

Easycare Limited

Evolve Supporting Prospects

Inspection report

Unit 42 Bury Business Centre
Kay Street
Bury
Manchester
BL9 6BU

Tel: 01617610035

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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

Evolve Supporting Prospects is a domiciliary care agency which at the time of our inspection was providing personal care to 67 people who lived in their own homes.

This was an announced inspection which took place on 16 and 17 June 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office.

The service has a registered manager who was present on the day of our 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.

Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they were certain any concerns they raised would be taken seriously by the managers in the service.

Robust recruitment procedures were in place which ensured staff had been safely recruited. Staff received the induction and training they needed to carry out their roles effectively. Staff had regular supervisions and team meetings and told us they felt very well supported by the organisation and managers from the service.

People who used the service and their relatives told us they felt safe with staff from Evolve Supporting Prospects.

Care records contained assessments which were detailed and showed what support the person required and how the service planned to provide it. The assessment process ensured staff could meet people's needs. The assessments were used to develop care plans and risk assessments. Care records were person centred and contained very detailed risk assessments that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence.

Staff received training in administration of medicines and systems in place ensured people received their medicines safely.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Staff were able to tell us how they supported people to make their own decisions. The managers in the service were aware of the process to follow should a person lack the capacity to consent to their care. Records we looked at showed that people who used the service or where appropriate their representatives had given consent to the

support they were receiving. People told us they had been consulted about their care records and felt involved in how their care was provided.

People we spoke with told us the service was reliable, visits were never missed and staff were rarely late. People we spoke with told us the service was well managed and well organised. One person told us, "They are the best agency we have ever had."

All the people we spoke with were very positive about the caring attitude of staff and managers from the service. People told us that staff were flexible and supported them responsively. All the staff and managers we spoke with demonstrated a commitment to providing good quality person centred care.

Staff were trained in safe food hygiene and nutrition. Where necessary people who used the service received support from staff to ensure their nutritional needs were met. Care records we looked at contained fact sheets about people's health conditions. These gave staff information that would let them know facts about the medical conditions and how best to care for someone. People told us they felt the service supported them with their health needs.

Staff and the managers we spoke with knew people well. They spoke about people in respectful terms and demonstrated they placed great importance on protecting people's rights, dignity and independence.

Care records showed that people were supported to access activities and places of interest to them. We saw staff accompanied people to hairdressers, podiatry and meals out. One person we spoke with told us staff accompanied them to hydrotherapy each week.

Managers of the service used a robust system of quality assurance and audits and used this to help improve the quality of the service provided. There was a complaints procedure for people to voice their concerns.

The service had a range of policies and procedures to help guide staff on good practice.

People who used the service told us they liked the registered manager and she managed the service well. They said, "She is very good at managing, the systems and procedures are good" and "She's very friendly." Staff told us they enjoyed working for the organisation and were complimentary about the registered manager and other managers from the service.

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 told us they felt safe when staff were providing them with care and support. Staff had been safely recruited and knew the correct action to take if they witnessed or suspected abuse.

Risk assessments were in place that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence.

Systems were in place to ensure medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, training and supervision they needed to help ensure they provided effective care and support.

Staff had received training in the Mental Capacity Act 2005. People told us they had been consulted about their care records and felt involved in how their care was provided.

People we spoke with told us the service was reliable, visits were never missed and staff were rarely late.

Is the service caring?

Good ●

The service was caring.

People we spoke with were very positive about the caring attitude of staff and managers.

Managers and care staff demonstrated a commitment to providing good quality person centred care.

Staff and the managers we spoke with knew people well. They spoke respectfully about people.

Is the service responsive?

Good ●

The service was responsive.

Care records contained assessments which were detailed and showed what support the person required and how the service planned to provide it.

A system was in place to ensure care records including risk assessments and care plans were regularly reviewed and updated. This helped to ensure they fully reflected people's needs.

Is the service well-led?

The service was well-led.

People who used the service said the service was well managed and well organised.

Staff spoke positively about managers of the service and told us they enjoyed working for the service.

There were robust systems in place for reviewing and monitoring the quality of the service provided.

Good ●

Evolve Supporting Prospects

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 was an announced inspection which took place on 16 and 17 June 2016. In line with our current methodology we contacted the service two days before our inspection and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office. The inspection team consisted of two adult social care inspectors.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Before the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. We also asked the local authority and Bury Health watch for their views on the service; they raised no concerns.

People who used the service lived in their own homes. On 16 June 2016 we visited the registered office and spoke with registered manager, the managing director and five care staff. On 17 June 2016, with their permission, we visited three people who used the service and two of their relatives in their own homes to gather their opinions about the service. In addition we spoke by telephone with a further two people who used the service and one person's friend.

We looked at a range of records relating to how the service was managed; these included; medicines administration records, the care records of five people who used the service, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe using Evolve Supporting Prospects. One person told us " I have never had anything to worry about"

We saw that a robust and safe system of recruitment was in place. We looked at three staff files. The staff files we saw contained a photograph of the person, an application form including a full employment history, interview questions and answers, health declaration, two professional references and proof of address and identity. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff. We saw policies and procedures to guide staff on the company's expectations about recruitment, sickness, disciplinary procedures, training, supervision and appraisal.

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures relating to safeguarding adults were in place. These provided staff with guidance on the types of abuse and on identifying and responding to the signs and allegations of abuse. Training records we looked at showed us staff had received training in safeguarding. The registered manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to. Staff were confident that if they raised any incidents the managers of the service would deal with them appropriately. One told us they thought if they reported suspected abuse the registered manager, "Would be on it like a Rottweiler."

The service had a whistleblowing policy. This told staff how they would be protected and supported if they reported abuse or other issues of concern. It also gave staff the contact details of other organisations they could contact if they were not happy with how the service had dealt with their concern. Staff we spoke with were aware of the company's policy.

We looked at five people's care records. We saw they contained information to guide staff on safe entry and exit of people's homes, including the use of key safes. They contained very detailed risk assessments that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. We saw these included; smoking, alcohol, pets, mobility needs and equipment, bathing and risk of pressure sores. We saw they also contained risk assessments about hazards around people's homes such as; space limitations, poor lighting, trip hazards, kitchen safety, outside space, fire safety and the use of cleaning products.

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. They also detailed how records of medicines administration should be kept. The training matrix and staff files we saw showed that staff had been trained in the safe administration of medicines and had their competency to

administer medicines checked regularly. People who used the service told us they received their medicines as they should and that managers regularly worked alongside staff to see how they administered medicines.

We looked at ten Medicines Administration Records (MAR). We found that all MAR were fully completed to confirm that people had received their medicines as prescribed. We saw that MAR were regularly audited by managers within the service to ensure accurate records were being kept. We saw that the checks included, name, strength and dose of medicine. They also checked if the Mar were being signed and that correct codes were being used. We saw that on one occasion incorrect information had been written on the form, the registered manager had contacted the pharmacist and arranged for it to be amended.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection. This included the use of personal protective equipment (PPE) including disposable gloves and aprons. We saw that staff received guidance on effective handwashing procedures. Training records showed that all staff received training in infection prevention and control. Staff we spoke with told us PPE was always available and used.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care. The service had a business continuity plan. This informed managers and staff what to do if there was an incident or emergency that could disrupt the service or endanger people who used the service. We saw it included adverse weather conditions, loss of internet or computer system, epidemics and pandemics, access to the building and staffing levels.

Records we looked at showed that accidents and incident were recorded. This included a description of the incident and any injury, action taken by staff or managers and recommendations from managers to prevent reoccurrence. We saw that records of accidents were regularly audited by the manager.

Is the service effective?

Our findings

People we spoke with told us the service was reliable. They said, "They are reliable, very reliable" and "They have trouble retaining staff, but for the last 12 months we have had the same carer" another person said "I have had the same carer for 7 years, she's obliging."

People told us that visits were never missed and staff were rarely late. The registered manager told us that staff logged in electronically when they arrived at each visit. They showed us the electronic monitoring system that records any late or missed calls. We saw that the system alerts managers if a staff member is late for a visit. They showed us that no visits had been missed this year.

We checked whether the service was working within the principles of the MCA. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People in their own homes are not usually subject to the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of MCA and people's rights and choices were respected. Care records we looked at contained evidence the service had identified whether a person could consent to their care. We saw the service checked if people could communicate their wishes in other ways before determining they do not have mental capacity. They also detailed what support people might need to enable them to give consent.

Records showed that staff had received training in MCA and DoLS. We saw that training the staff received about caring for people living with dementia also included an emphasis on principles of MCA, capacity tests and promoting rights and choices. The registered manager and staff we spoke with had a good understanding of MCA and were able to tell us how they involved people in the care they received and how they ensured people gave consent before care was provided. Records we looked at showed that people who used the service or where appropriate their representatives had given consent to the support they were receiving.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively.

A review of records showed that staff received an induction which included an introduction to policies and procedures and mandatory training. We saw this included an introduction to the role of the care worker, compassion in practice, code of conduct, lone working, safeguarding, whistle blowing, confidentiality, fire safety, privacy and dignity, infection control, food hygiene, effective hand washing, pressure care, MCA, mental health and learning disability. The learning from this training was assessed by completion of a

workbook. The registered manager told us that following the induction training new staff worked alongside experienced staff. They told us they then met with the new staff to ask if they were confident to work with people and could put their training into practise.

Review of the training records also showed that staff received additional training in manual handling, medicines management, safeguarding, and dementia awareness. Some staff had also received training in Mental health awareness. Records showed that staff had received refresher training when needed. The registered manager told us that they support staff to obtain further qualifications. A staff member told us they had been supported to continue with their nursing qualification. Staff told us, "You never feel that you are on your own."

Staff were trained in safe food hygiene and nutrition. People lived in their own homes or with family support and could eat what they wanted. Records we looked at showed that where people were at risk from poor nutrition staff documented what people had eaten and encouraged people to eat and drink. One person told us that the staff presented their meals in an appetising way, which encouraged them to eat. They said, "They don't just put anything down, they know if it's presented nicely it helps. You think ...that's nice."

Care records we looked at contained fact sheets about people's health conditions. These included information about; arthritis, cerebral palsy, dementia, epilepsy, glaucoma, motor neurone disease, MS, shingles and stroke care. These gave staff information that would let them know facts about the medical conditions and how best to care for someone.

People we spoke with told us they felt the service supported them with their health needs. One person told us "They are managing to help her at home, so she doesn't have to go into hospital" We saw that people had access to a range of health care professionals including; district nurses, G.P, occupational therapist and dieticians.

Is the service caring?

Our findings

All the people we spoke with were very positive about the staff from the service. They told us "They are second to none, they put themselves out to help", "They are so caring, laughing and joking with [person who uses the service]" and "They are wonderful." People told us the staff were caring and kind they said, "They are considerate and understanding" and " I like them all, they are very nice"

People told us that staff are flexible and support them responsively. They told us, "They go above and beyond the call of duty to help you", "We have a regular worker, she's brilliant." and "They are all so willing to help you." Another person said, "They are considerate and understanding"

Staff and the managers we spoke with knew people well. They spoke about people in respectful terms and demonstrated they place great importance on protecting people's rights, dignity and independence. One staff member told us, "We have time to build up a relationship with the people we look after." Another said, "I have time to get to know them and they know who is coming. With one person I make her meals, spend time with her, talking and watching television. We have a good rapport together." Staff could tell us about people's support needs, their likes and dislikes. One relative said, "They know [person who uses the service] really well."

People told us they had been consulted about their care records and felt involved in how their care was provided. They said that staff always consulted them before providing support. One person told us, "They ask if it's ok before they move me." Another person said, "[staff member] tells me what is in the file and what she is writing in it." Staff described to us how they offer people choices. One staff member told us "I offer choices of clothes and food." Another said "I ask him what he wants to do" and "We ask for people's consent. If they refuse we would respect their wishes."

A staff member described how they had developed communication with a person who used the service who did not have English as their first language. They described how they used body language and signs.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records in the office were stored securely to maintain people's confidentiality.

Is the service responsive?

Our findings

People we spoke with told us they service provided the support they needed and was flexible and responsive to their needs. People told us, "I have had carers before [from other agencies] but when I went in hospital they couldn't keep me on, Evolve have done", "If I need to change any visits they move things around for me." People also said, "They get things sorted for me, I mentioned a problem with my bed and they sorted it" and "I didn't like going to bed early, so they changed the [visit] times."

The registered manager told us that prior to people starting to use the service they would receive information about the person's needs, this included what times they wanted their calls. The registered manager then went to meet the person, completed an assessment, discussed the care plan, risk assessment and arranged cover to meet the person's requirements.

Care records we looked at contained assessments which were detailed and showed what support the person required and how the service planned to provide it. The assessment process ensured staff could meet people's needs. We saw that the assessments were used to develop care plans and risk assessments. The managing director told us that recently a person who used the service had been involved in recruiting the staff that would be supporting them.

We looked at five peoples care records. We found they contained risk assessments and care plans that were detailed and person centred. They contained information about peoples support needs, their preference's, likes and dislikes, hobbies and interests. They provided staff with sufficient detail to guide them on how best to support people.

Care records we reviewed contained detailed information about people's personal care needs, communication, pressure area care, medicines, pain relief, manual handling and nutrition. The plans contained details of how people's choice and independence could be promoted. We were told that care records were reviewed monthly or sooner if needed. We saw the plans were regularly reviewed and updated if people's needs had changed. These reviews included the views of the person who used the service or their representative. Staff completed daily records which were detailed and told us exactly how a person had been supported at each visit.

Care records showed that people were supported to access activities and places of interest to them. We saw staff accompanied people to hairdressers, podiatry and meals out. One person we spoke with told us staff accompanied them to hydrotherapy each week.

We found the service had a detailed policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of managers and contact telephone numbers of other organisations they could contact if they were not happy with how their complaint had been dealt with. The service had a system for recording any complaints and the action the service had taken. We saw one complaint had resulted in visit times being changed. People we spoke with knew how they could complain; they all told us they had no complaints. One told us "Gosh no, no

complaints at all."

Is the service well-led?

Our findings

People we spoke with told us the service was well managed and well organised. They told us, "I would recommend them to anybody", "I am quite happy with them, the service is excellent." Another person said, "They are the best agency we have ever had."

The service had a registered manager who was present on the day of our 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 who used the service told us they liked the registered manager and she managed the service well. They said, "She is very good at managing, the systems and procedures are good" and "She's very friendly."

Staff were complimentary about the registered manager they told us she was, "Warm and friendly" and "She is lovely, she will answer any questions." One staff member said, "The manager will also give us feedback, if we get a good comment the manager will pass it on. They tell us if we have any praise." And "She had all the time in the world to explain things. She is very accommodating."

Staff said both the registered manager and the provider were "approachable", "Everybody is approachable." Staff told us they liked working for the organisation. They said "I find the company great" and "I love it."

The registered manager and provider told us they offered staff incentives to continue to work for the company. These included regular 'Get togethers.' We were told these had included bowling, meals out and team building events. A staff member told us, "We have lots of team meetings and team building. They organised bowling last time and the company pay for it."

We were told that when people started to use the service they were given a service user guide. We saw this gave details about the company and what they could expect from the service. It contained telephone numbers and out of hours contact details, examples of records that would be kept such as daily logs, medicines consent form, electronic monitoring, mission statement and the complaints policy. It also had a frequently asked questions section, that gave responses to questions people wanting a domiciliary care service had asked. This guide gave people sufficient information to know what they could expect when they used this agency.

We found there was a robust system of quality assurance. Records we looked at showed that during the first 6 weeks of someone starting to use the service a manager completed a quality audit with them. We saw this included asking questions about staff attitude and performance, suggestions to improve the assessment process, were you given choices, any teething problems and overall assessment of quality of service. The registered manager told us that regular "spot checks" were carried out by managers. These include medicines records, care records and daily logs. Managers of the service work alongside staff for up to six calls per year. They told us this ensures they pick up good and poor practise. Staff said about the managers

of the service, "They come and work with us to check how we are doing." Another said, "The registered manager came with me to work my round and she gave me feedback on my performance."

We saw that the service regularly asked for feedback from people who used the service and family members. One person who used the service told us, "They ring up regularly to check how things are." The service produced a newsletter to inform people who used the service about issues and developments. One newsletter we saw included advice on how to keep hydrated in warm weather and also the results of the quality assurance survey that had been completed. The registered manager told us that the service was due to send out their annual survey in the next couple of months. We saw that a survey was completed last year. All the people who returned the survey said the quality of the service was either excellent or Good.

The office was open during normal office hours and there was an on call number to contact outside of these hours for advice or unforeseen emergencies. Staff told us they could always contact manager for advice if needed. "There is always someone at the end of the phone – office or on call. They will ring back if they are busy at the time."

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included; MCA, infection control, safeguarding, whistle blowing, missing persons, equal opportunities, fire safety, infection control, COSSH tasks, hazards and control measures, PPE, food hygiene and food safety, washing hands, hydration and pressure area care.

Before our inspection we checked the records we held about the service, including notifications. Notifications of significant events such as deaths, accidents, incidents and safeguarding allegations allow us to see if a service has taken appropriate action to ensure people are kept safe. We found the service had notified CQC of significant events such as safeguarding allegations.