Evolving Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Evolving Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses or flats. It provides a service to older people. At the time of the inspection there were 35 people using the service.

At our last inspection of 20 May 2016, we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People's safety was promoted by staff who implemented the guidance as detailed within people's risk assessments and care plans. People were supported by staff that had been recruited and had checks undertaken to ensure they were suitable for their role. People's medicine was managed safely and people received their medicine on time.

People's needs were assessed and met by staff who were trained and regularly supervised. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged to maintain their independence.

People had differing views as to whether they were supported by a consistent group of staff, however people said staff were caring. People's said their privacy and dignity was respected and that they were involved in the review of their care plan.

People's care plans were personalised to reflect the individual needs of each person and the role of staff in meeting these. Concerns and complaints had been investigated and documents supported this.

Systems were in place to monitor the quality of the care being provided, which included seeking the views of those using the service and staff. A range of audits were undertaken to evidence the quality of the care and the accuracy of records used to record people's care and support. There was an open and transparent approach to the management of the service and staff confirmed the management team were supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	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 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.

The inspection site visit started on 7 January 2019 and ended on 9 January 2019. We gave the service two working days' notice of the inspection because we wanted to provide an opportunity for people using the service and their representatives to share their views.

The inspection site visit was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the providers Statement of Purpose. This is a document providing information as to the aims and objectives of the service, the support and services it provides and to who.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also contacted the Local Authority for any information they held on the service. We used this information to help us plan this inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, training manager, operations manager and a care co-ordinator when we visited the office on 7 and 8 January 2019.

We spoke with six people who used the service by telephone on 8 and 9 January 2019.

We spoke with four members of staff by telephone on 9 January 2019.

We looked at the care plans and records of four people. We looked at four staff records, which included their recruitment, induction, on-going monitoring and training. We looked at the minutes of staff meetings and records related to the quality monitoring of the service.

Good

Is the service safe?

Our findings

Staff understood their responsibilities in relation to keeping people safe from harm. Staff told us they would report concerns to a manager at the office. Staff were also aware of external organisations they could contact directly, which included the local authority and the Care Quality Commission (CQC. Staff received training in topics which promoted people's safety, which including safeguarding of people from potential abuse, health and safety and the moving and handling of people safely.

People told us they felt safe. One person said, "They (staff) make me feel safe when I am having a shower, just knowing somebody is there makes me feel safe. They do what they can to help me." People were being cared for safely and staff provided consistent safe care and support. Potential risks had been assessed, which included guidance for staff as to how to keep people safe by reducing potential risks. For example, where people required the use of equipment such as a hoist, walking frame or a profiling bed the risk assessment provided clear information as to how the equipment was to be used by staff. A member of staff told us, "I always make sure the brakes are applied when I use equipment." Staff were vigilant in report potential risks. For example, a member of staff reported a potential trip hazard as a person had a rug in their bathroom. A member of the management team contacted the person's family member to advise them of the potential trip hazard, and the rug was removed.

People provided different responses as to whether they received support from a core group of staff who they were familiar with. A person said, "I do see regular carers most of them time and they arrive at around the time I expect them." Other people we spoke with said staff were sometimes later than expected. However, no one said their call had ever been missed.

A care co-ordinator designed staff rotas, which were shared with staff. This meant staff were aware of whose care they were providing, on each given day, which included the time and duration of the call. The provider had an electronic system that monitored staff calls to people's homes. Staff upon arriving and leaving a person's home had to electronically log in, this was then captured by the electronic system and monitored by a member of the management team. The system alerted the manager should a member of staff not arrive within the given time frame, which enabled them to respond to ensure people received their care.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. A check with the Disclosure and Barring Service (DBS) had been carried out to check on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions

Medicines were managed safely. A person told us, "They (staff) do help me with my tablets. I don't have anything to do with my tablets. It's all in a special box and they get them out for me and make sure I take them." Staff received training on the safe administration and management of medicine and training was regularly updated to ensure staff's competence. People received differing levels of support with their medicine dependent upon their needs. People's care plans provided information as to the medicine prescribed and the level of support the person required.

People were protected by the prevention and control of infection. A person told us, "They (staff) always wear gloves and aprons. They bring them with them. I know they wash their hands, I hear them and I notice the soap going down." Staff were trained in infection control and had the appropriate personal protective equipment (PPE) to prevent the spread of infection, such as gloves, aprons and shoe protectors were worn by staff when providing care. Staff were monitored to ensure PPE was always used.

Accidents and incidents were monitored and any lessons learnt were recorded. Action was taken to reduce the likelihood of the accident or incident reoccurring, which included the reviewing of people's risk assessment and care plans to ensure information was available to staff.

Good

Is the service effective?

Our findings

People's needs were initially assessed by the funding authority, who shared their assessment with the registered manager. The registered manager upon receipt of the assessment reviewed the information to decide whether they could potentially meet the person's needs. The registered manager arranged to meet with the person and in some instances a family member, to carry out their own assessment, this was confirmed by the people and family members we spoke with. The assessment process considered people's physical, communication and any specific needs relating to protected characteristics as defined under the Equality Act, such as disability, race or religion.

People stated the staff had the skills to support them. One person said, "On the whole I feel they(staff) know what they are doing." A second person said, "They (staff), will say, about once a month that they have to go into the office for training, so I think they do get quite regular training sessions." Staff underwent a robust induction programme, which included the completion of the Care Certificate. This meant staff received the training that enabled them to meet people's needs. The training manager monitored the training of staff to ensure staff's training was up to date. Staff spoke positively of the training and the support they received from the training manager. Staff's competence was regularly assessed through unannounced spot checks, which observed staff's delivery of care and through regular supervision and appraisal.

People told us they were supported to eat and drink. One person said. "They (staff) are more mindful of what I'm eating and they always ask me what I'm having today and try to get some fruit. They do cook me a hot meal in the evening for example, I might have a jacket potato." A second person said, "They (staff) get my breakfast and leave me sandwiches and a flask of tea for lunch. In the evening they get me a meal of my choosing and a cup of tea. I'm pleased with everything."

The role of staff in relation to their involvement with people's food and drink was clearly recorded within their assessment and care plan. The information included guidance for staff as to people's dietary needs such as a soft diet as well as information based on personal preference or religious beliefs. Staff received training on hydration and nutrition. We saw evidence that alerts issued by health services were shared with staff to promote people's welfare. For example, where hot weather temperatures impact on people's health due to dehydration and the action staff were to take to encourage people to drink.

People's medical conditions, such as diabetes or heart problems were recorded within their records. Information as to the signs a person maybe experiencing a deterioration in their health due a known medical condition were detailed. Staff had access to the names and contact details of health care professionals involved in people's care, for example, district nurses. This meant staff were able to raise concerns to promote people's wellbeing. One person told us, "About 6 months ago, I felt unwell and the carer said did I think I ought to see the doctor. I said no, but they (staff) were concerned enough to phone their manager who then contacted my relative. I was fine but it was good that they were concerned."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In reporting on this, we checked whether the service was working within the principles of the MCA. We found people's capacity to make informed decisions was recorded within the assessment process. People using the service could advocate for themselves or had a family member who represented them.

Information given to people by the provider when they commenced using the service included information as to local advocacy services. Agreements giving consent for staff to provide all aspects of their care, including their medicine were stored within their records and confirmed people had the capacity to make decisions.

Good

Is the service caring?

Our findings

People found the care staff to be caring, several people reported that some were friendlier than others. One person said, "I like their (staff) company. I live on my own and I like to have someone to talk to. The carers vary some are lovelier but others don't chat much. It's nice when some have the time to sit and talk." A second person said, "They, (staff) are all very nice. They are chatty and always ask if there is anything they can do." A fourth person told us. "The staff do vary a bit in how much interest they show. For example, some of the better ones will say 'lead forward' and they put a hot water bottle on my back. It's those things that make all the difference."

A number of compliment and thank you cards had been received. Comments written by people's family members included, 'Thanks to all the staff who helped care for [person's name] over the past 10 weeks. You all did a wonderful job and made them so comfortable. Our grateful thanks and best wishes to all.' A second card said, 'The girls (staff) are wonderful, I can't fault them at all. The service is brilliant, I would use the word outstanding.'

People's views as to how they wished their care to be provided and information as to what was important to them was detailed within their records, including their care plan. Staff we spoke with were knowledgeable about the people they cared for. They told us about the care they provided
and spoke in detail as to the small things they were aware of which supported them in providing individualised care. For example, which colour flannels people wished to be used as well as information as to how people took their medicine. Further examples, included the sequence in which people wished to be supported to dress. Agreements giving consent for staff to provide all aspects of their care, including their medicine were stored within their records.

People's care plans included guidance for staff on promoting people's privacy. For example, whether people answered their front door, or whether staff were to let themselves in and announce their arrival. Additional information to promote privacy and dignity included information as to the level of support people required with personal care, to ensure where people could complete tasks independently this was encouraged. For example, one person's care plan stated they brushed their own teeth whilst sitting on a perching stool. A member of staff told us how they promoted a person's independence by the actions they took before they left the persons home. They told us they ensured the stair lift chair was on the ground floor and the seat down so that the person could easily access it, should they need to access the toilet on the first floor. Staff told us they promoted people's privacy and dignity by ensuring curtains and doors were closed and covering people when providing personal care.

Peoples records included information, detailing how their information was to be stored and the circumstances in which it would be shared. The provider had a Certificate of Registration, confirming registration with the information commissioner's office.

Good

Is the service responsive?

Our findings

People were aware of documents in their home detailing and recording their care. People had highly personalised care plans, which detailed the care and support they wished and needed. For example, where people's reading glasses were to be placed to ensure the person could easily access them and information as to how a person liked their bed 'to be turned down' making it easier for them when they went to bed. There was a strong emphasis on what the person could do without assistance to ensure their independence was promoted.

Care plans were regularly reviewed with the person or their family member and any changes communicated to staff, which ensured staff remained up to date with people's needs. Reviews were undertaken in person or by telephone. One person told us, "I came straight from hospital into their care, my family arranged it all. I have met the manager of couple of times. It's about 6 months ago when my care plan was reviewed. I do feel that they listen to what I need. They know I am quite capable and can express my opinions. They (staff) always write in the folder."

Care plans provided information as to people's communication needs, which included where people's first language was not English. The provider, where possible allocated staff who were able to speak the person's first language to provide their care. This was confirmed by a member of staff, who told us they spoke Hindi and Guajarati with some of the people they supported.

The provider was committed to ensuring people knew how to raise a concern, make a complaint or compliment. When people's needs were reviewed, the complaints procedure was highlighted to people along with the use of the compliment card, developed by the provider. We found a number of compliments had been received, which praised the staff for the care provided.

People told us they had not made a formal complaint, although some people reported having contacted the office about areas of concern. People told us, they had generally felt listened to and felt that if they had a complaint it would be taken seriously. One person told us, "You can always get through to somebody on the office phone and once I had to phone the out of hours number and I was able to speak to somebody."

Information about raising a concern or complaint was available, which included the contact details for external organisations. The provider had received two complaints in 2018, we found these had been investigated and the outcome shared with the complainant and the action taken by the provider.

Good

Is the service well-led?

Our findings

Evolving Care Limited had a registered manager in post at the time of the inspection. 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 we spoke with in some instances knew who the manager was and some commented that they had met members of the management team. One person told us, "I can't remember anybody coming out from the office to see me anytime but my memory can be poor and there are so many people coming and going it's hard to know who they all are." A second person said, "I've had contact with [registered manager] she has been very helpful to me. Last summer I wasn't getting my pension at all and it needed sorting out and she helped me with the papers and calls." A third person told us, "I have met the manager a couple of times. She is very pleasant. I have no complaints at all."

People could be assured that the service was well managed. There were procedures in place, which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equality, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

There were effective systems in place to monitor the quality of the service. The registered manager spent time at the service on a regular basis and was actively involved in the quality monitoring of the service through audits. Audit were analysed to identify any trends so any shortfalls could be acted upon. We saw that the service had consistently maintained good standards following each audit.

As part of the providers commitment the views of people using the service and staff were sought through surveys, which were sent out annually. In addition, people using the service were encouraged to comment on the quality of the care provided when their care plans were reviewed. People we spoke with in some instances confirmed they had received surveys to complete. One person said, "From time to time I get a questionnaire."

There was an emergency business continuity plan in place; that would enable the provider to continue to meet people's needs in the event of an unplanned event, such as an interruption to gas or electricity supply or adverse weather. The plan detailed the commitment by the provider to liaise with other services, to ensure staff were available to provide people's care and support.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating on their website.

The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission (CQC). All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents. Where necessary, the registered manager had undertaken investigations into incidents, accidents and complaints.