

Evolving Care Limited

# Evolving Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook this unannounced comprehensive inspection on 05 March 2018.

At the last comprehensive inspection on 03 and 10 August 2017, we found breaches of Regulations 9, 12, 17, 20A of the Health and Social Care Act (Regulated Activities) Regulations 2014. We gave the provider an overall rating of Inadequate. The breaches related to the provider's failure to ensure people received care at the right time and in the right way so people's safety was maintained. In addition, the provider had not made sure people's care was consistently focused on each person and the provider's quality checks had not assisted in people receiving high quality care. The provider sent us an action plan setting out the improvements they intended to make.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the provider showed improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At this comprehensive inspection, we found the provider had made improvements to the services people received in their homes, and they were now meeting the Regulations. People received care centred on each person, shaped around their individual safety needs, choices and preferences due to improvements in care call scheduling and monitoring. The provider had improved the effectiveness of their checking systems to monitor the quality of the service people received. This included a planned rolling programme of checks targeted on key aspects of the service, such as monitoring care calls, incidents and accidents and people's care plans. Based on the outcomes of the last comprehensive inspection, the provider had increased their oversight of the services provided to support the registered manager in driving through improvements.

Evolving Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children. At the time of this inspection 60 people were provided with 'personal care' in their own homes.

Not everyone using Evolving Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post at the time 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 told us they felt safe in the knowledge staff knew how to meet their individual needs. Staff knew

people well and the management of care calls supported staff to arrive at people's homes at the right times so people's safety was not impacted on. The provider's management arrangements relevant to scheduling and monitoring people's care calls now needs to be sustained together with gaining people's views of their care.

The provider had arrangements in place to make sure there were enough staff to meet people's assessed needs and risk plans had been developed further. Staff had undergone recruitment checks so the provider could assure themselves potential new staff were not barred from supporting people who used the service.

People were supported by staff who had the knowledge to make sure all safety precautions were taken. This included supporting people with the right equipment so cross infections were reduced. The provider had developed a system whereby the management and staff team were able to learn from incidents and accidents to reduce future risks to people.

People told us they believed staff had received the training they required as their needs were met by the care provided. Staff showed they were aware of people's needs and how assistive technology and aids could support staff in supporting people's diverse needs in an effective way.

Staff consistently felt they were supported by their colleagues and the management team. There had been improvements made to follow through staff performance to ensure people received positive outcomes from the care provided.

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. This included involving people in decisions about their day to day care. Staff knew which people may need help to make some key decisions about their lives and understood what action to take so people received the support they needed in these circumstances.

When required people were supported to eat and drink enough. Staff followed the arrangements in place to support people with their health needs.

People were complimentary about the staff they knew well and how they were caring in their approaches. People told us staff supported them in different ways so their dignity and privacy was maintained during the care provided. Staff valued the improved management of care calls as this supported them in providing continuity of care to people in their homes. Staff respected people's right to confidentiality which included care records being stored securely at the provider's office. The provider made sure staff had information to support people if they should need an advocate.

People felt their individual needs were responded to by staff who knew how to involve people in their care so people's choices and preferences became part of their support received in their homes. Staff were consistent in how they responded to changes in people's needs. Staff told us how daily records together with conversations with colleagues and the management team supported people to receive the right care at the right times.

People told us the improvements made following the last inspection had a positive impact on the care they received and this had influenced people's responses in stating the service they received was well managed.

Following the last inspection the provider had recognised they needed to have a clearer oversight of the services provided. This was so they could assure themselves care developed was of a consistently high

quality. The provider and the management team had worked hard to ensure improvements were driven through however; there has not been sufficient time to show the provider has embedded and sustained their quality assurance systems over a longer period of time.

Further information is in the detailed findings below.

## 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 were supported by staff, who were aware of their individual needs and identified risks so incidents of avoidable harm were reduced. Staff were knowledgeable about their responsibility in taking actions to protect people from the risk of abuse and reduce the risk of cross infections. The provider had improved their arrangements to ensure people's safety was a high priority so people's care was consistently provided to reduce risks. Risks of people not receiving their care calls at times when they required support with their medicines had improved because of the monitoring of care calls. However, the provider needs to show consistency in sustaining the improvements made to reflect their commitment to providing safe care.

### Is the service effective?

Good ●

The service was effective.

People were confident they now received the support from staff who knew how to effectively meet their needs.

People's care needs were assessed so staff could adapt their skills and knowledge to effectively provide the care each person required. Improvements had been made to ensure staff received the support and training they required in order to meet people's diverse needs. Staff supported people to make their own decisions and to consent to their care and treatment. Consistency in staff practices had improved to reflect people were supported with having enough to eat and drink where this was required.

### Is the service caring?

Good ●

The service was caring.

People were now consistently supported by regular staff, who they had built trusting relationships with and people felt staff were caring. Staff involved people in their everyday care which showed people were treated as individuals. People were supported by staff, who showed respect for their dignity, privacy

and independence. Staff were mindful of their responsibilities in maintaining people's confidentiality and had access to advocacy services should people require this support.

### **Is the service responsive?**

The service was responsive.

Improvements had been made to ensure people were provided with care in the way they preferred and when they needed it. People's individual needs were documented within their care records which were personalised and held details of people's preferred daily routines. When people's needs changed staff took action so people continued to receive care which met their particular needs. People who used the service and their relatives were aware of what action to take if they should need to raise complaints and systems were in place to address these.

**Good** ●

### **Is the service well-led?**

The service was not consistently well-led.

People were positive about the way their care was managed. Staff were supported by different methods the provider had established so they felt valued and committed to provide good care. The provider had improved their oversight of people's care experiences to ensure the services provided were consistently well led. The improvements to the provider's quality checking and monitoring systems had a positive impact on staff performance in providing people with safe and effective care. However, the provider must now make sure improvements are fully embedded and sustained to reflect a consistently well led service.

**Requires Improvement** ●

# 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 took place on 05 March 2018 and was unannounced. Inspection site visit activity started on 05 March 2018 and ended on 22 March 2018. It included sampling people's care records talking with people who used the service and a relative about the care provided and finding out the views of other health and social care professionals about the quality of the service. We visited the office location on 05 March 2018 to see the registered manager; and to review care records and policies and procedures. We spoke with people, a relative and staff up to 22 March 2018, to find out what they thought about the care provided.

The inspection team consisted of two inspectors.

We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding some people's care and monitoring their safety and quality. Healthwatch is the local consumer champion for health and social care services.

We spoke with 14 people who use the service and seven relatives by telephone following our visit to the office. This was to establish people's views about the care and support provided. In addition, we spoke with three staff employed by the provider during our visit to the office. We contacted a further six staff by telephone following our visit about their caring role. In addition, we spoke with the provider following our visit by telephone who shared their views about the service.

Whilst at the office we talked with the registered manager and deputy manager. We looked at a range of documents and written records. These included sampling six people's care plans and daily records, six staff recruitment files and how people's rights were promoted. This included how complaints were responded to and the opportunities people had to share their care experiences.

We also looked at information about how the provider and registered manager monitored the quality of the

service provided. This included the actions the provider and registered manager took to develop the service further, such as on-going staff training, responding to incidents and the organisation and monitoring of care calls. In addition, we looked at the quality checking systems the provider and the registered manager had in place to assure themselves people received a caring quality service which was safe, effective, responsive and well led.

# Is the service safe?

## Our findings

At the last inspection on 03 and 10 August 2017 the provider had failed to ensure people who used the service received the care they required to meet their particular needs so risks to their safety was reduced. This was a breach of Regulation 12 and the safe question was rated inadequate.

In response to this breach, the provider told us they would be making improvements to the way care calls were scheduled, monitored and the organisation of staff to provide continuity of care.

Although we found at this inspection the provider had met the breach in Regulation 12 and made improvements to their systems in order to check and monitor people's care calls, the provider still needs to show that these improvements can be sustained and embedded. We have changed the rating for the safe question to good.

People we spoke with told us they felt safe because they could rely on staff to provide the care and support to meet their needs as planned. One person said, "There is no doubt about it, the carer [staff] helps me with the things I can't quite do and supports me to do things safely." Another person told us, "I can fully rely on them [staff] to come at the times I need help, this makes a big difference." One relative commented, "I know I don't have to worry about [family member] as carers [staff] can be relied on to help [family member]."

Staff we spoke with knew people well and were able to describe how people's care needs were planned for in the staff rota's so people had their care calls at the required times to meet their needs and reduce risks to their wellbeing. For example, one staff member told us how a person required support to take their medicines as prescribed by their doctor and the way rotas were planned meant risks to the person's health were reduced. Another staff member also told us about how a person required support with their personal care at specific times in the mornings and evenings. The person had a tendency to become anxious if they were unable to rely on staff at the times set down in their plan. People's care plans detailed the times of people's care calls and we saw these were carefully monitored by the management team which had supported people receiving their care as planned. For example, we noted there were no late and or missed care calls in January or February 2018.

Everyone we spoke with told us they were happy with the scheduling of their care calls and the positive impact this had on their lives. One person explained how the improvements made supported them to have their care calls at the right time to meet their particular needs. Another person told us they had noticed improvements had been made as they now have regular staff who they had built a bond with and who knew their needs well. One relative commented, "When we first started using the service last September it was diabolical – they [staff] used to be up to 2.5 hours late. However over the last few months things have improved staff more punctual. Everything has improved getting on the ball now." Another relative was positive about how care call times had improved and said, "I could not have said this last year."

The provider ensured there were enough staff to support everyone as agreed. We discussed the way staffing resources were organised and care calls were monitored with the registered manager and deputy manager.

They outlined the changes which had been made to address the breach in regulation identified at the last inspection to ensure people received the care and support at the times they required this. The changes included the introduction of an electronic call monitoring system, improved performance management of staff and changes to the staffing structure within care teams and the administration office.

We spoke with staff about how they managed risks to people's safety. They told us they were kept regularly informed of risks to people's health and safety which related to the care and support they provided. One staff member told us, "I look at the care and risk plans of people I support. We [the staff team] always speak with each other about anything which places people at risk." Another staff member said, "We [the staff team] know people we support really well and share information about any risks to people in handovers." Staff we spoke with were able to describe what care and support people needed in order to reduce risks to their wellbeing which matched the care plans we looked at. In addition, the provider had employed the assistance of an external consultancy to assist in supporting driving through improvements. For example, the implementation of detailed risk assessments. We saw risk assessments reflected people's needs and were used as an additional source of information to guide and support staff in monitoring these safely and effectively.

We saw risks around people's home environments were considered which identified possible the risks of harm to people. For example, information about seeking help in the event of an emergency and checking there were no visible hazards which could place people at risk of injuries.

All staff we spoke with told us that they had received training in how to keep people safe from potential abuse and harm. They understood how to recognise the signs when people may be at risk of harm or being abused. One staff member told us they would, "Always report to the office. They [registered manager] would follow it up. If manager didn't react I'd go to [provider]. I could go to social services." Another staff member said, they would, "Immediately report to the manager" any abuse they had witnessed. They confirmed they were confident the registered manager would act on this to make sure people were not at risk of harm. The registered manager had a good understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures.

We looked at the arrangements the provider had in place for recruiting new staff. The information contained in the files showed appropriate checks had been carried out prior to staff starting employment. Staff told us they had completed an application form and attended an interview before they started their employment. The files we looked at showed all new staff had Disclosure and Barring Service [DBS] checks, references and records of employment history. These checks helped the provider to make sure only suitable people were employed so people who used the service were not placed at unavoidable risk due to their recruitment arrangements.

Where people required support with their medicines as part of their care service, people told us they had no concerns about the competency of staff to be able to support them. One person told us, "They're good at reminding me to take my medicines."

Staff were able to describe to us how they provided people with assistance to take their medicines. A staff member told us, if a person declined to take their medicines, they would report it to the registered manager and contact their relative. We saw people's care plan guided staff in supporting people with their medicines. Staff told us they received training before they were allowed to support people with their medicines and regular assessments were completed on their continued competence. We saw people's medicines were checked weekly and any problems reported to the deputy manager and registered manager. This happened so steps could be taken to resolve any concerns to ensure risks to people's safety were reduced.

People were supported to prevent the risk of cross infections by staff who had received training in infection prevention and control training and food hygiene. Staff told us they had access to personal protective equipment such as disposable gloves and aprons. During our inspection we saw staff come into the office to collect items they needed. One staff told us, "We always wash our hands to prevent infection."

The provider and management team had improved the way they monitored and reviewed incidents and accidents if these happened, so lessons could be learnt. For example, one person had sustained a self-inflicted bruise. The cause was established and it was agreed with the person staff would assist them to undertake their personal care needs to reduce the person in experiencing another injury. We saw care plans and risk assessments were updated as a result of changes to people's needs.

## Is the service effective?

### Our findings

At the last inspection on 03 and 10 August 2017 we found people were not always assisted by staff who they were familiar with or had been trained to meet their individual needs. In addition the planning of care calls had impacted on people not having the support to eat and drink enough. At this inspection improvement had been made so staff were provided with the support and training to fulfil their caring roles. We have changed the rating to good.

The improvements made to how care calls were organised and monitored, together with how staff were supported had positively impacted on people receiving effective care. People we spoke with consistently described how they received personalised care which was effective in meeting their particular needs. People's care and risk plans had been improved since the last inspection and showed each person had been carefully consulted about the care they needed and wanted to receive. These care plans were being regularly reviewed with people to make sure they accurately reflected people's changing needs, wishes and care call times ensured people's needs were met at the times suitable to them.

People we spoke with were positive about how they valued the improvements made in having regular staff to provide their care and support. One person told us, "They (staff) are very good at helping me with what I need. They [staff] know exactly what they are doing and it's nice to have the same carer." Another person said, "I like [staff], I can trust them as they know me well and what is needed. They are very good at helping me with my legs." A relative commented, "Care and time keeping and conducting herself is very good, it is lovely how she adopts this."

Daily records also reflected people were receiving the support to meet their needs and as described in their individual care plan. For example, in one person's care records we saw how the person liked a particular type of food and cutlery. In another person's care records it reflected the specific aids a person needed assistance with so they were able to walk safely. In addition, staff told us how they supported people in their homes with the aid of assistive technology, such as lifeline alarm systems to enable people to make alerts if they required assistance and or in emergency situations. A person told us staff always made sure they had their lifeline alarm pendant on and working effectively which was a, "Great comfort" to them if they should need help urgently.

The management team told us how they had utilised spot checks and reviews as tools to measure staff's performance as a method of ensuring staff were effective in their caring roles. In undertaking these approaches some staff had mutually left the provider's employment and new staff had been recruited. All new staff had received an induction prior to working independently in providing people with care and support in their homes. This included the completion of the care certificate and specific training to enable staff to undertake their specific roles. The care certificate is a set of nationally recognised standards to equip new staff with the knowledge they require to provide safe and compassionate care. Staff also told us they had worked alongside more experienced colleagues. A staff member explained how this approach had assisted them to understand people's individual needs and preferred routines.

Staff we spoke with told us their induction and training had prepared them for when they worked on their own in supporting people and had equipped them to carry out their roles with confidence. One staff member told us, "The training has helped me to keep up to date with any new ways of working so I can support people well." Another staff member said, "The training is there and if I need anything more I can ask for it."

Staff we spoke with were positive about the support they received from the management team who they felt were approachable and they could talk to them at any time. Staff told us they were encouraged to reflect on their practice and to consider their own professional development in meetings and the regular checks which were undertaken on their practices. The provider had employed a staff member whose role was dedicated to ensuring staff had the support to continually improve their practices by observing staff at work and checking with people who used the service about how effective their care was provided. One staff member said, "It is good to get feedback about the care I give, it helps to know if I am doing a good job or could do something better." Another staff member said, "It is good to have support and I can always ask for more if I need to."

The improvements made in care calls being at times people required their home care support had a positive impact on people when they needed assistance to ensure they had enough to eat and drink. One person we spoke with told us staff would heat a meal in the microwave for them and always made sure they had a drink before they left. Another person explained through staff's assistance with their meals they were not only kept safe from the dangers of using their cooker but also at risk of not eating adequately. We saw people's care records gave staff information about the support needed to help people to eat and drink their meals where this was required. Staff had also recorded what people had eaten and drunk at each visit so they could respond quickly if any significant changes were noted. Staff spoken with told us if they were concerned a person was not eating or drinking enough they would report their concerns to the management team or staff at the office.

Staff worked closely with other organisations to ensure people's needs were met effectively. For example, staff had received training from district nurses so they were able to provide the specific care a person required to meet their health and nutritional needs. There was specific guidance for staff to follow which was personalised and reflected when staff should seek advice from other professionals, such as speech and language therapists and dieticians.

We saw staff monitored people's health and wellbeing and liaised with professionals involved in their care when this was required. For example, staff were able to provide examples when they called for paramedics when they found a person had fallen so they were able to receive medical treatment and care. One person told us how staff had noticed they were unwell and had made sure they received health treatment when they were unable to do this for themselves. One relative we spoke with told us, "They always let me know if [person's name] is unwell which is really good of them."

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 for people living in their own home, this would be authorised via an application to the Court of Protection.

We checked whether the service was working within the principles of the MCA. At the time of our inspection the service had not needed to make any applications to the Court of Protection.

People we spoke with had no concerns about how staff involved them in their care. One Person told us staff always asked if they wanted the care offered and they were felt their decisions were respected. Another person said staff, "Listen to my choices" when assisting the person with their personal care needs.

Staff we spoke with understood the requirements of The Mental Capacity Act 2005 (MCA) although the registered provider was planning to book some further training for staff. Staff gave us examples of the different ways they would communicate with people, so they would have the best chance to make their own decisions. A staff member told us, "Somebody has the mental capacity to think for themselves, choices options of what they'd like to eat or drink. You go into their home so you treat them with respect. You give them choices and help them make decisions." The care documentation we looked at confirmed whether the person was able to make their own decisions. Staff understood if a person needed support to make particular decisions this would be recorded with the named individuals with the legal power to make specific decisions on their behalf.

## Is the service caring?

### Our findings

At the last inspection on 03 and 10 August 2017 the provider had failed to have arrangements in place to monitor people's care. This was a breach of Regulation 9 and the caring question was rated requires improvement.

In response to this breach, the provider told us they would be making improvements to ensure people had a consistent regular staff team and arrangements had increased, so staff were supported to achieve the best outcomes for people.

At this inspection the provider had made improvements. These included the management of staff rotas so people were provided with consistent staff who knew them well and who they had built up trusting relationships with. The rating for the question caring has been changed to good.

People consistently described staff as caring and valued the relationships they had formed with regular staff who provided care. One person we spoke with told us they particularly liked a staff member and were happy to confirm this with us by stating, "Could not wish for a better person." Another person said, "[Staff member] is exceptionally nice, one of the best." We heard examples from relatives how their family members had a good rapport with staff who were caring towards them. One relative told us their family member, "Gets on well with them [staff], has a laugh with them."

We also saw compliments received by the provider reflected positive comments made by people about staff who supported them in their homes. One person's comments read, '[Staff member] is amazing so helpful and kind. You always tell me if someone is off sick or there is an issue. Thank you.' Another person wrote, '[Staff member] is brilliant, I like having her do my personal care. It's nice to have just one carer [staff].'

People gave us examples of how staff reflected a caring approach when supporting people. For example, one person described how a staff member had assisted them in writing letters to a utility company. The person told us, "Carers [staff] are excellent; they are so kind they help me write letters to the gas people." Another person described how staff provided the support they needed to go outside in their garden which they appreciated as this was important to them.

Staff we spoke with knew people's likes and dislikes and showed they cared about the experiences people had when supported in their own homes. One staff member said they were liked to, "See people happy, had food and drink they wanted" and the care provided, "Helps people stay in their homes and make sure they are safe." Another staff member told us how it benefitted both people who used the service and staff to have, "Regular staff helps because you know people."

Staff told us they involved people who used the service and their relatives in the care provided. People we spoke with gave us examples of how they were supported to be involved in their care. One person told us, "I can have a choice of female or male carers [staff]" and another person said, "I always choose what I need and some days it is different, they [staff] always respect what I want. They [staff] are little gems." A relative

we spoke with said, "They [care staff] know what is needed and this helps." Staff explained how they gave people choices and involved them in making decisions about their care. A staff member said, "I help them to make their own choices whatever they are."

People told us that they were supported to maintain their independence. One person said, "They [staff] know what I am able to do. What I struggle with they [staff] will help me to do." Care plans we looked at showed the care and support promoted an approach which recognised people's choices and independence. People told us about how staff took time to support them to participate as fully as they could. Examples we were given included aspects of personal care including people's involvement in what they would like to wear.

We heard from people how staff promoted their privacy and dignity when they assisted them in their homes. One person told us, "I am a very independent person and know what I want help with and the carers all respect this. I feel in control." Another person told us, "They [staff] make sure my dignity is kept when they help me to have a wash." Staff we spoke with all gave us a good account of how they promoted privacy and dignity in everyday practice. This included making sure doors and curtains were closed and people were covered when undertaking personal care.

Staff recognised the importance of respecting people's homes were their private and personal space. When people had been first introduced to the care services they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring people were safe and secure in their homes. For example, staff knew how to obtain the keys to some people's homes if they preferred not to answer their door bell.

Confidential information regarding people's care was stored securely in the provider's office and only shared with people's consent on a need to know basis. In addition, people had their own records of their care in their homes which they were able to read and choose who read this.

## Is the service responsive?

### Our findings

At the last inspection on 03 and 10 August 2017 people did not always receive the care they wanted, or at the times and duration, in order to meet people's assessed needs. The question of responsive was rated as requires improvement.

At this inspection improvements had been made by the provider to ensure the arrangements in place to meet people's needs were responsive. We have changed the rating to good.

Following the last inspection the improvements made by the provider had a significant impact on people's experiences of receiving care based on the times which suited people's preferred routines and lifestyles. People we spoke with told us, they received care and support based on what they needed and in the way they liked. Comments from people when describing how responsive staff were in supporting their needs included, "Very good to me. I could not wish for any better carers [staff]," "Absolutely over the moon. They [staff] do everything for me" and "Quite good as far as I'm concerned." Relatives we spoke with were equally positive about the responsiveness of the care provided. One relative told us, "We can't really fault the care." Another relative said, "[Family member] has the same carer which is really helpful and less confusion for her."

Staff knew people's needs well which one staff member told us helped them to respond to people's needs in the best way for each person. Another staff member described how they tried to provide care which met the expectations of the person receiving the service. They said they always asked them or their relative when this was appropriate how they preferred things to be done and at what times. Staff we spoke with understood how the people's day to day preferences and wishes were linked to their particular needs which included each person's values and culture. One staff member described how a person chose to have their hair styled and another staff member told us they would make sure all windows were closed as a person, "Feels the cold."

People said staff provided all the practical everyday assistance they needed and had agreed to receive in their care plans. This included support with a wide range of everyday support and care such as washing and dressing, using the bathroom and getting about safely. One person told us, they had confidence in staff to respond to their particular health needs which made them feel both supported and safe. We saw in the care records we looked at there was guidance for staff to follow so they were able to consistently respond to people's different needs which included meeting people's cultural preferences within their daily routines.

From sampling people's care plans we saw the management team had taken on board learning from the consultancy who they worked with and nurses to continually develop these. We saw people's care plans were continuing to be improved so they were more personalised and contained information about people's preferred daily routines. The care plans provided clear guidance for staff to follow, so people were supported in ways which took their individual needs into account and identified areas of risk. This included the people's physical and health needs. For example, the care plans described people's specific physical needs together with any equipment required. This was so staff who may not be familiar with people would

have this guidance to follow to support each person in receiving consistent care.

People's care was reviewed with them regularly by the management team who sought their views on the care they received to make sure it continued to be responsive to their particular needs. This was important as at the last inspection for some people their care plans had not been updated. This did not ensure staff had accurate guidance to follow so people had consistent care which was responsive to their needs. Staff told us if a person's needs changed they would tell the management team and their care plan would be updated. A staff member told us when they told the deputy manager about a person's needs changing action was taken to ensure these were met.

Staff had a sound understanding of the principles of equality and diversity and respected people's differences. One staff member told us, "No two people are the same. You respect their values and should never judge them." Another staff member said, "Everyone is equal and can have different religions or nationalities and different ways of doing things. We've got to make sure we respect that difference."

People who used the service and relatives we spoke knew they could telephone the management team at the office and speak with staff if they wanted to make a complaint or raise a concern. One person told us, "I know how to complain and I certainly would. All is good right now." Another person said they would, "Speak with [deputy manager] if I have any concerns, they would sort any problems I had, they are very good." A relative described how they had spoken with the deputy manager about an issue they had in relation to their family members care call being late on one occasion. The relative said the deputy manager apologised for this. Staff were aware of the complaints procedure and told us if someone did complain to them, they would offer reassurance in the first instance and then offer to support them in contacting the registered manager to make a complaint.

The management team told us no one was receiving end-of- life care at present. Where people were nearing the end of their life, they worked with them to ensure their wishes were met during this sensitive time. Where appropriate, they worked with other agencies, such as the district nurses to make sure people had a pain-free and dignified death.

## Is the service well-led?

### Our findings

At the last inspection on 03 and 10 August 2018 the provider was in breach of Regulation 17. This was because the provider had not made sure their systems and processes used to assess, monitor and improve the quality and safety of the services provided, consistently operated effectively.

In response to this breach, the provider told us they would be making improvements to their quality checking and monitoring procedures. This was so the provider could be assured people were provided with safe and effective care which was responsive to their needs.

During this inspection we found the provider had met the breach in Regulation 17 and showed they had made improvements. These included the provider having a clearer oversight of the service people experienced together with more effective monitoring systems. However, the provider now needed to show improvements made could be sustained. We have changed the rating for the well led question to requires improvement because we want to see that the improvements made can be embedded and sustained.

People who used the service and relatives held positive views about how the care services offered and managed in order to meet their expectations and particular needs. Some people we spoke with commented on how the improvements which had been made had a beneficial impact on their care experiences. One person told us, "Very good firm they seem to know what they are doing. Always turn up and will do anything, very good." Another person said, "It is run better now, visits are at the right times for me, I am very happy." A relative commented how improvements had been made within the management of the service, "[Deputy manager] is very good. If ever I have a problem I get in touch with him and he deals with it. Staff are punctual and stay the allotted time." Another relative told us, "It [service] seems well managed, carers are excellent."

Following our last inspection the provider told us they had developed a clearer oversight of people's care experiences as they were committed to driving through improvements. One example shared by the provider was how they monitored the electronic care call system which provided knowledge in 'real time' of any missed and or late care calls. This had supported the provider and management team to take immediate action to remedy any difficulties in staff performance and or any further adjustments to care call planning. This action had resulted in improvements in the way people experienced their care and we heard from people the positive impacts this had had on their lives which we have reported on throughout all the five questions.

The provider had taken action to ensure they had a management team who could support the changes required and assist in sustaining these. This was important as the provider was aware they had not always sustained improvements over time. There had been some strategic changes made to the management team and care coordinator positions, some of which had only just been introduced shortly before the last inspection. The registered manager was supported by a deputy manager and we saw they worked together to make sure people received the care as per their assessed needs. For example, we noted the management team knew about the important parts of the care people were receiving. They also knew about points of detail such as which staff members were allocated to complete particular visits. This level of knowledge

helped them to manage the service and provided guidance for staff. This was an area where improvements were needed at the last inspection so staff were able to effectively fulfil their caring roles.

Staff told us the management team would provide them with feedback about their care practices which supported them when required to make improvements. One staff member told us, "They [management team] tell me I am doing a good job." Another staff member described how following the assistance the staff member provided to a person who experienced a stroke the registered manager had contacted them, "To see if I was okay." Staff told us they liked their job and were happy with the organisation and management.

In addition, staff we spoke said the management team were approachable and they felt confident they would be listened to and action would be taken if they raised any concerns about poor practice. They also knew they could use the provider's whistle blowing procedures in order to do this if they needed to.

The provider and registered manager understood their responsibilities in reporting incidents which potentially placed people at risk of harm. The provider and registered manager had knowledge of when they were required to send the Care Quality Commission statutory notifications to report incidents and also their responsibilities to inform the local authority. In addition, the provider had their current inspection ratings displayed at the office premises and on their website. We discussed with the management team about their current ratings being placed on the home page of their website and we were assured action would be taken to do this.

The provider had worked with their management team to ensure an effective system of checks and audits were now in place to monitor the quality of the service people received in their homes. This included planned observations of care by a staff member dedicated to undertake this role and had reviewed all incidents so learning could be taken from these to further improve staff's practices and care provided. A rolling programme of audits targeted on key aspects of the service, such as people's care and risk plans and the management of people's medicines. The provider had invested in the services of external professionals such as a consultancy and nurse to support staff practices in areas, such as training. Additionally, where people had identified risks and these needed to be monitored the nurses had developed the specific tools to assist staff in providing effective and responsive care.

Based upon the outcomes of the last inspection, the provider had increased the frequency of their audits to support the register manager and deputy manager in driving improvement in the service. The effectiveness of the provider's quality assurance activities was evident in the improvements made in the care experiences of people using the service following the last inspection. Staff commented on some of these improvements, including the values of the care services they provided and the culture of the management of the service. Staff were consistent in their views about the improved communication and the development of the rota's to bring about consistency for people who received a home care service. One staff member told us they could always contact the registered provider and deputy manager if they needed advice. Staff also told us they had meetings where staff could discuss their roles and make suggestions to further develop effective working practices. These measures all helped to make sure staff were well led and had the knowledge and systems they needed to care for people in a safe and effective way.

In addition, there was an office space which staff could access for training purposes, meetings and the equipment they required, such as disposable gloves and aprons. The registered manager and deputy manager along with care coordinators were also based at this office so people who used the service and staff were able to call if they required advice or assistance. Staff confirmed there were on-call arrangements which they could use to gain advice and support.

The provider reflected a candid approach to the improvements they had made and described how they had taken forward learning from this. The provider told us they now had their, "Finger on the pulse a bit more" and had "Learnt a lot of important lessons." The provider said they were, "Very much more involved in governance" and "Monitoring is phenomenal." We found this was the case by the evidence we found during this inspection. For example, regular checking of staff's competency, providing support to learn from incidents and seeking the views of people who used the service to measure their care experiences. The provider and management team were proud of their achievements but also acknowledged their vision was now to sustain improvements made over time so people were provided with a high quality service.