

Evolving Care Limited

Evolving Care Limited

Inspection report

Suite 42 The Business Centre
Edward Street
Redditch
Worcestershire
B97 6HA

Date of inspection visit:
22 June 2016

Date of publication:
15 August 2016

Tel: 01527757140

Website: www.evolvingcare.co.uk

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

The provider registered this service with us to provide personal care to people who live in their own homes. Services provided are for children and adults who may have a range of needs which include mental health, physical disability or sensory impairment.

The inspection visit was undertaken on 22 June 2016 and was unannounced. At the time of our inspection visit 55 people received care and support services in their own homes.

There was a registered manager in post at the time of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the staff who came into their homes and they knew how to provide the care people required. Staff were able to describe in detail the needs of people they supported and how to promote people's safety from potential harm or abuse. Staff showed an awareness of the risks to people as these had been identified, assessed and were regularly reviewed. Staff had specific details of all the potential risks to people accurately recorded in their care records to inform staff when supporting people in their own homes to manage these. This was an improvement which had been made following our last inspection in April 2016.

People received their care on time and if staff were going to be late, people were informed of this. Efforts had been made to ensure wherever possible people were provided with care and support from staff they knew well in order to promote continuity of care for people.

People were prompted and supported with their medicines when needed, by staff who had received the training to be able to do this.

People were supported by staff whose backgrounds had been checked before they started to work with people. This was to make sure they were suitable to provide care to people in their own homes and keep them safe. All staff received an induction, training and on-going support in order to support people's individual needs effectively.

People said they felt the staff and management were approachable and listened to their views about the care they received. They told us that nothing was done without their consent. Staff told us all care was centred on each person and could only be given if the person consented.

People, who needed assistance at meal times, were provided with this by staff who knew their individual dietary needs and recorded the support provided within daily notes. Staff referred people to other health and social care professionals when this was required for advice and support so people's health needs were

effectively met.

People told us they had developed good relationships with staff who they had become to know well and felt staff were caring. The registered manager had listened to people's views to ensure the care they received was responsive to their particular needs. This included ensuring the planning of staff was based on people's own expectations of the times they needed their care.

People knew how to raise any concerns and or complaints they had but had not needed to do this. They felt if they did need to raise any complaints these would be listened to with action taken to resolves the issues. The registered manager had acknowledged and taken action when any complaints had been received to ensure people were satisfied with their care.

People benefitted from a service which was well managed by a management team who were responsive to the aspects of the service provision which required to be improved following our last inspection. This included the development of a more consistent approach to regularly monitoring the quality of the service by completing a range of checks. They had also gained regular feedback from people who used the service and their families to make sure continual improvements were made to further enhance people's care experiences.

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.

People's safety had been further promoted following our last inspection as potential risks to people's welfare were now detailed to guide staff in effectively reducing these.

Staff knew people's needs and had the skills to keep them safe and protect them from potential harm and abuse.

People had enough staff support to enable them to live safely within their own homes which included prompting people where required to take their medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the training and support to ensure people's needs were effectively met.

People were supported to make their own decisions and to consent to their care.

People were assisted when required to access different health and social care professionals in order to keep well.

People were provided with support to meet their dietary needs and drinks were offered to reduce the risks of dehydration.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff who knew people well and understood their likes and dislikes.

Staff had positive caring relationships with people and knew what was important to them.

People had been involved in decisions about their care. Their independence and privacy had been promoted and respected.

Is the service responsive?

The service was responsive.

Staff responded to people's needs in the way they preferred and when they needed it.

When people's needs changed staff worked with other professionals to ensure people's needs continued to be met.

People were able to raise concerns and they were confident these would be listened to.

Good 

Is the service well-led?

The service was well led.

People were happy with the quality of care they received.

Staff had good support from the registered manager and colleagues which encouraged them to provide a good quality service to people.

The provider and registered manager showed they were responsive and committed to making continual improvements to the monitoring and development of the service to further enhance people's care experiences.

Good 

Evolving 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 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.

This inspection visit took place on 22 June 2016 by one inspector and was unannounced. The provider was given 48 hour's notice because the organisation provides a domiciliary care service. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be available to contribute to the inspection.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also includes any incidents of abuse. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the services provided at the agency. The local authority are responsible for monitoring the quality and funding for people who use the service.

We spoke with four people who used the service and three family members by telephone to seek their views about how well the service was meeting their needs.

We spoke with the managing director, the registered manager and care co-ordinator. We also spoke with three members of staff.

We looked at the care records for four people including medicine records where these were in place, four staff recruitment files, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and staff treated them well. One person said, "They (staff) make sure I'm alright and help me to feel safe. I feel completely comfortable with [staff member's name]." Another person told us, "They (staff) go out of their way to help me so I do feel safe." A family member told us they, "Don't have any fears about leaving [person's name] with them (staff), they are very good to [person's name]."

Staff knew how to recognise and report abuse so they could take action if they were concerned a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to the registered manager and or care coordinator. The registered manager was aware of their responsibilities in the protection of people who used the service from the risk of harm and abuse. They had made sure staff had received training in abuse and knew the procedures to follow when an allegation of harm or abuse was raised. This included referring any allegations of harm or abuse to the local authority and notifying the Care Quality Commission.

From the care records we looked at we saw improvements had been made to the recording of potential risks to people's safety and wellbeing so these were more specific to each person to guide staff's daily work. For example, in one person's care records we saw they were at risk from falls and had been provided with equipment to prevent them having falls. This included benefiting from having equipment so they could safely get out of bed and sit in their chair. There were specific details about the equipment and how this was to be used by staff to specifically meet the person's needs in a safe way.

Staff showed they were aware of the assessed risks and management plans within people's care records and used them to guide them in their daily work. One staff member told us, "I always look at the care plans to make sure I am up to date with any changes. We also have our phones which give us details about people's support needs." Another staff member said they always made sure people were safe whilst they were supported to do things they liked to do. We saw these positive approaches to managing risks had been identified by the people we spoke with and in the care records we looked at. For example, one person told us staff supported them to go to the shops and another person said they liked to make a sandwich with assistance from staff as required.

Environmental risks within people's homes had been assessed so risks to staff and people who used the service were reduced. We saw these risk assessments considered the safety aspects within a person's home, such as, whether there were any trip hazards so avoidable accidents were reduced. The registered manager also had arrangements in place for reporting and reviewing accidents and incidents. This made sure action was taken to protect people's welfare and safety and reduce the likelihood of them happening again.

People told us they were supported by regular staff who they knew well and arrived when they expected them to. One person told us, "They (staff) are so obliging with everything I need assistance with and arrive at the time they said they would." Another person said, "I can always rely on them, [staff member's name] is punctual and willing to do anything." One family member was equally positive about the reliability of staff

and the consistency of staff who provide care to their relative. They told us, "They (staff) don't miss calls" and, "Very happy with the regular carer." Everyone we spoke with told us they would feel comfortable in speaking with the registered manager or staff at the office if staff did not arrive on the days and times they had agreed but they had not needed to do this.

Staffing levels were determined by the number of people using the service and their individual care needs. The registered manager told us they made sure staff had time to meet each person's needs. They showed us they were committed to ensuring people were provided with care at the time they needed it and in a safe way. One example of this was the action they had taken not to provide care to people unless they were certain they had the staff to be able to meet people's care needs and expectations. One staff member told us, "We have enough time to meet people's needs and also sit down and chat. Another staff member said the staffing rotas are organised so travel time for staff was minimised and they never felt rushed when supporting people to meet their individual needs.

Staff told us that they had to have appropriate checks completed before they started working for the provider. This included reference checks and also checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The registered manager told us staff were not able to provide care and support to people in their own homes until all the necessary checks had been completed. We saw this was the case in the recruitment files we looked at.

Staff spoken with told us before they started to support people in their own homes when recruitment background checks had been completed and they had received an induction. We looked at three staff recruitment files and saw references had been obtained and other background checks completed. Security checks had also been carried out to make sure staff employed were suitable to work with people who used the service.

People we spoke with told us they were able to take their own medicines and or family members assisted them. One person told us, "They (staff) remind me about my medicines but I can take them myself." Another person said, "I worry about forgetting my medicine but I can always rely on carers to remind me." One family member said they supported their relative with their medicines so they did not require any staff assistance. Where people required support from staff to take their medicines this had been assessed so staff had information about the level of assistance each person required. Some people received a prompt from staff to take their medicines at the right time and staff signed a written record to confirm that this had been done. The records were reviewed regularly by the registered manager and care co-ordinator and any issues identified were followed up as required. Staff told us they had all received medicines training and knew how to provide assistance in line with the provider's medicine procedures and good practice whilst meeting people's individual needs and preferences. One staff member told us about how important they felt supporting people in the right way whilst they take their medicines. They said, "I am always very careful as medicines need to be handled properly as it is all about people's lives and health."

Is the service effective?

Our findings

Everyone we spoke with told us they believed staff had the knowledge to meet their care and support needs. One person told us, "The staff are brilliant. They look after me so well." Another person said, "The staff have all got the right skills. There's not one of them that doesn't."

Staff spoken with told us they had an induction to the service, which included shadowing existing staff members and training relevant to their care roles. One staff member told us they had a, "Thorough induction," which, alongside their training had helped them to feel confident to meet people's care and support needs. New staff who were employed by the provider worked towards the new care certificate award to provide staff with the necessary skills and knowledge to provide good quality care and support in order to effectively carry out their roles. Staff told us they felt well trained to do their job and were happy with the amount of training they had received which included refresher training on an on-going basis to keep their skills updated. One staff member told us their, "Training was absolutely fabulous" and they were always learning every day.

People who used the service and family members we spoke with provided us with positive examples of how staff understood their individual care needs. One person described to us how they had been unwell for a period of time and felt staff looked after their needs well which supported their recovery. One family member said their relative was now taking showers which was due to the regular staff member's effective skills in how they had built up a trusting relationship with them.

Staff spoken with told us the care co-ordinator and registered manager provided staff with support to ensure they had the knowledge and skills to be able to undertake their roles effectively. This included the direct observation of each member of staff working with the people who used the service such as 'spot checks' where staff were provided with feedback on their practice. This was confirmed by staff as they told us they had the opportunity to discuss their learning and development at regular one to one conversations with the registered manager. All staff we spoke with told us they were well supported by the registered manager, care co-ordinator and their colleagues and felt confident to ask questions. One staff member told us, "I would have no worries talking with [care co-ordinators name] or [colleagues name], they are all approachable and do listen."

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.

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. We checked whether the service was working within the principals of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

People we spoke with told us staff always asked for people's consent before and while they supported them. One person told us, "They always check with me first before they help me with any of my care." Another person told us, "They ask me for my views every time they support me with anything. It would be quite rude if they did not and I would soon say something."

Staff we spoke with had an understanding of the MCA and had received relevant training. Staff confirmed they always sought permission from people prior to providing care and support. One staff member told us people they visited were able to say what they wanted and when they wanted it. The same staff member told us, "I always ask. It's important to offer a choice even if the person always has the same." The registered manager had not needed to make any applications to the Court of Protection for approval to restrict the freedom of people who used the service but had knowledge of the procedures to follow if they needed to in order to protect people's rights.

Staff assisted people to eat and drink whenever this was required. Each person's care plan detailed any particular likes or dislikes and these were respected by staff who also understood the importance of offering people choice in what they had to eat and drink. For example, one staff member told us, "One person I support has a ready meal for lunch. I always ask them which one they fancy." Confirming this approach, one person said, "They [staff member's name] always help me to choose. They would never choose and give me something I don't know I am having." Staff were provided with food hygiene training as part of their induction and were also aware of any risks which had been identified in order to effectively support people to eat and drink. For example, staff recorded the food and fluid for some people who had been assessed as being at risk of malnutrition. They were also aware of the risk of dehydration and encouraged people to drink regularly. One staff member told us, "Only today I was reminding and encouraging a person to drink as the weather is so warm." Another staff member said, "I always leave the person with a drink before I leave their home."

Staff worked closely with a range of local health and social care services on behalf of the people who used the service, including doctors, social workers and district nurses. For example, one staff member told us how they became concerned one person could have an infection. They contacted the care co-ordinator and with the person's agreement their doctors surgery so the person could receive the treatment and any medicines they required. Talking of other people they supported, another staff member told us, "If I had any concerns [about someone's health] I would contact the family but if the person needed emergency treatment I would call for paramedics and let the office [care co-ordinator] know." This approach was confirmed by one person who used the service, "If I was unwell I would be extremely confident they (staff) would make sure I had the right medical help I needed."

Is the service caring?

Our findings

People we spoke with told us staff were caring and kind. One person said, "The staff are very kind, I can't speak highly enough of how caring [staff member's name] is." Another person told us, "I can't tell you how lucky I've been, they are so kind and caring. They always cheer me up."

Staff spoken with showed they cared about the people they supported and the work they did. One staff member described how they provided reassurance to one person and lots of encouragement to assist them to maintain their own levels of independence. Another staff member told us how they were concerned about how a person was settling into their new home. They told us they spent time with the person talking about their new home with them and showing them information about it. Reflecting on their approach, the staff member said it was valuable to the person to, "Take the time to make someone feel comfortable."

People we spoke with knew the staff who visited them by name and said staff supported them in a warm and friendly way which reflected their individual needs and preferences. One person described to us how they enjoyed having a chat and laugh with staff as it brightened their day. They said staff had become like a friend to them and, "I like them very much." Another person said, "[Staff member's name] is very nice." Staff also told us they provided care to the same people on a regular basis and they valued this as it assisted in developing good relationships with people they supported and their families. One staff member said, "I get to know people by chatting to them. I like listening to their stories." Another staff member told us, "We get to know people and they get used to us. Referring to one person a staff member said, "I love listening to her stories. She grew up in the war. It's important to get to know people to develop trust."

Staff also told us of their commitment to giving people as much choice and involvement over their lives as possible. One staff member said, "I always respect people's choices and ask what they would like coffee or tea as they may fancy something different." Another staff member told us, "I always support people to make their own choices about their support. I would never make people's choices for them as they are older than me." One person told us, "They (staff) always follow what I would like and they ask me as I do change my mind depending upon how I am feeling on the day. They always respect what I choose and it is never too much trouble." Another person said, "They (staff) know how I like my bed made and it is always done this way."

People also told us that staff supported them in ways which maintained their privacy and dignity. One person said, "The staff are very respectful. They would soon know if they weren't!" One staff member told us, "It's really important to help people maintain their dignity. When I am providing personal care I always ensure doors and curtains are closed and ways are used to so people are not fully exposed by using a towel to cover people up." Another member of staff said, "I support one person who is very shy and private. They found assistance with personal care quite difficult. They know me more now and the support I provide helps them to be as private as possible whilst still having the care when they need it."

The registered manager was aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely in the office and computer documents were

password protected when necessary.

Is the service responsive?

Our findings

People we spoke with told us they received care and support based on what they needed and in a way that they liked. One person told us, "They (staff) help me with whatever I need to meet my needs from support with my dressing to going out to the shops. It means I am able to live in my own home which is what I have always wanted to do." Another person said, "They (staff) know my routine perfectly which means I get what I need when I need it, what more could I ask for. They really are wonderful." One family member told us, "I am happy, (staff) stay with [person's name] whilst I have some respite from caring, takes a bit of the strain away."

The registered manager explained people's care and support needs were always assessed prior to their care service starting. People who used the service and staff spoken with confirmed this was the case.

Staff were aware of people's individual needs and preferences which enabled them to provide support which was centred around each person and responsive to their needs. One staff member described to us the care they provided to people who they regularly visited. They knew the little details about people's needs, such as how people liked to receive support with their personal care which responded to people as individuals and met their needs. Another staff member told us, "We have information in care plans and on our phones about people's needs to refer to. We talk to people and their relatives so we get to know what they need and what their likes and dislikes are."

People who used the service also confirmed to us staff were responsive to their individual needs. One person described to us how staff had helped them to overcome their own feelings about being assisted to get undressed. They said staff understood how they felt and gave them lots of reassurance so they gradually became more comfortable when supported to get undressed and dressed. They felt this approach by staff was, "Appreciated as they not only responded to what I needed but to me as a person." Another person told us, "They (staff) are helpful to me. Even though I take my own tablets I had forgotten one of these and they noticed this. They never go before time and have a chat to me, I am very satisfied."

People we spoke with told us staff were able to spend sufficient time with them so they received care which was responsive to their needs. One person said, "They are always on time. They never let me down." Another person told us, "Odd times when they are held up, they will always ring me." The people we spoke with also told us that they had never experienced a missed call. One family member said, "They have never missed a call yet." Staff spoken with told us that geographical areas had been taken into account when planning visits to people's homes so staff did not have to travel long distances between visits.

Staff spoken with told us when they reported changes in people's needs and abilities to the registered manager and staff in the office; they undertook a review. One person who used the service told us, "There is a book. They write down if anything unusual happens." Staff kept daily records about how people were, their appetites and moods, which ensured they recognised when people's needs and abilities changed. One staff member told us, "The logs tell us what we need to know, whether they are okay, any problems, if they are not well. There is enough detail to understand what is going on." Another staff member described to us how

they had noticed one person's equipment needed to be reviewed to ensure it met their current needs. The staff member contacted the care co-ordinator so action could be taken in response to the person's current needs to enable them to continue to live at home with the care and equipment they required.

People we spoke with described to us how the registered manager and staff did listen to their views about how their care and support was delivered and responded appropriately. For example, when people wanted to change the times staff visited or make sure people had the same staff for continuity. One person told us they only wanted a certain amount of time at one of their visits and action had been taken to ensure the person's wishes were met. Records we looked at showed people's care needs were regularly reviewed and people had been involved in stating how their home care support was for them including any changes required. We saw the outcomes from the reviews we looked at showed the provider worked flexibly with people and their family members to provide the care and support they wanted, within the contracted hours and staff's availability.

Information on how to raise a concern or make a formal complaint was included in the introductory information people received when they first started to be provided with a service in their own homes. People told us they knew how to make a complaint and were confident that this would be handled properly by the registered manager. However, people also told us that they had no reason to complain. One person said, "I have never had a complaint. I have never even thought of making one. If I ever do have a problem I know I can ring the office and I have no qualms about doing this." Another person told us, "I have never had any concern, but if I did, I would ring the office, I know who the manager is and I would talk it through with them." One family member said they did have cause to complain at the beginning of their relative receiving care which they felt the registered manager dealt with very well. Staff were aware of the complaints procedure and told us if someone did complain to them, they would offer reassurance in the first instance before offering support to people in contacting the registered manager to make a complaint. We saw the last formal complaint had been received in April 2016 and had been managed well by the registered manager with an apology provided to the person and their family.

Is the service well-led?

Our findings

People spoke positively about the service they received and told us they considered the service to be well managed. One person told us, "As far as I am concerned I can only say Evolving Care is a good company based on the care I receive." Another person said, "You can't ask for better people which I think shows it is (service) run well." Family members were equally positive about how the services offered were managed in order to meet their relative's needs to support them to live in their own home.

Since our last inspection visit in April 2015 the registered manager has sustained a closer oversight of all aspects of the service and we found this had assisted in making improvements to make sure the service was well led. For example, we saw effective systems were in place to consistently monitor the service performance and key activities of the service to make sure they were delivered as planned. By doing this we found the required improvements had been made, such as actions had been taken so people had care records which accurately reflected their care needs. This included detailed individual risk assessments with guidance for staff to follow so risks to people's welfare and safety were effectively promoted.

We spoke with the managing director who showed us they were committed to supporting the registered manager in continuing to make improvements. They were also passionate about considering any new initiatives to further enhance the experiences of people who used the service and their staff team. We heard some examples of this which included moving to a bigger office space and inviting people who used the service into the office for drinks and cakes. Staff we spoke with appreciated the registered managers approach of providing them with opportunities to meet with their colleagues on a more informal basis. One staff member said, "The manager is approachable and helpful. [Care co-ordinator's name] is also really helpful." Another member of staff said, "We are never frightened to say what we think. We are always listened to." Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the service which could not be addressed internally.

Staff spoken with told us they enjoyed their work and recognised how they could contribute to the quality of care people received by delivering personalised care in a safe and effective way. One staff member described to us how they had spoken about the allocation of the rotas to the care co-ordinator and the positive benefits for people and staff by having regular staff providing care and support. This way of working had been implemented and when we spoke with people they reflected on the positive impacts this had had on their experiences of receiving care in their own homes. One person told us, "I like [staff member's name], we have got used to each other and I trust them to make sure I have what I need." Another person said, "I feel so lucky in having the same staff come to support people and would not welcome any changes to this, it means a lot to me at this time in my life."

The provider and registered manager had further developed a number of regular opportunities to help them to gain the views and experiences of people who used the service and their staff team. For example, the registered manager told us about the satisfaction questionnaires which were conducted regularly so people who used the service and staff had opportunities to provide their feedback on the services provided. The satisfaction questionnaires had questions which were linked to the Care Quality Commission's five key

questions of safe, effective, caring, responsive and well led as a way of the provider measuring areas of improvement and what worked well for people. Another example was the telephone reviews to gain people's views and suggestions about the service provided. These had only recently started and were scheduled to be undertaken by an independent person every three months.

We looked at the comments people had provided in the most recent questionnaire and saw everyone had rated the service as being a positive experience. One person had written, 'Care co-ordinator very helpful and pleasant when contacted about any concerns.' Another person had especially sent a written compliment about staff who provided care. They said the two staff members had, 'Certainly set a very high standard in my eyes and both of them are a complete credit to your company' and, 'This is truly above and beyond of what I expected, your company is like a new breath of fresh air for me.' We saw staff had been made aware of the comments received from this family member about the services they received. The registered manager was proud of the comments received about the good standard of care. Both staff members had received thank you cards and a monetary bonus in recognition of their achievement.