

Evolve OT Limited

Newark and Sherwood District

Inspection report

Aura Business Centre Newark
Manners Road
Newark
NG24 1BS

Tel: 07961704990
Website: www.evolveot-domiciliarycare.com

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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:

Newark and Sherwood District is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia. The service operates in Newark and nearby villages. At the time of our inspection, three people were receiving a personal care service.

People's experience of using this service:

Staff understood people's individual care needs and preferences and used this knowledge to provide them with flexible, responsive support. The provider took care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences. People were provided with food and drink of their choice which met their nutritional requirements.

Staff worked together in a mutually supportive way and communicated effectively, internally with each other and externally with a range of organisations. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively.

Staff were kind and attentive in their approach and were committed to supporting people to maintain their independence. Staff worked in a non-discriminatory way and promoted people's dignity and privacy. Staff worked collaboratively with local health and social care services to ensure people had access to any support they required. Systems were in place to ensure effective infection prevention and control and people's medicines were managed safely in line with their individual needs and preferences. Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. Staff recruitment practice was safe.

The registered manager provided open, client-led leadership and was respected and admired by her team. A number of audits was in place to monitor the quality and safety of service provision. There was organisational learning from significant incidents and concerns or complaints were well-managed. The provider was committed to the continuous improvement of the service in the future.

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

Why we inspected:

The service was registered with the Care Quality Commission in December 2017 but had no clients until February 2019. This was our first inspection of the service.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Newark and Sherwood District

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was conducted by one inspector.

Service and service type:

Newark and Sherwood District is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission (CQC). This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service notice of the inspection visit. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Our inspector visited the office on 29 August and 4 September 2019 to interview staff and to review care records and other documentation. On 3 September, our inspector telephoned people who used the service to seek their feedback on the service.

What we did:

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about). We also used the information the provider sent us in the provider information return. This is information providers

are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During our inspection we spoke with two people to ask about their experience of the care provided. We also spoke with one family member, the registered manager ('the manager') and one care worker.

We reviewed a range of written records including three people's care plans, two staff recruitment files and information relating to staff training and the auditing and monitoring of service provision.

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 for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- In organising staffing resources and scheduling people's care calls, the provider took care to ensure staff arrived on time and had sufficient time to meet people's physical and emotional support needs without rushing. One person said, "[My carer] comes on time." A staff member told us, "[The call scheduling] is very good. In my last job I was always rushing between calls. It was awful. [But there is] no rushing [here]."
- The provider also took care to ensure each person was supported consistently by the same small team of staff. One person said, "I've only got the one [regular] carer. I wouldn't swap her for anything."
- To further promote people's feelings of safety and well-being, the manager personally introduced new members of staff to each client, before they started providing them with care.
- The provider ensured new staff had the right skills and personal qualities to support people safely in a person-centred way. We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who used the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of avoidable harm. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC.
- Reflecting the provider's conscientious, client-led approach to the deployment of staff described above, people told us they felt entirely safe using the service. For example, one person said, "I certainly do feel safe."

Assessing risk, safety monitoring and management

- The provider maintained effective systems to ensure potential risks to people's safety and welfare had been considered and assessed. For example, potential hazards arising from the use of particular items of equipment. The manager reviewed and updated these risk assessments on a very regular basis.

Using medicines safely

- When people needed support to take their medicines, this was provided safely in line with their individual needs and preferences.
- Care staff received regular medicines training and competency checks were conducted by the manager to ensure their knowledge and practice remained up to date.
- As a further means of promoting safe practice in the management of people's medicines, the manager had recently redesigned each person's medication administration record (MAR) to include a picture of each individual medicine and a short description of its purpose. Commenting on this initiative, one staff member

said, "It makes the [MAR] very easy to use. It's been a good idea."

Preventing and controlling infection

- The provider had implemented a range of measures to help prevent the risk of infection. For example, staff received training in safe food hygiene and hand-washing practice.
- As a further means of ensuring people were protected from the risk of cross infection, care staff were provided with disposable gloves for use when providing personal care. Reflecting feedback from our inspector, the manager took action to provide staff with disposable aprons also.

Learning lessons when things go wrong

- The manager reviewed significant events which had occurred in the service and took action to reduce the risk to people's safety and wellbeing in the future. For instance, in response to a recent incident when one person's care call was almost missed, the manager had changed the way rota changes were communicated to staff, to reduce the chance of this 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

- Effective systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by the manager.
- The manager used a variety of online and other information sources to ensure she and her team were aware of any changes to good practice guidance and legislative requirements. For example, as a registered occupational therapist, the manager had a requirement to undertake 'continuous professional development' (CPD) which she said was a good source of information on current best practice in health and social care. Looking ahead, the manager said she planned to make contact with providers of other small homecare services in the local area, as a further means of developing her knowledge base.

Staff support: induction, training, skills and experience

- People who used the service told us staff had the right knowledge and skills to meet their needs effectively. For example, talking of their main care worker, one person said, "She couldn't improve on her performance."
- The provider maintained a record of each staff member's mandatory training requirements and organised a variety of courses to meet their needs. Talking of the training provision in the service one staff member told us, "We have done so many [courses]. [It's] very helpful as a ... refresher. In this kind of work, you need to keep learning."
- New recruits participated in a structured induction programme which included a period of shadowing the manager before they started working on their own. If required, new staff also undertook the national Care Certificate which sets out common induction standards for social care staff.
- Staff were also encouraged to undertake advanced qualifications. For example, one staff member told us, "[The manager] is very supportive of me doing my NVQ2. At my interview [she said] she wants everyone to get qualifications."
- The manager provided staff with regular office-based supervision and observation of their care practice. Describing the accessible, supportive approach of the manager, one member of staff said, "[The manager] is always available [and] very supportive. If there is ever anything that needs to be relayed to [her] I will call her. She always gets back to you."

Staff working with other agencies to provide consistent, effective, timely care

- The manager and her team worked closely together in a well-organised way to ensure the delivery of effective care and support. For example, the manager maintained a detailed communication log. We reviewed the content and saw that staff were in constant communication with each other, discussing and

responding promptly to any changes in the needs and circumstances of the people who used the service.

- The manager had also forged effective working relationships with a variety of external organisations, to assist in the provision of effective care. One staff member said, "[The manager]'s got a very good relationship with the GPs. If I have any worries [about a person's health] I will let her know. She's very good at following it up."

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

- Staff understood people's individual food preferences and assisted them to enjoy food and drink of their choice. For example, talking of a couple she supported, one staff member said, "[Name] likes fruit loaf, he loves that. [But his wife] likes bacon and fried eggs. More savoury."
- The provider was aware of potential risks relating to nutrition and hydration and took steps to address them. For example, one person had been assessed as being at risk of dehydration and staff actively monitored their fluid intake and output as part of each care call. Staff understood the importance of encouraging people to stay hydrated. One staff member said, "I always leave out cold drinks before I go."

Supporting people to live healthier lives, access healthcare services and support

- From talking to people and looking at their care records, we saw that staff worked proactively with GPs, district nurses and other health and social care professionals to ensure people had prompt access to local health and social care services whenever this was necessary. For example, talking of one person who used the service, the manager told us, "[Name] is susceptible to urine infections. We have a fluid chart in place ... which gives us a record we can [discuss] with the GP [to ensure more effective treatment]."

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 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. 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.

- As part of our inspection we checked whether the service was working within the principles of the MCA. Staff were provided with training in this area and, as a result, were aware of the importance of seeking consent before providing care or support. The manager was aware of formal best interests decision-making processes and was in the early stages of discussion with one person's relatives, to determine whether these needed to be used in response to the person's increasingly fluctuating capacity.

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; Respecting and promoting people's privacy, dignity and independence

- People who used the service told us that staff were caring and kind. Talking of their main care worker, one person said, "I wouldn't swap her for anything." Similarly, describing their main care worker, another person said, "She's very kind and caring. One of the best."
- Describing her personal philosophy of care, the manager told us, "Our ethos is to provide [a service] where people are happy and are able to engage in their care. We try to be human, rather than regimental. We hope to enrich [people's] lives, rather than taking independence away from them."
- This commitment to supporting people with compassion in a person-centred way was clearly understood by staff and reflected in their practice. For example, one staff member told us, "I enjoy [my job]. Just knowing you have done something to help someone. To keep their spirits up [and] try to make them laugh when I am there." Commenting on the helpful, thoughtful approach of staff, one person told us, "[They] will do anything [for us]."
- Staff were committed to encouraging people to retain their independence for as long as possible. For example, one staff member told us, "[Name] likes you to put his washing in the basket but not take it out. He's quite clear about what he wants. Those little things that he knows he can [still] do."
- Staff also understood the importance of supporting people in ways that helped maintain their privacy and dignity. For example, describing her approach to providing one person with personal care, a staff member said, "I always let her know what I am doing next, talking it through. And if she wants to use the toilet, I'll go out. She lets me know when it's good to come back in."
- The provider was aware of the need to maintain confidentiality in relation to people's personal information. Care plans were stored securely, computers were password protected and staff were provided with guidance on the use of social media.
- Staff received equality and diversity training and were aware of the importance of supporting people in a non-discriminatory way which reflected their cultural preferences. In matching clients with staff, the manager took account of any cultural differences and was careful to ensure these were handled sensitively.

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

- The provider supported people to exercise choice and control over every aspect of the care and support they received. For example, the manager told us, "We tailor [people's] care plans so they are about what the person wants, and that's how we approach it. If someone [decides] they want to [change their routine and] have breakfast before they get dressed, that's okay. The carers are very good at doing that, rolling with the

situation." One person said, "They [provide] any help we need."

- The manager was aware of local lay advocacy services and told us she would help people obtain the support of an advocate if this was ever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

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

- The manager handled all new enquiries and referrals to the service. Describing her careful and conscientious approach in this area, the manager told us, "I wouldn't go out [to do an assessment] if I hadn't got capacity to deliver."
- If she felt the service had sufficient staffing resources to support a new client, the manager conducted a home visit to discuss the person's needs and preferences. The manager told us, "I'll say what we can offer and have a chat about the carers that are likely to come, their personality. I leave it with them to make a decision and give me a call [if they want to proceed]." If the person decided to start using the service, the manager finalised an individual care plan and shared it with the person and their family.
- The care plans we reviewed set out clearly people's needs and wishes for each care call. For example, one person's 'washing and dressing' care plan stated, 'I am [largely] independent with washing and dressing but need assistance [in some areas]. I will give you guidance to complete the tasks I need assistance with.'
- Describing the value of the care plans in helping them provide responsive, person-centred support, a staff member told us, "They are very helpful. [For instance, one person's care plan] lists things that [name] likes to eat, so we can suggest them if [name] says she doesn't know what she wants. We can't just guess."
- The manager reviewed each person's care plan on a regular basis, in consultation with the person and their family. One person told us, "[The manager] comes and does all the paperwork. We work it out [together]."
- The first care call to any new client was undertaken personally by the manager accompanied by the member of staff who would be delivering most of the person's care. One staff member said, "[The manager] has a good relationship with all of [the clients]. They seem very comfortable with her. She introduced me to [them] and showed me everything."
- Reflecting the provider's systematic and responsive approach to care planning and introducing new clients to the service, staff had a holistic understanding of people's individual needs. For example, talking of one person who had a degree of memory loss, the manager said, "[Name] was going out of the house thinking [incorrectly] they had to walk a dog. We contacted the family and offered to put in an extra care call to facilitate that. Rather than suppress the need, [we want] to help them have an opportunity to do it safely." Commenting approvingly on the support they received from the service, one person told us, "I couldn't wish for anything better."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- The manager was unaware of the national AIS but told us she would ensure the provider embraced it for the future.
- In the meantime, staff were aware of people's individual communication needs and preferences and reflected this in their practice. For example, one staff member told us how they had adapted their approach to communicate more effectively with someone with hearing loss.

Improving care quality in response to complaints or concerns

- Information on how to raise a complaint was included in the information booklet given to people when they first started using the service. However, people who used the service told us they were generally very happy with it, and had no reason to complain. For example, one person said, "I am very satisfied."
- Reflecting this feedback, the provider had received no formal complaints since the service had started operating. The manager attributed this to her receptive approach to any informal queries or concerns. She told us, "We have had issues raised. I explain the rationale behind things and offer to explore [alternatives]. I try to make sure I am not biased. We have been able to resolve most things." In confirmation of this comment, a relative told us that another family member had recently raised a concern relating to invoices and was in discussion with the manager to agree a resolution.

End of life care and support

- No one using the service at the time of our inspection was receiving end of life care. However, the manager told us that she was in the process of gathering information on people's personal wishes and preferences in respect of this issue, should end of life care ever be required by anyone in the future.

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; 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

- Everyone we spoke with said they thought the service was well-managed. For example, one person told us, "There is nothing to improve. I am really impressed." Similarly, a staff member said, "I am very happy [and] would hate to leave. I'd recommend it." Talking of the manager, a relative told us, "[Name] is lovely. You can't fault her."
- The manager was closely involved in all aspects of the running of the service. Describing her leadership style, she told us, "I try to be open with people and deal with things in a non-defensive way. To problem solve and focus on delivering the best outcome. I find this works well." Her open, client-led approach set the cultural tone within the service and was clearly respected and appreciated by her team. For example, one staff member told us, "She has very high standards and is very clear about what she wants from her staff. [But she also] makes it very enjoyable. She is very bubbly [and] the perfect person to work for. She always calm, nothing seems to faze her and that helps me."
- The manager was committed to promoting the welfare and happiness of the staff team in a variety of ways. For example, staff had been promised a bonus when they completed their mandatory training. Commenting on a recent meeting with the manager, one staff member told us, "She thanked us and [told us] she was very happy [with us]. It helped to have a little boost." Reflecting this caring approach and the positive organisational culture that had been created as a result, staff told us they were pleased to work for the provider and enjoyed coming to work. For example, one member of staff said, "[The manager] wants the best out of us. I have not had that before. I feel good about getting up and going to work, and that's so important."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- As described elsewhere in this report, the provider took care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences. To further promote people's engagement with the service, the manager was in the process of developing a customer satisfaction survey which she intended to use to seek feedback from people and their relatives.

- The provider had a range of systems in place to check service quality was being maintained. These included regular care plan reviews and audits of medication records and care notes.
- The manager was committed to the continuous improvement of the service and told us that she was currently working on a number of initiatives, including the provision of more detailed dementia awareness training for all staff and further enhancements to the call scheduling system.
- As detailed throughout this report, the provider had established effective partnerships with a range of other professionals including GPs and nurses. Commenting positively on the manager's approach to multi-disciplinary working, one staff member told us, "If something is not right, she will always follow it through [with the relevant external agency]. She is very professional."
- The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service.