

Evelia Care Limited

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Inspection report

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18 November 2022

22 November 2022

23 November 2022

24 November 2022

30 November 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

Evelia Care is a domiciliary care agency. The service provides personal care support to young children, adults, people living with a learning disability or autistic people, physical disability, eating disorder, mental health and people who misuse alcohol and drugs. At the time of our inspection 1 person was using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People's needs were fully assessed before they started to use the service and ongoing monitoring took place. Details on how to communicate with people was documented to ensure people were always being involved in their care not feeling isolated or ignored.

Staff received regular training and had the experience to support people effectively. People's nutrition and hydration needs were met well by the service.

Consent to care was appropriately requested and staff supported people to make their own decisions as much as possible to include them in their care.

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.

Right Care

Staff were kind, patient and non-discriminatory. People responded well to staff who spent time speaking with them and getting to know them. People's privacy and dignity was respected. Care plans were individualised and stated people's preferences. People and their relatives were given information on how to make a complaint.

People were kept safe by staff and relatives confirmed their family member was well looked after. People had appropriate risk assessments in place to reduce the risk of harm. Risk assessments were regularly reviewed and involved people, their relatives and health professionals. Staff knew how to report safeguarding concerns and who to contact where they felt they needed to whistleblow.

Right Culture

People were able to achieve good outcomes as staff enjoyed working with the people they supported and had their needs at the centre of everything they did.

The registered manager created an environment where people were not afraid to speak out if things had

gone wrong and needed to improve for the benefit of people using the service. Openness and transparency were embedded in the service.

The registered manager had regular oversight and asked for feedback on how to improve the service. People had a consistent staff team in place to provide continuity of care. Staff were recruited to the service safely.

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 20 August 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.

Detail are in our well-led findings below.

Good ●

Evelia Care Limited

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

This inspection was carried out by 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 and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The inspection was announced.

We gave the service 24 hours' 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.

Inspection activity started on 18 November 2022 and ended on 30 November 2022. We visited the location's office on 18 November 2022.

What we did before the inspection

We reviewed the information we held about the service since it had 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

We spoke with the registered manager, 1 relative and 4 members of staff. We looked at the care records and risk assessments for 1 person, 4 staff recruitment records including supervision and appraisals. We also viewed other records related to the management of the service. After the inspection We continued to seek clarification from the registered manager to validate evidence found.

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

- People were protected from the risk of abuse.
- Relatives told us they trusted staff with their family member. A relative said, "Yes, [person] is kept really safe. Staff look after them very well."
- Staff knew the different types of abuse, how to identify them and the procedure to follow if they suspected alleged abuse. A member of staff said, "Every day [person] comes back from the day centre, I check everything. If any bruises anywhere I'd call my line manager and write in the log sheet." Another member of staff said, "If I suspected anything I would tell my line manager, if [registered manager] doesn't do anything, I can go to the local council and tell the Care Quality Commission."
- Records confirmed staff received safeguarding training and the registered manager discussed their understanding regularly.

Assessing risk, safety monitoring and management

- People had appropriate risk assessments in place and these were regularly monitored.
- Records confirmed the service assessed people's needs and put measures in place to protect people from the risk of harm.
- For example, staff were trained in safe moving and handling procedures and could tell us how they supported people moving around their home, records confirmed this. A member of staff said, "We always use the seatbelt when using the shower chair for [person]."
- The registered manager spoke to staff and checked their practice to ensure they were following guidance as stated within people's care plan.

Staffing and recruitment

- People received care from staff who were recruited safely and there were enough staff to provide safe care.
- The registered manager told us a consistent staff team was important to ensure good health outcomes for people.
- Relatives were pleased with the staff team in place and could see their family member responded well to them when they received care.
- Staff had been employed to the service following the providers recruitment procedure. Staff had completed a DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service did not currently support anyone with their medicines.
- Medicines risk assessments were in place, detailing who was responsible for managing medicines at the service, all the medicines people were taking was listed and whether people needed any "as required medicines".
- Records confirmed staff received yearly training in medicines support to keep their skills and knowledge up to date.
- Staff understood the actions to take if a medicines error occurred. A member of staff said, "I'd report it to my manager and record it in the incident book, I'd also call the GP and inform the family."

Preventing and controlling infection

- People using the service were protected from the risks from acquiring an infection.
- Relatives told us staff kept the areas where they worked clean and tidy.
- The registered manager said, "It's important to break the chain of infection, staff to follow good hand hygiene practices regularly changing gloves and masks."
- Staff were provided with enough personal protective equipment (PPE) and told us they received infection control training.
- A member of staff said, "All the time, I use gloves, apron and disinfectant. We have enough PPE." Another member of staff said, "I have to wear, gloves, apron, arm cover, shoe cover and a mask. I get my PPE every month from the office, always enough."

Learning lessons when things go wrong

- There were systems in place for everyone to learn after things had gone wrong.
- There had not been any incidents at the service, staff were aware to report accidents, incidents and emergencies to the registered manager.
- A member of staff said, "[Registered manager] does meet with us regularly to talk about how to prevent accidents."

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 health needs were fully assessed and careful planning by the service took place before care began.
- The registered manager visited people in their home to complete the assessment of needs, a relative confirmed this. A relative told us the registered manager came to discuss the needs of their family member and asked relevant questions about them.
- People's care plans were effective and covered all areas of care to be provided.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills from effective training, long term experience and were well supported by management.
- Relatives told us staff who provided care and support were very skilled in what they did. A relative said, "[Person] is well looked after, they [staff] really know what they are doing, they use the [equipment] well."
- Records confirmed staff had 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 social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme."
- Records confirmed staff received regular supervision and an annual appraisal with the registered manager and staff told us they found it useful to have the opportunity to discuss their role and the people they care for.

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

- People were supported to eat and drink enough.
- People had nutrition and hydration care plans which stated the foods people liked to eat and how people were to be supported.
- Staff supported people during mealtimes and to eat at a pace which was safe for them, relatives confirmed this.

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

- People's health needs were recorded in people's care plans and staff regularly monitored people to ensure they were safe and healthy.
- The registered manager was able to contact the duty social worker if they needed to discuss aspects of

people's care.

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.

- Appropriate consent was obtained before care was delivered to people.
- A relative told us staff observed their family member when seeking consent to provide care. They said, "[Staff] watch [person's] body language."
- Staff were patient when seeking consent, a member of staff said, "If [person] does not want something he uses his hands and gestures. For example, this morning gave [person] a choice of clothes he used his hands to choose."

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

- People received care and support from staff who were understanding, kind and respectful.
- Relatives were pleased with how their family members were treated by staff. A relative said, "They treat [person] well, they're [staff] like family now."
- Staff enjoyed working with people and told us it was important to be kind to people they supported. A member of staff said, "I really like helping [person], they are like my child. [Person] smiles when I talk to them." Another member of staff said, "[Person] really likes it when you bring their piano to them, it makes them happy."
- The registered manager told us he observed staff treating people with kindness and respect.
- Staff had received equality and diversity training and explained to us how to treat people as individuals with no discrimination.

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

- People were encouraged with the support of staff to express themselves.
- Staff gave us examples of how they would follow people who were unable to use words to communicate to ensure they were there to observe what it was they needed. A member of staff said, "I follow [person], I ask him what do you need?"

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Independence was encouraged throughout people's care plans, for example where people heavily relied on the support from staff, staff were to let people direct care where they could.
- A relative told us they had seen staff respect their family members privacy and dignity. A relative said, "They always respect [person] dignity, they close the door when they [provide personal care]."
- Staff told us they maintained people's confidentiality and did not disclose information with others not involved with care.

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

- Care was personalised and met people's individual needs and preferences.
- Staff were able to explain people's different likes and dislikes and how they used people's favourite belongings to make them happy or to calm them down.
- A member of staff said, "The more time I spend with [person] the more I understand them."
- The registered manager told us and records confirmed are was regularly reviewed, with the involvement of people, their relatives and staff.

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's communication needs were documented in their care plans for staff to understand how to effectively support and understand people.
- Where people did not use words to communicate, staff observed people and learnt what different body gestures meant. For example, a member of staff said, "When [person] wants to go to bed they put their hands up."
- The registered manager informed us they could provide information for people in accessible formats such as braille or audio format.

Improving care quality in response to complaints or concerns

- People and their relatives were able to make complaints about the service, a complaints procedure was provided to people upon joining the service.
- There was a complaints policy detailing what would be done with a complaint and how to escalate it if the outcome was not satisfactory. No complaints had been received at the service.
- The registered manager was open and transparent, and wanted feedback from people, relatives and staff if there was a complaint around any aspect of care that was not working well.
- A relative told us they were happy with the service and did not have any complaints, but they knew how to raise a complaint if they needed to. A relative said, "I know how to complain, I will first liaise with the agency."

End of life care and support

- There was an end of life policy and procedure in place for the service to follow in the event of them providing end of life care and support.
- At the time of the inspection, no one required end of life support from the service.

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

- Meeting people's needs and ensuring their happiness was always the priority for the service.
- Relatives told us they felt staff had their family members best interests. A relative said, "The staff are so good, [Person] is number 1, his interests are the most important."
- Staff told us they enjoyed the work they did and felt very supported by the registered manager to provide the best care for people. A member of staff said, "[Registered manager] is very supportive, I can speak to him when I need to." Another member of staff said, "The registered manager is very helpful and friendly."
- Staff told us the work environment was inclusive and everyone felt able to share their views about care and how to help achieve the good outcomes for people.
- The registered manager had an open door policy. They said, "[Staff] can come to me, I tell them the office is for you, there will be no blame practice here, the office is here to protect you. Policies are for people, staff and the registered manager."

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 demonstrated they were aware of their responsibility to be open and transparent under duty of candour.
- The registered manager said, "If any mistakes happen by any party, I have to be honest and show these are the things I have learned from it."
- The registered manager knew the different notifications they legally had to report to the CQC.

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

- Management and staff were aware what was expected from them and this provided people with care from a service who understood people's needs.
- Systems were in place to monitor the service, the registered manager regularly monitored the service and conducted random spot checks to observe staff.
- Risks to people were regularly reviewed and records confirmed this, the registered manager met with relatives to ensure care was being provided safely and updated care plans where it was identified changes needed to be made to people's care.
- Staff meetings took place and staff told us they were effective and provided an opportunity to meet with

the rest of the team and share care updates.

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

- Regular feedback was requested from staff and relatives. Where people could not use words to communicate, observations were carried out and staff and the registered manager continued to ask people if care they received was good.
- The registered manager regularly encouraged feedback from staff and people's relatives. This was to ensure care was as it should be for people, and to hear what was working and if any improvements were needed.

Working in partnership with others; Continuous learning and improving care

- As a new service the registered manager told us they sought advice from other providers to learn best practice.
- The registered manager said, "I want to learn and grow more. I browse and read the CQC website all the time, read all the glossaries."
- The registered manager encouraged staff to complete regular training as they valued the importance of staff having up to date skills to best support people.