get a good service, they know what they are doing."

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Risks were assessed and managed safely. Systems were in place to support people with their medicines when required.

Safe recruitment practices were followed. There were enough trained staff to meet people's needs. The management team told us new packages of care would only be taken on if there were enough skilled staff to provide safe, quality support.

Staff knew people well and provided personalised care.

People were asked their views of the service and described the management as supportive and approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17 February 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective' findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

EVJ Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service one week's notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager, who is also the sole director, would be in the office to support the inspection.

Inspection activity started on 16 May 2022 and ended on 13 June 2022 when we gave feedback to the provider. We visited the location's office on 23 May 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with the Commission in

February 2021. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We also looked at feedback from all the people using the service given in the provider's May 2022 service evaluation forms. We spoke with the registered manager and two care staff. We reviewed a range of records including three people's care records, two staff recruitment and training records, and records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff received training that enabled them to identify abuse and what action they should take if needed.
- The registered manager was aware of their responsibility in reporting any concerns to the local authority safeguarding team. Where a safeguarding concern had been raised, they had worked with the safeguarding team, providing required information.
- The registered manager spoke about the learning they had taken from the incident and had made improvements to their pre-assessment process.

Assessing risk, safety monitoring and management

- To support staff in providing safe care, risk assessments were carried out at the initial pre-assessment meeting with the person, to identify any potential risks and was kept under regular review. This included risks associated with a person's mobility and known medical conditions.
- Where risks were identified, measures were put in place to guide staff on how to reduce them.. For example, reducing the risk of falls, by ensuring the floor is free of any potential trip hazards.
- One carer confirmed there was a system in place to record any accidents and incidents. They told us they would also contact the registered manager straight away, who would ensure effective action was taken to ensure the safety of the person. Where required, risk assessments were put in place or updated, to minimise the risk of it happening again.

Staffing and recruitment

- People were receiving their care visits as per their individual schedules. One person using the service told us on the, odd time their carer had been delayed, they had received, "A phone call early on," to let them know.
- The registered manager carried out the majority of the care visits themselves. If they were unable to cover a visit, they had employed two carers to cover in their absence.
- The registered manager was actively trying to recruit new staff and was aware of the importance of not taking on care packages, unless they had recruited enough staff.
- Staff had been recruited safely. Pre-employment checks had been carried out to reduce the risk of recruiting unsuitable staff. However, we noted one carer had not provided a full employment history. Action was taken during the inspection to obtain the missing information.

Using medicines safely

- The provider's 'Administration of Medicines Policy and Procedure,' provided staff on guidance to be

followed in the safe management of medicines.

- At the time of the inspection, none of the care visits included supporting people with their medication.
- However, in readiness for when the support is required, staff had received their medicines training.
- One person commented, although the service did not support them with their medicines, they found the registered manager's knowledge of medicines to be, "Very good."

Preventing and controlling infection

- The provider had infection control policies in place .
- The registered manager was the service's infection control lead, and kept staff updated on latest government COVID-19 guidance.
- Staff had access to personal protective equipment (PPE) and received training to ensure it was used effectively.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out an assessment of people's needs prior to using the service. This was to ensure they could provide the required level of support.
- One person told us they had felt fully involved during the assessment, which had enabled them to discuss the level of support they were looking for.

Staff support: induction, training, skills and experience

- A person's relative wrote to us saying they have, 'Full confidence in their carer.'
- One person described the training as, "Very good." They felt the registered manager was very efficient in showing new staff what they would need to know to support continuity of care.
- One carer said, "I enjoyed my induction," and had felt, "Very supported." Their induction had included shadowing the registered manager, which had enabled them to get to know the people they would be supporting.
- A training plan was in place listing all the mandatory training staff were required to complete. This was to ensure staff's knowledge and skills were kept updated and in line with current best practice.
- The plan was kept under review and additional specialist training added to ensure it covered people's range of needs. This included training in catheter care and supporting people living with dementia.

Supporting people to eat and drink enough to maintain a balance diet

- At the time of the inspection, due to the majority of people living with their relatives, staff provided minimal support in this area. However they did heat up a meal in a microwave, and ensured people had access to enough fluids.
- Staff were aware of the importance of ensuring people who had a catheter in place, drank enough fluids to reduce the risk of urine infections. Nutrition and hydration care plans were used to support staff in monitoring people's fluid intake during their care visit.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Discussion with staff and care records showed any changes in people's physical or mental health were recorded and acted on in a timely manner.
- The registered manager provided examples where they had worked with / sought advice from, community nurses and dementia specialist to support people's individual needs.
- Care records showed, where staff had noted a person had lost weight, they took appropriate action to

ensure the person's welfare.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager understood their responsibilities under the Act and staff empowered people to make their own decisions.
- A staff member confirmed they always asked a person for their consent before carrying out a care task and would act on their response.
- No one using the service at the time of the inspection had any restrictions placed on their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person described the staff as very caring, "Only need to ask if you have any problems and they will be sorted." A person's relative wrote to us, praising the cheerful manner of their carer, and how, 'Any advice was always given in a positive and supportive manner.'
- Discussions with management and staff, showed they had taken time to get to know the people they cared for. This supported them to build up trust and have meaningful conversations.
- A staff member provided examples of how they ensured they were respectful when entering people's homes. For example, asking permission before opening a window and ensuring they tidied up after themselves.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved and have control of their care. From the initial pre-assessment visit, to ongoing reviews of their care.
- One person told us they had been asked for their views about new members of staff. This ensured they were happy with the quality of the care they had received.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. One person felt staff were respectful of their home when they visited.
- A staff member provided examples of how they would ensure people's privacy and dignity was maintained whilst providing care. This included, ensuring the person's bedroom curtains and door was closed, prior to assisting with personal care.
- Staff received training in equality and inclusion. The registered manager carried out observational 'spot checks' as part of quality monitoring processes to monitor staff practice. This included checks to ensure people's independence, dignity and privacy was being promoted and respected.
- To support people to retain their independence, care records gave staff guidance on what a person could do for themselves, and when they may need assistance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were developed with the person, and/or their representative where appropriate, to ensure it was personalised to their needs. Information was reviewed monthly, or earlier if any changes were identified.
- Staff said they had read people's care plans, and it reflected the level of care and support they gave. One staff member said, as time progressed, if they noticed any changes, they would tell the registered manager so the care plan could be updated.
- The February 2022 provider's information return (PIR), stated, 'Any negative attitudes will be supported with a positive behaviour plan so that their human rights are not infringed upon.' However, when we reviewed a positive behaviour plan for a person living with dementia, it did not show they had any 'negative attitudes.' Therefore, it was not clear what the purpose was. The registered manager said to address this, they would be developing and replacing the behaviour plans with a separate dementia care plan.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People completing the provider's (March to May 2022) service evaluation form had replied, 'Yes', when asked if they received information in a, 'clear, useful and easy to understand,' format.
- At the time of our inspection, none of the people using the service had an impairment, sensory loss or a disability that affected their communication.
- The registered manager was aware of their responsibilities under the AIS. They told us that any information could be provided in a format which met people's individual needs.
- The provider's February 2022 PIR, gave examples of the types of support they would offer, linked to a person's individual needs. This included offering information in an easy read format and using picture aids.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. No complaints had been received at the time of the inspection.
- One person told us they had never needed to make a complaint. However, if the need occurred, they would be happy to raise any concerns directly with the registered manager and felt confident they would be

dealt with.

End of life care and support

- At the time of the inspection, the service had not been requested to provide end of life support.
- However, when required, we saw systems were in place to support end of life care. This included the use of advance care planning which reflects the persons wishes.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a culture which was person-centred and open. They aimed to achieve good outcomes for people by providing high quality, safe care.
- A staff member told us they would not only recommend the service to others, but also as a place to work. This is because they felt, "Very supported," by the registered manager who was, "Always available and reachable."
- The registered manager was open about the challenges they had faced by opening a new domiciliary service during the COVID-19 pandemic. They shared how it had impacted on them building up their service user base, and on the recruitment of staff. They wanted to provide quality care, so focussed on recruiting the right staff, before they take on new care packages.
- The registered manager, who was also the sole Director was able to keep good oversight of the service because they were also providing care and working alongside staff.
- The registered manager used a specialised service to support them with quality assurance systems and ensuring their guidance, policies and procedures were kept updated to reflect current best practice. The registered manager was clear that to retain the same level of oversight as the service grows, they will need to become more flexible in how they manage their time and when they provide care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider uses a range of forums to gain feedback about the quality of the service being provided. This included frequent face to face contact the registered manager had with people using the service, which enabled them to hear people's views first-hand.
- One person told us they were contacted to give feedback following their support being provided by a new carer.
- Provider service evaluation forms were sent out every three months, enabling people and, where applicable their family members, to provide feedback. Responses seen showed no issues had been identified. One person had written, 'The care given is excellent.'
- At the time of the inspection there were no systems in place to analyse the three-monthly feedback forms, which would enable comparison over time and themes/trends to act on. After we pointed this out, the registered manager said they would put a system in place.

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

regulatory requirements

- One person described the registered manager as, "Very approachable," and felt their experience as a trained nurse provided them with the skills and knowledge to understand people's needs.
- The registered manager and staff were clear about their roles, and shared the same values of providing a high quality, safe service. They focussed on ensuring people received the right standard of care which supported their overall wellbeing as well as their care needs.
- Staff had access to policies and procedures, which were kept updated to reflect current guidance and best practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty of candour responsibility and when they needed to make appropriate notifications to the Care Quality Commission. However, we did clarify when notifications around safeguarding should be submitted. Notifications are information about important events the service is legally obliged to send us within required timescales.

Continuous learning and improving care; Working in partnership with others

- The registered manager was aware of the different health and social care organisations they could contact for advice to support people's individual needs, when required. As the service was new and growing, they told us they would continue to develop their culture to promote continuous learning and improvement.