

Eve Care Solutions Ltd

# Eve Care Solutions

## Inspection report

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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

Eve Care Solutions is a domiciliary care agency registered to provide personal care to people in their own homes. The domiciliary care agency provides support to adults with varied needs. At the time of inspection, the service provided personal care to one person. The Care Quality Commission (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

The person using the service was unable to speak with us due to their needs. The person's relative spoke well of the domiciliary care agency's communication and the care provided to their family member.

People received a comprehensive assessment of their needs and preferences. Care plans developed from these assessments provided the information and guidance staff required to ensure people's individual needs were met in the way they wanted.

The person received consistent care from regular care staff who had a good understanding of their care needs and preferences. Care staff were punctual and stayed the agreed amount of time.

Recruitment and selection policies and procedures were robust and helped to ensure that only suitable staff were employed to provide care and support to people.

Systems were in place to protect people from abuse. These included safeguarding policies and appropriate training for staff. Personalised risk assessments helped keep the person safe and supported their independence. Suitable infection control practices helped to prevent and control the spread of infections including COVID-19.

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

Effective quality checks monitored the care and support provided to people and improvements to the service were made when deficiencies were found.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

This service was registered with us on 02 March 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Eve Care Solutions

## 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 two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the location's office on 31 May 2022.

#### What we did before the inspection

We reviewed the information we had received about the service since it was registered with the CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the visit to the office we met and spoke with registered manager/company director of Eve Care Solutions. We reviewed a range of records which related to people's individual care and the running of the service. These records included one person's care records, four staff personnel records, medicine administration records and policies and procedures relating to the management and quality monitoring of the service.

As the person using the service was unable to speak with us, we spoke with their relative to obtain feedback about their experience of the service provided to their family member. We also obtained feedback from three care staff. We contacted social care professionals for their views of Eve Care Solutions, but at the time of the completion of this inspection report, had not received a response from them.

# 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.

### Assessing risk, safety monitoring and management

- The provider had policies and systems in place to minimise the risk of people being harmed and to keep people and staff safe. The person's relative did not express any concerns about the person's safety when they received care and support from staff.
- The person had detailed personalised up to date risk assessments. These included risks associated with their personal safety, mobility and home environment. Guidance was in place for staff to follow to manage identified risks, reduce the risk of the person being harmed, and to support their independence.
- The person's risk assessments were regularly reviewed with the person's relative and updated when the person's needs changed. These changes were documented and communicated to staff to ensure they had up to date information about managing risks and keeping people safe.
- Emergency procedures were in place. Staff knew what to do in the event of an emergency. They knew when they needed to contact the provider, emergency services, NHS helpline and/or health professionals for advice.
- The provider operated a telephone 'on call service', which was active during and outside of office hours. This enabled people, relatives and staff to contact the registered manager to seek advice and report any concerns they had including risks to the person's safety.

### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to help safeguard people from the risk of abuse and to keep them safe.
- The provider had a safeguarding policy. This outlined reporting procedures and Eve Care Solutions responsibilities in keeping people safe from the risk of abuse or avoidable harm.
- Staff had received training about safeguarding adults. They were knowledgeable about types of abuse and knew they needed to report all allegations and suspicions of abuse without delay.
- There had been no safeguarding concerns since the service was registered with us. The registered manager and care staff understood their responsibilities in safeguarding people at risk of harm. They knew to notify us and report to the local safeguarding team when abuse was suspected.

### Staffing and recruitment

- Staff files showed that they had been appropriately recruited. All staff had pre-employment checks to check their suitability before they started working with people. For example, Disclosure and Barring Services (DBS) checks were carried out before staff were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Staff told us about the recruitment process, which had been robust and thorough. They had not started

work until all the necessary checks had been completed.

- The registered manager had systems in place to make sure there were enough staff to meet the person's needs and preferences. They monitored staff's time keeping closely. The person's relative raised no concerns about staff's reliability. There had been no 'missed' care visits.
- The person's relative told us regular staff provided their family member's care, which was important to them particularly as the person did not like change. Records showed that the provider had been responsive to the person's relative's request to recruit more care staff to ensure that the person's care was always carried out by staff who were familiar with their needs.

#### Using medicines safely

- The provider's medicines policy detailed the support they were able to give people with their medicines and included procedures staff were required to follow in line with best practice guidance.
- Staff had received medicines training and their competency to administer medicines safely had been assessed. Observations of care staff administering medicines were regularly carried out to ensure they remained competent to manage people's medicines safely.
- The person using the service had a detailed medicine's care plan, which included information about the level of support they needed in the management and administration of their medicines. Step by step personalised guidance for staff to follow helped to ensure that the person received their medicines safely.
- Staff recorded the administration of people's medicines on medicines administration records (MAR). This helped to ensure there was an accurate record of when medicines had been administered. The registered manager monitored these records closely to ensure the person received their medicines as prescribed.

#### Preventing and controlling infection

- There were appropriate systems in place to prevent and control infection.
- Staff had received training in infection prevention and control (IPC). This helped them to follow good hygiene practices when providing people with care and support. For example, the procedure for administering the person's medicines included, 'clean hands with soap and water and then sanitiser' prior to the administration of their medicines. The registered manager told us that during spot checks of staff practice he checked that they wash their hands before starting work.
- The provider ensured that staff were supplied with the personal protective equipment (PPE) they needed to minimise the risk of infections spreading. Care staff told us they were provided with the PPE they needed and the registered manager delivered it to them when they were unable to get to the office.
- During the COVID-19 pandemic the registered manager ensured and continues to ensure staff are kept informed of up to date government guidance and other relevant IPC guidance. This included putting on and taking off PPE safely. Spot checks in the person's home included checks carried out by the registered manager that staff were wearing PPE correctly and safely.
- Staff were aware of the importance of following good hygiene practices when providing people with care and support.

#### Learning lessons when things go wrong

- There were policies and procedures in place that helped ensure staff were effective and responsive when things go wrong. The registered manager spoke about the importance of learning lessons from incidents and complaints to minimise the risk of them happening again and to make improvements to the service.
- An audit of visit care records identified some areas where improvements were needed. Records showed that those issues had been addressed with staff.
- The registered manager informed us that there had not been any incidents or accidents. However, they knew that all incidents needed to be reported, investigated and reviewed looking for causes and trends to help reduce the risk of similar incidents and accidents happening again.



# 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

- People's needs and preferences were assessed before their care visits commenced. The comprehensive initial assessment involved the registered manager meeting the person and gathering information from them (if able to provide it) and where applicable others involved in their care. This assessment helped the provider to determine if they had the right staff with the appropriate skills and abilities to support the person and meet their care needs.
- A detailed and personalised care plan was developed from the initial assessment and the commissioning local authority's support plan. This was reviewed and updated as staff got to know the person and when their needs and preferences changed. The care plan included personalised guidance for staff to follow to ensure the person received the care they needed in the way they wanted.
- Care plans included details of the person's needs, interests and the support they needed to make choices. They showed their religious, cultural, dietary, sensory, and other specific needs had been considered and supported by the service.

Staff support: induction, training, skills and experience

- Newly employed staff received an induction. This included learning about the care agency and shadowing more experienced staff as they assisted the person with personal care. Staff spoke very highly of their induction and told us they had found it to be very helpful in preparing them for carrying out their role and responsibilities. They told us, "It [the induction] helped me to build my confidence" and "I was given good induction, and I [felt] ready to help make a difference and [provide] support for [person]."
- During their induction, care staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they had received the training they needed to provide people with personalised and safe care. Records showed that staff had completed relevant training. The person's relative was satisfied with the care their family member received. Care staff told us, "I am very happy with the training".
- Staff told us they felt well supported by the registered manager, whom they could contact for advice and support at any time. They commented, "He [registered manager] is always there for advice and support" and "I get good help and support all [the] time." Staff received ongoing support and supervision in their role. The registered manager regularly met with care staff to review their working performance, develop their learning, identify training and discuss the person's care and progress.
- 'Spot check' observations of staff whilst they were carrying out their care visits helped to monitor their competence in key areas, such as providing personal care, using PPE safely, completing 'daily' records, and

medicines administration. Suitable systems ensured that when improvements were found to be needed these were promptly addressed.

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

- People were supported to eat and drink enough to ensure their nutritional needs were met.
- The registered manager ensured specific dietary requirements were identified in people's care plans, so they were known to care staff. These included details of people's medical, cultural and/or religious dietary needs and preferences.
- Staff had received training in nutrition and hydration. They were aware of the importance of supporting people's dietary choices, healthy eating, and promoting good hydration by encouraging and reminding people to have regular drinks. Care staff told us they ensured the person received the food and drinks that they wanted. They commented, "I know it's important for people to have plenty of food and drink" and "I always check fridge [in case] food is expired."
- Care staff told us they would ensure that any changes in people's eating and drinking needs would be reported to people's relatives and the registered manager. Care staff informed us that they had recently discussed a person's appetite with the registered manager.

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

- Systems were in place to support people to access health care professionals and services where required. The registered manager provided us with examples of where he had communicated with a person's social worker about their care and support needs.
- Care staff knew the person well. They spoke in a positive way about caring for them. One staff said they [person] was a "lovely person" and that they enjoyed providing [person] with the care they needed. Care staff knew that they needed to report any changes in the person's health and care needs to the person's relative and the registered manager, who they were certain would be responsive in taking appropriate action. Care staff commented, "It is very important [to] observe any changes on [person's] skin, I tell the [relatives] and also the office and I write on the communication log [about] everything I see."
- 'Daily' visit records of people's health, care and well-being were in place. Staff worked with the person's relative to ensure the person received effective care and support.
- The person using the service received consistent care from regular care staff. The registered manager told us that this was particularly important as the person would be anxious with unfamiliar staff assisting them.

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.

- People were supported to make choices and decisions about their lives. Care records identified whether the person had the capacity to make particular decisions, which included daily living decisions such as when they wanted to get up, choosing what to wear and to eat. Where needed, decisions were made in their best interests by relatives and those involved in the person's care and treatment.

- Staff completed training to help them understand the principles of the MCA. They understood the importance of gaining people's consent before providing care and support and promoting people's rights and choices. They knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.

# 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

- The registered manager had systems in place to make sure people were well treated and respected. This included ensuring that staff received appropriate training and monitoring the experience of people receiving care.
- The provider's assessment processes considered people's protected characteristics as identified in The Equality Act 2010. This helped to ensure that people's individual needs were understood and reflected in the delivery of their care.
- Staff received equality and diversity training. They had a good understanding of the importance of respecting people's differences. One care staff told us about the importance of respecting people's religions and culture and spoke about their learning about different religions. Another care staff commented, "We all treat everybody equal. No discrimination on skin colour, religion, sexuality, gender, age or disability."
- The registered manager understood the importance of providing a consistent and reliable service. They arranged for regular staff to carry out people's care visits at the times they preferred and ensured people and relatives were told about any staff changes and were satisfied with the arrangements.
- Staff spoke in a positive and caring way about the person they supported. The registered manager spoke about the importance of care staff having empathy and being very caring. He told us that being considerate and kind was discussed during the staff recruitment and selection process and monitored closely.

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

- The provider had processes in place to support and encourage people and their relatives and representatives to express their views and be fully involved in decisions about people's care. The person due to their needs was unable to make decisions about their care. Their relative told us they were the carer for the person so was wholly involved in making decisions about their care.
- Care staff spoke about involving the person in making day to day choices, including what they wanted to drink, eat wear and do.
- The registered manager maintained regular contact with the person's relative through telephone calls, spot checks, reviews of the person's care and other visits. He ensured that they had opportunities to discuss and provide feedback about the care that the person received. Records showed that helpful and encouraging feedback had been received about the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- The registered manager worked with staff to ensure they knew how dignified care should be delivered. Staff knew the importance of addressing people by their preferred name and respecting people's cultural

and/or religious needs and their individual preferences.

- The person's care plan were personalised. It included detailed information about the person's care needs and preferences and clear guidance for staff to follow to ensure those needs were met.
- During spot checks of care staff assisting people with personal care and other tasks the registered manager checked that staff were treating people with respect and supporting their privacy and independence. Care staff told us, "Respect is asking [person's] permission every time I help them" and "We must speak to the person even if they can't speak. Everybody needs to be respected."

# 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 received personalised care that met their needs and preferences.
- The person's assessment and care plan showed that the care agency had obtained the information they needed from the person's relative and the commissioning local authority to ensure they received personalised care. Care staff told us about the importance of working with the person's relatives to ensure the person received personalised care that met their needs and preferences.
- People's care plans included details about the choices the person was able to make and about the support they needed from their relative and staff to make others. For example, staff had provided the person with advice about wearing suitable shoes when going out during the winter months.
- Staff knew the person well and told us about their preferences including the food and drinks they enjoyed. Care staff told us they had got to know about the care the person needed by reading their care records, speaking with the registered manager, the person's relative and by observation. They told us that during three days of 'shadowing' another member of staff assisting the person with their personal care, they had "got to know [person's] routines and all sorts of other things." Staff told us they were always learning more about the person and their needs.
- Regular reviews of the person's care helped to ensure that staff were aware of, and responsive to any changes in their needs.

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.

- The person's communication needs were understood and supported by staff. The registered manager told us he would develop the person's care plan to include more information about the gestures they used when communicating.
- Care staff spoke several languages, so were able to support some people whose primary language was not English. The registered manager had supported some staff to complete training to improve their spoken and written English to help ensure they communicated well with people.
- The registered manager was aware of the importance of information being as accessible as possible to people and told us they would make sure information was always provided in a way people understood and needed, such as in large print.

#### Improving care quality in response to complaints or concerns

- The registered manager understood the part that complaints or concerns had in improving the quality of care people received.
- There was a complaints policy in place. This was included in the information people received when they started receiving care. The registered manager had systems in place to support and provide people using the service and others, to make a complaint. For example, during reviews of people's care, people and where applicable their representatives were asked if they had any complaints.
- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others, needed to be recorded and promptly reported to the registered manager.
- There had not been any complaints about the service. The registered manager told us that they would ensure that any future complaints would be responded to promptly and effectively and any lessons learnt would be shared with staff.

#### End of life care and support

- At the time of the inspection there was no one receiving end of life care. The registered manager told us that before providing people with end of life care they would ensure staff received the training and support they needed to ensure people had personalised care at the end of their life.
- The registered manager informed us that when providing people with end of life care they would liaise with people's relatives, healthcare professionals and others to ensure each person received the end of life care they needed and wanted.

# 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 service had a positive culture that was person centred and inclusive which helped to ensure good outcomes for people were achieved.
- A person's relative was positive about the communication and support they received from the registered manager.
- Staff told us they enjoyed their jobs providing people with personalised care and support. They knew the person well and had a good understanding of their care needs.
- Staff spoke of good teamwork and the support they received from the registered manager in carrying out their role and responsibilities. They confirmed they received the information, training and up to date guidance they needed to provide people with personalised effective and safe care.

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 registered manager was aware of duty of candour expectations, including informing people truthfully about any untoward incidents and knew the importance of being open and honest when something goes wrong. He told us, "It is very important to be honest and truthful, you apologise and put things right."
- The registered manager knew what type of events they needed to notify us and other organisations about.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and care staff were clear about their roles and responsibilities and understood the importance of monitoring and improving the quality of the service provided to people.
- There were systems in place to assess, monitor and check the quality of the service. Regular spot checks were carried out by the registered manager of staff carrying out their duties, such as; assisting people with personal care, medicines and record keeping. Checks of care plans, medicines administration records, staff training, and other areas of the service were also completed This monitoring helped ensure people received good quality care as improvements were made when needed.
- Policies and procedures were reviewed and updated when guidance changed. Staff had signed that they had read the provider's policies.
- Staff were informed of any changes to the service and the person's needs. They had received regular up to date guidance about COVID-19 during the pandemic, and continue to do so.



- The person's care plan information was detailed, informative and personalised. They were regularly reviewed and updated when people's needs changed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had systems in place that encouraged and supported staff, people and those important to them to be fully involved in people's care. People's equality protected characteristics, including, age, disability, religion or belief and race. The registered manager told us, "We are different, differences should be celebrated."
- The registered manager gained feedback about the service during telephone calls to people's relatives and during regular visits. Feedback records indicated satisfaction with the care provided by Eve Care Solutions. Feedback was appropriately responded to.
- Care staff told us they enjoyed working for Eve Care Solutions. They spoke of good teamwork and were confident to seek advice and guidance from the registered manager at any time. Care staff commented, "[Registered manager] I think is the best manager" and "Manager always listens and answers my questions. I am happy and I know we are all happy with Eve Care Solutions and the manager."
- The person's relatives communicated with healthcare and other professionals and care staff accompanied the person to hospital appointments. The registered manager spoke about the importance of effective communication with those involved in the person's care. Records showed that the registered manager had been in contact with the commissioning local authority about the person's needs.