Eve Home Care Limited

Eve Home Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this service on 3 and 19 July 2018. This was our first inspection of Eve Home Care.

Eve Home Care is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to both younger and older adults and people living with dementia or physical disabilities.

At the time of our inspection, there were eight people who used the service. Not everyone using the service received support with a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The two directors of Eve Home Care had both applied to become the registered managers and were actively managing the service at the time of our inspection. We have referred to them as 'the managers' throughout this report. A registered manager was in post when the service opened but left in March 2018. 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.

The managers had failed to ensure recruitment was safe and robust. Staff recruitment records did not always contain full employment histories and gaps in employment had not been explored. Verbal references were obtained but there was no written evidence of the information provided or documentation to show that interviews had taken place.

We found documentation relating to people's medicines and potential risks to them were not always in place. However, people were supported by a consistent team of staff who were familiar with their needs and the support required. This reduced the potential risk for people.

New staff shadowed experienced members of staff before working alone. However, there was no agreed induction process to show new staff had been provided with important information about the service and people they supported and had the necessary skills and knowledge.

Staff had not always completed the necessary training to ensure they were sufficiently knowledgeable and skilled to provide people with effective care.

Effective systems and processes had not been implemented to monitor the quality and safety of the service, to maintain standards or drive improvements.

People told us they felt safe with staff. Staff understood what actions to take to safeguard people from potential risk of abuse. Accidents and incidents were recorded and staff knew what to do in an emergency

situation.

The managers and staff understood the importance of the Mental Capacity Act 2005 (MCA). However, information was not robustly recorded or assessments completed where one person was deemed to lack capacity.

People told us staff sought their consent and people had signed consent forms in place wherever they were able.

Staff liaised with professionals and people's families to ensure they received input around their health needs. People received support to eat and drink and their choice was promoted.
Staff told us they felt supported in their role. However, there were limited records to demonstrate the support provided to staff.

People told us staff were kind and caring and provided dignified and respectful support. People and their relatives felt comfortable in the presence of staff.

The managers understood when people may require independent advocacy support and provided people with information about how to source this.

People's documentation was not always person-centred and did not fully describe how to support the person. However, staff had built a rapport with the people they cared for and were person-centred in the way they delivered care.

The managers maintained regular contact with people to ensure they had no concerns and they were flexible in changing care calls when needed. A complaints policy was in place and people who used the service felt confident to raise any issues.

Staff told us the managers were supportive and people who used the service held the managers in high regard. People's feedback about the service had been sought and the responses received had been very positive.

We found three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, namely Regulation 17 Good governance, Regulation 18 Staffing and Regulation 19 Fit and proper persons employed. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe.

New staff were not always recruited safely.

People received their medicines but the documentation required improvement.

Risk assessments were not always completed however staff understood how to mitigate potential risks for people.

People received support from a consistent staff team.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not always received the training needed to ensure people received safe and effective care.

Staff sought advice from professionals.

Staff sought people's consent before providing care.

Is the service caring?

Good

The service was caring.

People told us staff treated them with kindness, dignity and respect.

People and their relatives felt comfortable with staff.

People had access to independent advocacy support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans did not contain person-centred detail to guide staff on how to provide people with support.

Informal reviews were completed on an on-going basis.

People told us they felt confident to raise any concerns with the management team.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The two directors had both submitted applications to become the registered managers for the service.

The systems and processes in place had not highlighted the issues we found during our inspection.

People who used the service expressed their confidence in the managers.

Eve Home Care

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 was planned to check 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.

Inspection site visit activity started on 3 July and ended on 19 July 2018. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure somebody would be in the office. The inspection included visits to the office location to see the managers and review care records and policies and procedures. We visited and telephoned people who used the service and their relatives. The inspection was completed by one inspector.

A Provider Information Return (PIR) is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Our inspection commenced prior to the PIR submission closing date. We therefore ensured key information and any improvement plans were discussed during our inspection.

We reviewed information we had about the service including notifications. The provider is legally required to send us notifications with regards to any changes in the organisation or significant incidents and events. We also contacted the local authority commissioning group and the local Healthwatch, a consumer group who aim to share the views and experiences of people using health and social care services in England. This information was included within our planning of the inspection.

During the inspection, we spoke with two people supported by the service and three relatives. We reviewed documentation relating to three people which included including risk assessments, care plans and reviews. We considered information in relation to the running of the service including staff rotas, compliments and complaints and accidents and incidents. We spoke with three members of staff and both managers. We reviewed files for three members of staff in addition to an overview of staff's training records.

Requires Improvement

Is the service safe?

Our findings

Recruitment systems and processes were not robust or comprehensive to demonstrate staff had been safely recruited. Appropriate checks had been completed with the Disclosure and Barring Service (DBS). This helps employers to make safer recruitment decisions and minimises the risk of unsuitable people working with potentially vulnerable people. However, other important checks had not been completed. The provider had failed to sufficiently record the checks of people's employment references to demonstrate they were of suitable character. The provider told us telephone contact was made with previous employers and there was a handwritten entry in pencil which stated whether these were positive. There was no record of who the reference was discussed with or when. Dates of employment had also not been confirmed. One staff file included significant gaps on their curriculum vitae and these had not been explored with the person. Health declarations were not completed to ensure newly recruited staff were fit to work in the community and for the managers to assess the level of support required in their role. There were no records of interviews that had taken place.

We discussed the recruitment checks with the managers and referred them to legislative guidance on safe recruitment practices. The managers were responsive to the concerns we raised. On the second day of our inspection they had contacted previous employers for staff references and we saw safe recruitment processes had been followed for a recently employed member of staff. However, this was a reactive and not a proactive measure to ensuring recruitment practices were safe.

This is a breach of the Health and Social Care Act (Regulated Activities) Regulation 2014, Regulation 19: Fit and proper persons employed.

During the inspection the managers told us they had employed the services of a consultant to help with the development of policies and systems relating to human resource which included the recruitment of new staff.

On the first day of inspection the managers advised us they did not provide medicines support and if this type of support was required they would advise the person that staff would be unable to assist. However, staff were assisting people to apply creams which had been bought over the counter and the managers were not aware that this type of support required documenting. People received their medicines safely as they directed staff about the support they required, however the documentation around medicines required development. Further information can be found about the medicines records in the well-led domain.

Staff did not always have access to detailed risk assessments to ensure people received safe care and support. For example, on the first day of the inspection there were two people who required the support of staff and equipment to mobilise. However, moving and handling risk assessments had not been completed. On reviewing another person's file, it was stated that their mobility had deteriorated with their goal being, 'to move without falling.' A falls risk assessment was not in place to ensure the person was supported safely. However, people who used the service told us they felt safely supported by staff who understood their needs and the type of support required. This, therefore, reduced the potential risk to people who used the service.

We discussed the risk assessments with the managers on the first day of our inspection who addressed our concerns. By the second day of the inspection the mangers had contacted the relevant professionals to commence the risk assessment process and completed moving and handling risk assessments where these were required.

People who used the service and their relatives told us staff provided them with safe support. Comments included, "They are the best we have had. We can trust them" and "[The person] is entirely safe with them."

There was a safeguarding policy in place. Some staff had completed safeguarding training in their previous roles and all workers were in the process of completing this training or refreshing their knowledge in this area. Staff understood the potential signs of abuse and were confident about where and to whom their concerns should be reported. A care worker told us, "Any concerns I would report to [the manager]. My main concern is clients."

The staff team was small and consisted of five staff and the two managers. People told us they were supported by a consistent team of people and they knew who was coming to support them. Agency staff were not used. New workers were introduced to people before providing support to ensure both felt comfortable with one another. The managers and people who used the service told us there had been no missed visits and staff arrived on time or contacted them if they were going to be late. One person stated, "They arrive exactly on time. I have confidence in knowing they will be here." A care worker explained, "On time is important to [the managers] and that's good for me. If you have been alone all day, being fifteen minutes late is a big deal."

Details of accidents and incidents were recorded and appropriate follow-up actions were taken. A person who used the service had an accident whilst a care worker was present. They explained the care worker remained entirely calm, explained what they were doing and the person had confidence they were safe with them.

People were protected by the prevention and control of infection measures in place. Personal Protective Equipment (PPE), such as gloves and aprons, was used by the staff when they provided direct support to people. Staff told us they had ready access to PPE and the manager would make regularly contact to ensure they had sufficient amounts.

A risk assessment was completed around the home environment which considered the risks to both the staff supporting the person and the person themselves. This covered areas such as trip hazards, cleaning products and parking for staff. It also provided key information about where the power and water supplies were so carers had this information in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

We looked at the systems and process in place to ensure staff had the appropriate training and support to carry out their role effectively.

The provider did not have an agreed list of mandatory training that they would expect all staff to complete prior to commencing their role and not all staff had completed training for essential topics. This included training in moving and handling, medicines, mental capacity, infection control or emergency first aid. A recently employed member of staff, new to the care sector, had made efforts to complete online training but had not received practical moving and handling training and had only learnt from their observations of other staff. However, no competency assessments had been completed with staff to ensure they were sufficiently knowledgeable and trained on moving and handling techniques.

Evidence of training and qualifications attained in staff member's previous roles were not consistently in place. For example, three workers confirmed to the managers they had completed medicines training with a previous employer. However, only one had provided evidence of this and the training had been completed in 2015. The managers had not completed assessments to check they remained competent and followed best practice in this activity since commencing their roles.

On the second day of inspection it was confirmed that all staff were booked on to a practical moving and handling training course and first aid. All staff were in the process of completing online training in relation to food hygiene, infection control and medicines.

We looked at the induction process and how new members of staff were informed of the provider's policies and procedures and the key elements of their role. We found this was inconsistent. New staff who had not previously worked within the care sector, worked towards completing the Care Certificate. The Care Certificate is a nationally recognised training resource which sets out the agreed standards for the knowledge and skills of those who work in the care sector. However, there was no agreed induction programme for new members of staff with a background of working in care. Records were not in place to demonstrate newly employed staff had been provided with important information about the running of the service and the people they supported. This meant new staff may not have been provided with the necessary information and guidance to enable them to carry out their role or deliver safe care and support.

This is a breach of the Health and Social Care Act (Regulated Activities) Regulation 2014 namely Regulation 18: Staffing.

People who used the service and their relatives felt staff had the right skills and knowledge for their job. A person explained to us how their main carer was very keen to learn and had completed some online training to further understand different medical conditions and the important things to consider. We saw evidence of this on the staff member's file.
Staff told us they felt supported and nurtured in their role and dates of supervisions were recorded. Supervision is a process, usually by way of a meeting, for a provider to monitor and support the learning,

development and well-being of their staff. However, there was only one record of a supervision that had taken place in the staff files we reviewed. We discussed with the managers the need to ensure robust recording of supervisions to demonstrate how issues relating to staff were approached and resolved and the support provided by the managers. None of the staff had received annual appraisals of their performance as they had not yet been employed by the service for a full year.

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 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 particular 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 managers advised us that most of the people they supported had capacity to understand their needs and directed how they wanted their support to be provided. However, for one person who did not have capacity, an MCA assessment and best interest decision had not been recorded in relation to how staff would provide the support the person required. We highlighted the importance of maintaining records in relation to any assessment of people's understanding. By the second day of our inspection the managers had completed an assessment of the person's mental capacity and where the person was assessed as being unable to consent to areas of their care and support, decisions were made on their behalf and in their best interests.

Signed consent forms were in place and people confirmed staff sought their consent before providing care. Staff clearly explained to us how they would seek a person's consent, with one staff member explaining, "I always say is it okay if I do this. If they say no, I'll leave it and ask later."

Prior to commencing support for people, the managers completed an assessment of the person's needs to ensure they could meet those needs and there was sufficient staff capacity. The assessment covered all areas of the person's life and the support required including communication needs, personal care, and support to eat and drink.

When required, people received support to prepare meals and drinks of their choosing to ensure they maintained a good diet and fluid intake.

A 'live' electronic recording system was used which detailed the support provided to people along with any issues or concerns for staff to be aware of. The staff we spoke with were positive about this system and said it allowed for issues to be reported and followed up in a more timely manner.

As this was a new care agency, the managers were in the process of building their relationships with other professionals and understanding the local referral processes. Most people who were supported had the involvement of a relative who would tend to take responsibility for contact with healthcare professionals. However, the managers offered their support to families, and liaised with professionals on their behalf, and understood when contact with other agencies such as the local authority, GP and district nursing team was required..

Good

Is the service caring?

Our findings

We received positive feedback from the people who used the service and their relatives who told us, without exception, that staff were kind and patient. Comments included, "All of them (staff) are lovely people and very willing. They all have empathy and compassion. I have no concerns" and "The carers here really do care. They're lovely." A person who used the service described the relationship staff had with their family as very positive and felt they were at ease in one another's company. They went on to say, "They (staff) integrate themselves into the house and home life." We saw this positive feedback from somebody whose relative had previously received support from the service, 'Thank-you for all your help. [The person] has turned a corner and improved. Eve Home Care have contributed to that change.'

People told us staff respected their privacy and promoted their dignity. A relative said, "They are respectful of [the person] in every way. They always take them through it (what they are doing) and are very sensitive." A person who used the service explained how staff always knocked on the door when they arrived to let them know they were there and would start other jobs around the house until they were ready for personal care support. Another person explained how staff gave them privacy for the elements of their personal care routine which they completed independently. Staff described being mindful about protecting people's privacy and told us they closed blinds and doors before providing people with personal care support. A staff member said, "I want to know people are treated well and cared for properly and with dignity. I think this is [the manager's] philosophy as well."

Although we found care records did not always contain person-centred information, it was clear through our discussions with staff that they were knowledgeable about the needs of the people they supported. They could explain about people's needs, preferences and routines. People told us they were involved in discussions about how their care would be provided and the managers worked closely with them to accommodate for their preferences. One person told us, "They are good at taking their lead off me."

Staff spoke with warmth and affection about the people they supported and many had established a strong rapport. All the staff spoke enthusiastically about their job and the difference they could make to people. A staff member told us, "You go home at the end of a day and you know that you have done something good."

The managers understood the role of advocacy and the services available for people should they require independent advocacy support were listed within the 'Service User Guide'. Advocacy organisations provide people with independent support and can assist them to make important decisions about their lives and ensure their views are heard. For most people who used the service they received support from their relatives who could advocate on their behalf if needed.

The managers were mindful to ensure people's confidentiality was protected and records were stored securely and in line with data protection.

Requires Improvement

Is the service responsive?

Our findings

A 'daily routine' document was in place which provided a breakdown of the assistance a person required during their visits. A staff member told us how useful this document was when you were becoming familiar with somebody's needs. Care plans were in place and covered areas of people's life including eating and drinking, sleep, mood, communication and capacity. However, these lacked person-centred detail. For example, one person's eating and drinking care plan stated, 'Food needs to be cut up and offered drinks through a straw' whilst another person's personal care plan stated, 'full body wash when required'. These did not describe the person's preferences, their abilities or how staff should approach this. This meant staff might not always fully understand the person's needs and how they want their support to be provided.

At the end of the first day of inspection we discussed our observations around the quality of people's care records with the managers. By the second day of inspection the managers had begun to improve and expand upon the information contained within the care plans. This demonstrated the managers were responsive to the issues we had raised and took actions to address these.

The managers maintained regular contact with people and their relatives to ensure they were happy with the care provided and to check there were no concerns. A relative told us, "The manager is frequently in touch. They will check that things are as they should be." The managers explained to us that they were, therefore, continually reviewing people's support and adjusting the care accordingly. Many of the people supported were relatively new clients so formal reviews of their existing care had not been completed. We saw one record of a review which had been completed. The person was noted to be happy with the care and the review was person-centred. However, the care plan had not been updated with the information from the review and was therefore not fully accurate. This was discussed with the managers who agreed to ensure this was updated as soon as practicable.

People told us the staff and managers were responsive to their needs and provided person-centred support. Comments included, "They are focused on me as a customer. You are the priority in what's going on. They put you in the middle of everything" and "If I need something, they will stay and help."

People who used the service and their relatives told us the managers were flexible and quick to respond when they needed some additional support or a change in their calls.

Staff told us that due to the rapport they established with people, they could note and respond to any changes. A care worker explained what they would do if they thought there was a change in somebody's presentation, "I would speak to a family member, note it down and discuss with the manager. It could be that they are poorly or have had a bad night's sleep or they may need more help. I can tell when people are not themselves." This demonstrated staff considered and responded to people's changing needs.

A complaints policy was in place which detailed the complaints process, who to contact if people were unsatisfied with the service or the outcome of the complaint, and timescales for the complaint to be responded to. No formal complaints had been received and we found informal complaints were responded

to proactively by the managers. People who used the service told us they felt confident to raise any issues with staff or the managers and that these would be acted on. One person commented, "If you have any problems you can ring them. The care actually matters to them."

At the time of our inspection the staff primarily supported people with their personal care and were not involved in supporting people to attend or engage with activities in the wider community.

Requires Improvement

Is the service well-led?

Our findings

The two directors of the service had both made applications to the CQC to become the registered managers. A registered manager was in post when the service started however they had since left. Both managers had extensive backgrounds in private enterprise and were new to the area of social care. They had undertaken intensive learning over the last year in relation to the practical elements of caring for people alongside the understanding of associated policies and legislation.

We looked at the procedures in place for quality assurance and governance. These enable managers and providers to monitor the quality of the service and to drive improvement.

Informal processes of quality assurance were in place as the managers took sole responsibility for completing people's assessments, care plans and reviews. They also regularly checked people's daily records along with maintaining contact with people who used the service and their relatives.

The managers were both keen to expand their knowledge and had a rapport with the people they supported. However, good practice guidance was not consistently used or topics robustly understood to develop and implement the necessary systems and checks. For example, the managers had advised they did not provide medicines support. However, staff were assisting people with non-prescribed creams. Documentation was not in place to confirm what creams were applied, where they were applied and whether it was safe for the person to use. Despite not providing medicines support, medicines risk assessments and care plans were in place but these lacked information to guide staff.

Risk assessments were not consistently in place. There was, therefore, limited information to guide staff on the actions to take to mitigate potential risks and to ensure both the person and the staff were safe throughout the process.

We found issues with staff training and recruitment also that were not identified or addressed by the managers.

The reviews and checks that were completed had not highlighted the issues we found during our inspection. This has led to breaches of regulations relating to staffing and failure to ensure fit and proper persons were employed. Whilst there was no evidence that people had been impacted as a result of these issues, there had been a potential for risk of harm.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good Governance.

The managers observed staff practice during visits to some of the people they supported. This helped identify potentially poor practice or areas for further training. The date of the observations were recorded. However, there was no detail about the good or bad practice seen or how this was fed back and addressed with the staff member concerned. This was discussed with the managers who agreed to ensure more robust

recordings of the checks were completed.

People who used the service and their relatives felt the service was well-led and expressed their confidence in the managers. A person who used the service stated, "Eve Home Care have always delivered a very good service. As a company, they are spot on." Other comments included, "Eve Home Care are the best we have had. I'm not worried about these ones. I can trust them" and "They (the managers) have very high standards. I wish I had found them sooner." A person who used the service felt the service was outstanding. Some of the people supported also lived in rural locations and explained to us how difficult it was for them to find a care agency who was prepared to travel to them.

The staff spoke highly of the managers and all described feeling well supported and valued in their role. One care worker noted, "I am supported. They (the managers) will send a text to see how you are. They are lovely, very client focused and accommodating for staff. If necessary they will change shifts but do it without affecting the person. They [The managers] are very caring; they care about staff and our clients." Another care worker told us, "I really enjoy my job. I have a brilliant relationship with [the managers].

Surveys were used to gather people's feedback about the service to establish what they were doing well and where they could improve. Three people had responded who all agreed that they would recommend the service to other people. One question on the survey asked what the person liked about the service. One person responded, 'The time spent with me and not being rushed. The reliability and good time keeping of [the care worker]. The fact that they are observant and genuinely interested in how I am.'

Team meetings were not held as the staff team was small and staff were in regular contact with one another and the managers. The staff told us the managers continually updated them and highlighted any issues or concerns for staff to monitor and feedback on.

The managers were aware of their responsibility to report accidents, incidents and other events that occurred to CQC and notifications had been submitted appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality and safety of the service had not been established and operated effectively.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not established and operated effectively to ensure that new staff were of good character and the qualifications, competence and skills for the work they were employed to perform.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to provide appropriate training and professional development to enable staff to carry out their duties.