Eveshel Care Limited

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Inspection report

Queens Court
9-17 Eastern Road
Romford
Essex
RM1 3NH

Tel: 01708388213
Website: www.eveshelcare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We carried out an announced inspection of Eveshel Care Limited on 1 November 2018. Eveshel Care Limited is registered to provide personal care to people in their own homes. 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 consider any wider social care provided. At the time of our inspection, the service provided personal care to nine people in their homes.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run. At the time of the inspection the registered manager was not available.

At our last inspection on 12 January 2017 the service was rated 'Good' overall. We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not ensure that the care and support provided to people always reflected and met their needs and preferences. During this inspection we found that this previous breach had been addressed.

Staff did not always arrive on time to see people and the system in place to monitor time keeping was not always effective. We recommended the service review procedures to ensure the risk of missed visits or late calls were minimised.

Staff knew how to keep people safe from harm and how to report concerns of potential abuse. Detailed risk assessments were in place that guided staff to provide safe care and support and reduce the risk of harm. Staff were recruited in a safe manner and line with the provider's recruitment policy, which meant we were assured staff were suitable to carry out their role. People were supported to receive medicines in line with best practice and the service ensured all staff had medicines training. People and staff were protected from the risk infection.

Staff were supported through a detailed induction and had access to ongoing training, as well as regular supervisions and an annual appraisal to ensure they could provide care in line with best practice guidance. Information was used from the local authority to ensure the service could offer the right support to people. The service worked in line with the principles of the Mental Capacity Act (2005) and staff gained consent from people before providing any care or support. People were supported to keep hydrated and have a well-balanced diet. People received support from other health and social care professionals to ensure they had a healthy lifestyle.

Relatives told us staff were kind, caring and friendly. The service involved people and their relatives in reviewing individual care plans. Staff understood how to support people in a manner that ensured people were protected from discrimination. Relatives told us that people's privacy and dignity was maintained and

staff promoted a sense of independence for all people.

Relatives told us staff knew people well and provided care that was person-centred. Each person had an individual care plan; these care plans were up to date and reflected people's support needs. Relatives told us they felt comfortable raising any issues they might have about the service and there were arrangements in place to deal with complaints. The service supported people with their end of life wishes.

People, relatives and staff felt well supported by the management team and felt the service delivered high quality support. The provider sought feedback from people and their relatives. The serviced worked positively with other health and social care professionals to ensure people received a person-centred care and support package. The quality assurance systems in place ensured staff were monitored and supported to develop to provide the best support to people.

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

The service was not always safe.

Staff call logs and time-keeping systems were not being managed effectively to ensure late or short visits were minimised.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

Detailed risk assessments were in place.

Staff had been recruited safely.

Medicines were managed safely.

Appropriate infection control arrangements were in place.

The service had systems to record and evaluate accidents and incidents.

Is the service effective?

Good

The service was effective.

Staff received a detailed induction and consistent and regular training.

Staff received supervisions and appraisals that enabled them to feel supported and provide effective care.

The service completed pre-admission assessments to ensure they could meet people's needs.

The service was working in line with the legal requirements of the Mental Capacity Act 2005 and staff gained consent before providing care and support.

People were supported to stay healthy and have access to health and social care professionals.

Is the service caring?

Good

The service was caring.

Staff had positive relationships with people and were caring.

People were encouraged to maintain their independence where possible.

People's privacy and dignity was respected.

People and their relatives were involved in the decision making for the support people received.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of people's support needs.

Care plans were updated to reflect people's changing support needs.

The service responded to all complaints and people were confident with raising concerns.

The service supported people at the end of their life to be comfortable and took into consideration their wishes.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff felt supported by the management team.

People, relatives and staff had an opportunity to provide feedback about the service.

The service worked well with other health and social care professionals to provide holistic care and support.

The service had quality assurance systems in place to ensure the delivery of care and support to people was safe and effective.

Eveshel Care Limited

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 was 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.

The inspection was carried out on 1 November 2018 and was announced. We announced our inspection 48 hours beforehand, because we wanted to be certain that someone would be available to support us. The inspection was undertaken by one inspector.

Before the inspection, we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events which the provider is required to tell us about by law. We sought feedback from health and social professionals. We also received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We spoke with six relatives of people who used the service and five care staff. We were unable to speak to people who used the service due to their communication and support needs.

During the inspection we reviewed documents and records that related to people's care and the management of the service. We reviewed two people's care plans and two staff files. We looked at other documents such as medicine, training and supervision records. We also spoke with the nominated individual, the business consultant and the administrator.

Requires Improvement

Is the service safe?

Our findings

Relatives we spoke to had mixed views about staff arriving on time and supporting people for enough time. One relative told us, "Their time keeping is not very good, that is the only thing. They came to bathe [person] and they were only here 13 minutes." Another relative said, "It would be good if they were on time more." However, one relative said, "They turn up when they say they will. They are prompt and efficient." Another relative told us, "Timekeeping is fine."

Staff we spoke to acknowledged that they are sometimes late. One staff member told us, "If ever I am late this is down to traffic but we do have enough time with people and I call them to tell them I am late." Another staff member said, "Sometimes we might fall behind schedule. We don't rush, but we are just late sometimes. People feel frustrated if they feel we are rushing. So, we do try."

We looked at the system in place to manage staff timekeeping; it showed when people hadn't been allocated a carer, if a staff member calls in sick and the number of carers logged in throughout the day. During the inspection we viewed records for the morning of the inspection.

The system showed that one staff member had logged out of one person's home and into another within less than one minute and only spent 5 minutes at another person's home. We also saw a second staff member had not logged in at all. Management spoke to these staff members during the inspection and it was understood they forgot to log in and log out correctly. Management advised in these circumstances they would then call people and their relatives to check the visits went ok. This demonstrated that the service was not always managing timekeeping. As a result, people may not have felt they could trust the service to provide consistent and safe care and support.

We were told the provider is in the process of installing a new system where people will have codes within their home that staff must scan to indicate both their arrival and departure. This system would ensure staff logged in and out correctly, they were arriving at people's home on time and spending the correct amount of time there.

We recommended the service review procedures for staff call logs to ensure the risk of missed visits or late calls are minimised.

Relatives told us that people felt safe whilst receiving care and support from staff. One relative said, "Oh yes, 100% [they fee] safe." Another relative said, "Yes, [person] is happy."

Staff demonstrated an understanding of safeguarding and knew how to keep people safe from harm. One staff member said, "When you find someone being abused they can change. It could be financial, emotional, physical. It could be from the family or the carer." Another staff member said, "If you see something that is not right you report it. I would report it to my line manager." Staff told us they had completed safeguarding training. One staff member told us, "Yes. We had to have this training done before we could work." Records confirmed all staff were up to date with their safeguarding training. This demonstrated the service worked to

ensure all people were kept safe from potential abuse.

The service assessed people's support needs and created risk assessments that guided staff to support people in a way that kept them safe. One staff member told us about the risks assessments, "They are very helpful. Before we support people, we complete a risk assessment. It helps us care for them." Another staff member said, "Anytime we go to care for our clients, the main priority is that you communicate with them. If you go there and you see they can't communicate then a risk might have changed. We inform the manager and they come out and assess this person."

We reviewed individual risk assessments and found they covered various care and support needs, including, 'manual handling', 'falls', 'medicines' and the persons 'home environment'. One person's 'manual handling' risk assessment said, 'Always protect [person's] heels and elbows from friction damage.' Staff told us they had completed 'manual handling' training. One staff member said, "They used a lot of equipment, like the sling, hoist and sliding sheet. They showed us the difference between the hoists. We know if it is out of date, it might not work and it is not safe."

Records confirmed that people's risk assessments were reviewed every 6 months, or as and when people's care and support needs changed. This demonstrated the service had robust systems in place to assess and monitor individual risks and ensure staff could provide safe care and support in line with best practice guidance.

We checked staff files to ensure the service was recruiting staff in a safe manner. The Disclosure and Barring Service (DBS) is a criminal record check that helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. Records confirmed that all staff had relevant references, proof of ID and a DBS in place. Staff confirmed they had been asked to prove they were suitable for the role. One staff member said, "Yes of course, [DBS] is a priority." This showed the service were employing staff who were suitable to provide safe care and treatment to people.

Relatives we spoke to told us they trusted staff to support people and keep them safe with medicines. One relative said, "They prompt [person] and observe and acknowledge [person] has taken them. That has been a big help and seems to be working."

Staff could demonstrate an understanding around medicines. One staff member said, "We read through the new medication notes. Everything is written down. What they take and why and when." Another staff member said, "We have MAR charts and we document everything. We had training. It was good." Records confirmed all staff had completed training in the safe management of medicines.

Records confirmed that people had a medicine consent form, medicine risk assessments and medicine administration records (MAR) in place. Medicine risk assessments provided details of the medicines, how and when they should be administered, if people's medicines were stored securely within their home, allergies and looked at people's ability to self-manage. One person's risk assessment said, "All [person's] medication is stored in a medication cabinet which is locked up safely at the correct temperatures." Another person's risk assessment said, "Care workers will be prompting [person's] medication from dosette box, which will be filled and provided from the pharmacy weekly."

We reviewed two MAR and found they had been completed sufficiently; they had staff signatures and codes to indicate if medicines were given. We also saw that MAR were audited by management monthly. These audits asked questions including, 'Is the MAR Chart legible?', 'Is the MAR chart signed?' and 'Is the MAR chart initialled every time a service user declines medication?'

This showed that the service had robust systems in place and ensured staff were competent in managing medicines and keeping people safe.

Relatives confirmed staff worked in a way that ensured people were protected from infection. One relative said, "Yea they have all the right stuff." Another relative told us, "[They wear] aprons and blue rubber gloves."

Staff told us they were provided with the appropriate equipment to ensure people were protected from cross infection. One staff member said, "We use these every day for personal care. We have it all." Another staff member told us, "Yes, we get all of that. We get gloves and aprons."

The service had an infection control policy in place, and records confirmed that people were supported in a way that managed the prevention of cross-infection. One person's risk assessment said, "Never leave the slide sheet in [person's] bed or on floor due to infection." This showed there were sufficient systems in place to reduce the risk and spread of infection.

We were advised by the registered manager that there had been no accidents or incidents recorded since the service began supporting people. We saw that people had blank 'incident reports' in their file that could be completed by management when an accident or incident occurred. These files asked for a description of the incident, a description of the action taken and details of the outcome. This demonstrated that the service has systems in place to ensure people would receive a responsive approach to an incident, and that 'lessons learnt' would be reviewed to ensure the service continued to improve and offer safe care and support.

Good

Is the service effective?

Our findings

Relatives told us they felt staff were competent and had the relevant skills and knowledge to support people. One relative said, "[Staff] know what they are doing." Another relative told us, "At the moment it is very good, the best we have ever had, staff know what they are doing."

Staff were trained to ensure they could provide effective care and support. The registered manager advised staff received refresher training on an annual basis. Records confirmed that all staff were up to date with essential training including safeguarding, health and safety, dementia awareness and mental health awareness. This showed staff were provided with opportunities to learn and develop in areas that were relevant to their work, to be able to effectively support people.

Staff told us they had access to various training opportunities. One staff member said, "Yes, lots. They show us a lot." Another staff member told us, "Yea we get enough. I know what I am doing."

We spoke to staff about their induction into the service. One staff member told us as part of their induction they completed training in different areas. They said, "We did medication, moving and handling, communication, what abuse is. They teach us so many things and we did a lot of courses." Another staff member said, "I watched some videos and was talked through my responsibilities. The videos were on manual handling, how to relate to clients, safeguarding." A third staff member told us, "I went out with people who had worked there longer than me, they showed me what do."

Records confirmed the induction covered an introduction to the service, it's principles, and included looking at people's care plans and risk assessments and daily records. Induction also incorporated Care Certificate standards. The Care Certificate is a set of standards that health and social care workers comply with in their daily working life such as safeguarding, infection control, first aid and health and safety. Staff then received mandatory training to ensure they could perform their roles effectively; including dignity and respect, nutrition and hydration and medicines.

Staff received regular supervision and an annual appraisal. The nominated individual told us that the registered manager oversaw supervisions, and these were held with staff every six months. We viewed two staff files and found that one staff member had received a supervision in September 2018, but prior to that their last recorded supervision was in November 2016. We also found that one staff member had not had an appraisal since November 2016 and another since April 2017.

When we spoke to the nominated individual about this, they told us that the registered manager did not store their documents on the central system but instead on their own desktop. As a result, documents were not always readily available for the other managers. The nominated individual advised us they would speak to the registered manager and ensure documents were saved in a shared folder.

Staff told us they received regular supervision and an annual appraisal, and felt well supported by their manager. One staff member said, "We meet maybe once a month. But [management] call us in-between if

they have anything to discuss." Another staff member told us, "Oh yes, [manager] is always there if you need." A third staff member said, "We have our appraisal too. These are helpful."

The service completed detailed pre-admission assessments to capture information about people's needs. They asked questions about people's physical health and mental health needs, independent living and community skills, personal relationships and interests. The service also used information from other health professionals. This information allowed the service to develop detailed care plans that guided the staff on how to deliver safe and effective care and support. One person's pre-admission assessment said, "[Person] has a dementia diagnosis, and both verbal and physical challenging behaviours. [Person] responds to encouragement and reassurance and carers with an understanding of dementia are required." This showed the service provided the best outcomes for the people they supported.

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.

Relatives confirmed that staff always asked for consent before providing care and support. One relative told us, "Yes they do [ask for consent], they explain what they are doing." Another relative said, "They explain what they will be doing."

Staff demonstrated an understanding of the MCA and how to ensure consent to care and treatment was always sought. One staff member said, "We can't just do things for people, we always ask. Every time we ask. We talk to them and their family and make the best decision for them. This is to protect them." Another staff member told us, "We can't just assume people don't have capacity. But some people do need help. This is how much you know, or can do, mentally."

Records showed that people had signed to say they consented to the care and support provided and to confirm they had received a copy of their care plan. We also saw consent forms in place for relatives to sign, where the person receiving care and support was not able to sign due to their health conditions.

The service supported people to keep hydrated and to eat well. One staff member told us about a person who has specialist equipment that needs to be adjusted prior to eating. They said, "[Person] puts thumbs up to signal [person] is happy for us to [adjust specialist equipment] and we feed [person]. [Person] then eats as much as [person] can and signals for us to [adjust specialist equipment]. " Another staff member said, "One of our clients had an injury so we are helping [person] eat until [person] gets better." Care plans included the support people would require with food.

Relatives told us that the service worked well with other health and social care professionals to provide support to people. One relative said, "Social Services come over, the carers talk to them. The nurses come in once a day. The carers keep things up to date. The treatment is making things better."

Staff confirmed they communicated well with other professionals and recognised the importance of this. One staff member said, "We do speak to other staff, we can't work alone. It is our responsibility to make sure the client is okay." Another staff member told us, "The Doctor reviews [medicines]. If they go to hospital for example they come back home, their medication changes and the Doctor does this. We don't use the old medicines, we talk to the Doctor and the Pharmacy."

Care plans included medicine reviews by people's pharmacists and contact details of key professionals including their GP and social worker. One person's care plan said, 'Skin pressure area needs to be monitored. District Nurses informed and aware of condition. Joint assessment carried out by [nominated individual] and occupational therapist.' This showed the service supported people to access health services to ensure people were in the best of health.

Good

Is the service caring?

Our findings

Relatives told us that staff were kind and caring and treated people with compassion when providing care and support. One relative said, "100% yes, the best. They are all very lovely." Another relative told us, "I am pleased with everything they do for [person]. [Person] would tell me [if [person] wasn't happy], the carers are all very pleasant." A third relative told us, "[Person] seems content and happy."

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against and all people were treated equally . One staff member said, "[We support] different people from different places. We respect them when we care for them. We are there to help them do what they want." Another staff member told us, "I take care of [people] how I would take of everybody else. It doesn't matter." The service had an equality, diversion and inclusion policy in place that said, 'The service aims to celebrate differences. It recognises that treating people unequally can result in their losing their dignity, respect, self-esteem and ability to make choices.' This showed that the service worked in a kind, and caring manner to ensure people received support that met their needs in a non-discriminatory way.

Relatives confirmed that staff encouraged people to be as independent as possible and treated them with respect and dignity. One relative said, "Oh yes, they do. It's limited but they do try." Another relative told us, "Yes, they do. They give [person] a flannel to wash [person's] face, as that is all [person] can do, or they encourage [person] to comb [person's] hair."

Staff we spoke to were able to give examples of how they supported people to be independent and respected people's privacy and dignity. One staff member said, "If you go into a client's home and they need personal care and help with dressing. I would try and let them do as much as they can themselves and then what they can't, I assist them with this." Another staff member said, "I will try and encourage people to do as much as they can." A third staff member told us, "We will always ask if they wish for us to leave the room and we respect their privacy until they are ready for us to come back in."

Care plans reflected the importance of people having their independence promoted. One person's care plan said, 'I have always been a very independent [person] and although I am unable to do most of what I used to do, I am trying to keep as much independence as I can.' Another person's care plan said one of their goals was, 'Concentrating on encouraging [person] to wash [person's] face.' The service provided a contract for each person that said, 'Independence does not necessarily mean doing everything for yourself. It can include the necessary support to complete an important task you cannot do for yourself.'

Relatives told us that they had been involved in decision making on the care people received. One relative said, "Yes, we reviewed [the care plan] with the care staff." Another relative told us, "[Staff] are very professional and they do listen to me and to [person]. If I or [person] wanted more I would ask." Staff told us, "[People] get a review of their care plan, the management do go around and talk to people. The manager sees people and reviews them." Records confirmed there was a section in people's care plans where people and relatives could sign to evidence that they agreed with the contents and had been involved in the

reviews.

Good

Is the service responsive?

Our findings

At our last inspection on 12 January 2017 we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the systems in place to ensure care plans were reviewed were not robust and people's care plans were not reflective of their current care and support needs. During this inspection we found this breach had been addressed.

Relatives told us staff were responsive and supported people to meet their needs. One relative said, "Staff know [person] well." Another relative said, "They always offer if [person] needs anything more." A third relative told us, "They'd do anything you would ask them."

Staff told us how they built positive relationships with people and worked in a person-centred way. One staff member said, "One [person] has dementia. [Person] can't talk. But I made a folder and wrote questions in there. [Person] looks at the list and then can answer them. [Person] smiles or nods. I use pictures too." Another staff member said, "You don't change things to suit you. You do everything possible to meet [people's] needs." The nominated individual told us, "Staff are very good, they pick things up straight away, they call me." This showed the service understood the best ways to communicate with people to ensure they felt well cared for and were responsive to people's needs.

We reviewed two people's care plans and found they were detailed and person-centred. Care plans looked at areas including, 'By having your help I want to be able to', 'Important things to know about me' and 'My routine' that broke down people's support needs throughout the day as well as explaining how people's conditions impact on their life. One person's care plan said, 'Care workers are to be very gentle when providing care and go according to [person's] pace and speed.' Another person's care plan said, 'I have loss of appetite for food and need encouragement to eat at times. Care workers are to encourage, observe and document the quantity of my food intake.'

We saw that care plans and risk assessments were reviewed every six months or as and when a person's support needs changed. We looked at these reviews and saw they asked questions about whether there had been any changes. This showed the service were providing up to date care and support in line with people's needs.

Staff told us they found the care plans helpful. One staff member told us, "They tell you everything, if you read them you know what you are going into." Another staff member said, "They are very helpful. When I first started working and I didn't know the clients. But when you read them you have an idea of who they are. You know what they need and don't need and what they like and don't like." This showed that people were receiving person centred care to ensure they were always in the best of health.

Relatives told us they knew how to make a complaint. One relative said, "Yes I would if I had to, but I don't have any. I have never ever had to complain." Another relative said they had, "No complaints, no concerns."

The service had a 'complaints log' in place which monitored the type of complaints received and what

action had been taken to resolve it. This ensured the management team could track complaints and have oversight of complaints investigations. The nominated individual advised the service had not received any complaints since our last inspection on 12 January 2017.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. The service had a complaints policy in place that said, 'If a service user wishes to make a complaint or register a concern they should find it easy to do so.' The nominated individual had not heard of AIS but they were able to explain how people with different support needs would be able to raise a complaint. We found easy read and easy fill forms for complaints, compliments and comments available in people's care files. The complaints policy also signposted people to other organisations including the Care Quality Commission (CQC), the local councillors and members of parliament.

The service provides care and support for people who are receiving 'end of life' treatment. The service had an 'end of life' policy in place that says they are 'Committed to providing high quality care to those users who choose to remain in their own homes when terminally ill." Records confirmed staff had received training in 'end of life' and were able to tell us how they supported people. One staff member said, "Yes, I have had training. I just try and make them comfortable and make things as nice as I could."

We reviewed one person's end of life care plan and found it looked at pain management, evidence of communication between the service and the local hospice and gave details about the person's emotional state. This person's records said, '[Person] displays no signs of distress. [Person's] psychological and emotional needs seem to be having an impact on health at times but [person] responds to prompts and reassurances."

This showed the service was working in line with its own policy and ensured the care and treatment people received was appropriate and person-centred.

Good

Is the service well-led?

Our findings

Relatives and staff spoke positively of the management team, including the registered manager and the nominated individual. One relative said, "[Registered manager] visits often. Very very helpful lady. [Registered manager] helps with care now and again." Another relative told us, "Every time we meet [registered manager] has been very pleasant and very professional." When we asked relatives if they felt the service could make any improvements, one relative said, "No, they are good, they are friendly and good at their job."

One staff member said, "If I have any concerns I call them up and discuss it with them. They give me feedback if they can help me." Another staff member told us, "The office and the manager are always free for us to go there, they are free anytime for us. They help." A third staff member said, "Every single one of our clients knows [nominated individual], they are not behind the scenes they are very present." The administrator told us, "Staff have access to all [management] phones, 7 days a week . [Nominated individual] receives initial phone-call then cascades it to relevant team member."

The service held quarterly team meetings for all staff. The administrator told us, "We normally invite those who aren't working and those who are working they join us. We tend to hold them about 11.30 when they have just about finished their AM calls." Staff confirmed they attended team meetings. One staff member said, "At team meetings they ask us how we are and if we are happy with the service." Another staff member told us, "We get collective emails to inform us of things we need to know if we can't make it to team meetings." This showed that the service worked hard to ensure, as much as possible, staff were kept up to date about the running of the service.

This demonstrated that the managers created a culture within the service where people and their relatives, and staff felt supported and respected which in turn meant people's rights and wellbeing were protected.

Individual care plans had a welcome pack that said the service, 'Always welcome your views, feedback and suggestions about how we can improve our services.' We were advised by the nominated individual that the service sought feedback from people and their relatives through weekly telephone calls; however, there was no system in place to record the feedback gathered.

Relatives confirmed they had an opportunity to give their feedback through an annual survey that was sent out. We reviewed a sample of these surveys from June 2018 and found that the feedback was positive. Two people said they 'strongly agreed' with these statements, 'I am happy with the care and support I receive from Eveshel Care; My care workers treat me with dignity and respect at all times; I can rely on Eveshel Care to keep me safe and free from harm.' One person's feedback form said, 'Very happy with the service provided to me over the years.'

The management team told us they worked well with other health and social care professionals. The nominated individual said, '[Local authority] are easy to work with, they are easy to talk to." They gave us an example of where they liaised with a person's social worker and the district nurses to quickly, "Got an air

mattress," which reduced the risk of pressure sores developing for a person. This showed the service worked well in a holistic manner to ensure people were receiving appropriate support.

The registered person must notify the CQC of any incidents which occur whilst services are being provided that affect a person or the providers ability to continue to carry out their regulated activity. The nominated individual told us that neither they, nor the registered manager knew about their legal duty to notify the CQC when a person in receipt of a regulated activity had passed away. During the inspection we showed the registered manager the CQC website which gave guidance about notifications. After the inspection they told us they had discussed this with the management team and said, 'Future deaths will be sent to you as per newly implemented protocol.'

We were advised the registered manager completed quarterly spot checks on staff to ensure they are offering safe, high quality care and support to people. These were unannounced visits where staff were observed providing care and support to people in their own homes. This was in line with their statement of purpose that said the service aimed to, 'Build a committed and highly trained work force,' and to, 'Provide a service that fully satisfied the needs and expectations of individuals in their own home.'

However; when we reviewed two staff files and found that one staff member last had a spot check in June 2016, and another staff member had one in April 2017. We found these spot checks looked at staffs, 'Friendliness to service users', 'Medication administration', 'Reporting and recording'. When we spoke to the nominated individual about this, they told us that the registered manager did not store their documents on the central system but instead on their own desktop. As a result, documents were not always readily available for the other managers.

The nominated individual advised us they would speak to the registered manager and ensure documents were saved in a shared folder. After the inspection we received documents to evidence spot checks had been completed for these two staff members in October 2018. This demonstrated that high quality care was being delivered at all times and there was a culture of continuous improvement.