

Evolving Care Limited

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Inspection report

Unit D15 Leicester Business Centre, Entrance D/F
111 Ross Walk
Leicester
LE4 5HH

Tel: 01162166605
Website: www.evolvingcare.co.uk

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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

This was an announced inspection that took place on 20 May 2016.

Evolving Care is a domiciliary care service providing care and support for older and younger adults. The service specialises in the care of people with dementia, eating disorders, learning disabilities, mental health conditions, physical disabilities, sensory impairments, and people who misuse drugs and alcohol. The service's offices are based in Leicester.

At the time of our inspection there were 23 people using the service.

The service had a registered manager. This 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 using the service. One relative told us they found it reassuring that the staff wore uniforms and carried identification so it was easy to check they were who they said they were

All the staff we spoke with were trained in safeguarding and knew what to do if they had concerns about the well-being of any of the people they supported.

The service employed enough staff to meet the needs of the people they supported. If people needed the support of two staff this was provided. Staff had been safely recruited to reduce the risk of unsuitable people working for the service. People told us they were satisfied with how staff supported them with their medicines.

Staff were knowledgeable about their roles and had received the training they needed to enable them to provide effective care to the people using the service. Staff had access to a wide range of up-to-date training materials. Management supported the staff to increase their skills and knowledge through training.

If people needed assistance with eating and drinking staff provided this. Staff understood people's healthcare needs and knew how to support them to maintain good health. They also knew who to contact, including healthcare professionals, if a person appeared unwell.

People using the service and relatives told us the staff were caring and kind and treated them with dignity and respect. They said staff communicated well with them and were sensitive to the fact that the care and support took place in their own homes. They also told us that having mostly the same staff enabled them to build up trusting relationships with them.

Some people using the service had first languages other than English. This was reflected in the staff team.

The service matched people with staff who spoke the same first language where possible to make communication easier.

People using the service and relatives told us the staff provided personalised care that met their needs. They said calls were usually punctual and staff stayed for their allotted time and kept records to demonstrate this. Some care plans and risk assessments lacked detail and the registered manager said she would re-write them as necessary.

The management and staff were in frequent communication with the people using the service and relatives in order to check that they were satisfied with the care and support provided. People told us staff listened to them and acted on any concerns they might have. The quality of the service was subject to continual monitoring and audit and if improvements were needed these were identified and carried out.

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 using the service felt safe and staff knew what to do if they had concerns about their welfare. Staff supported people to manage risks whilst also ensuring that their freedom was respected. Some risk assessments lacked detail and were in need of improvement. There were enough staff employed to keep people safe and meet their care and support needs. Medicines were safely managed and administered in the way people wanted them.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained to enable them to support people safely and effectively. Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet. People were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and treated people with respect. Staff communicated well with people and their relatives. People were encouraged to make choices and involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs. Some care plans needed more information in them to help ensure people's needs were met.

People knew how to make a complaint if they needed to and said they were listened to and improvements made where necessary.

Is the service well-led?

Good 

The service was well led.

The service had an open and friendly culture and people were given opportunities to comment on the care and support provided. The registered manager and staff welcomed feedback on the service and made improvements where necessary. The provider used audits to check on the quality of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 20 May 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to meet with us.

The inspection team consisted of 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. Our expert by experience for this inspection had experience of the needs of people using domiciliary care services.

Prior to the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about by law.

We used a variety of methods to inspect the service. We spoke with eight people using the service, four relatives, the registered manager, the managing director, and two staff employed as care workers. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at the care records of four people using the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I feel safe." A relative told us, "Yes my [family member] feels safe, we have phone numbers we can call if a concern arises or the council to get in touch with." Another relative commented, "My [family member] is safe; I would be the first one to complain of any ill behaviour." One relative told us they found it reassuring that the staff wore uniforms and carried identification so it was easy to check they were who they said they were.

All the staff we spoke with understood their safeguarding responsibilities. One staff member told us, "If I had concerns I'd phone the manager and she would report it to social services." The registered manager told us all staff at the service were committed to safeguarding the people they supported and this was embedded in their practice and included in the service's aims and objectives. She said, "The staff are very good at reporting concerns. They know I'd rather have too much information than not enough."

The provider's safeguarding policy told staff what to do if they had concerns about the well-being of any the people using the service. The policy included contact details for the local authority, who take the lead in safeguarding investigations.

Records showed that staff were trained in safeguarding during their induction so they knew how to safeguard people as soon as they began working for the service. Their safeguarding training was updated annually and the registered manager said it was a fixed item on the agenda at staff meetings. This meant that staff were constantly reminded of their duty to protect people from abuse.

We looked at the ways in which staff minimised the risks to people. Areas where there might be risks to people's health and wellbeing were identified in care records. This meant staff had the information and guidance they needed to keep people safe. Risk assessments covered areas such as falls, moving and handling, and personal care, and explained what staff needed to do to provide safe care.

Some risk assessments were detailed and contained 'step by step' instructions for staff. For example, one for transferring a person told staff 'to ensure the immediate surroundings are clear' and 'to ensure a cushion is placed between [the person] and the hoist bar' for protection. The detailed information meant that staff knew exactly what equipment to use, how to use it safely and how many staff were needed to assist the person to mobilise.

However, other risk assessments lacked detail or were not in place. For example, records described one person as being at risk of low mood, worsening mental ill health, and not being able to maintain their diet and hydration requirements. However there were no risk assessments for these issues.

Another person was at risk of 'falling and sustaining an injury'. Staff were told to 'support mobilising' but not told how and if any equipment or particular mobilising techniques were necessary. Another person had generic risk assessments in place for their care, but none for their specific areas of risk which included substance misuse and a skin condition.

We discussed this with the registered manager and managing director. They told us staff were aware of the risks to people and informed the office if they had any concerns. The staff we spoke with could tell us areas where people were at risk and what they did to minimise this, for example by having training in moving and handling. However the registered manager and managing director agreed to put written risk assessments in place where necessary to help ensure staff had all the information they needed to reduce risk to the people they supported.

The service employed enough staff to meet the needs of the people they supported. If people needed the support of two staff, this was provided. At the time of our inspection visit the service had 15 staff employed as care workers in post, the majority of whom had been with the service since it was registered. This helped to ensure people had the opportunity to get to know the staff who supported them which provided them with consistency of care which helped them to feel safe.

The registered provider had records to demonstrate that staff had been safely recruited. We looked at two staff recruitment files which showed that the required checks had been completed prior to staff working unsupervised for the service. Checks included a Disclosure and Barring Service (DBS) check which helps employers to make safer recruitment decisions and reduces the risk of unsuitable people working with people who use care services.

People told us they were satisfied with how staff supported them with their medicines. One person told us, "The carers remind me to take my drugs." A relative said, "The staff help my [family member] with his medication by getting it out of a special box."

Care records showed that if staff supported people with their medicines, this was being done safely. Training records showed that staff were trained in medicines administration. Medicines records included a risk assessment setting out who in the person's support network was responsible for each aspect of their medicines management, for example the person themselves, the pharmacist, the GP, or the person's family. This helped to ensure that people's medicines were always available and they had them when they needed them.

We looked at two people's medicines records. We saw that the medicines they were taking and possible side effects were recorded, along with instructions to staff on how to support the people to take their medicines. This included the time they took them and whether they took them with food or drink. Records showed that staff had signed when medicines were given. This provided a record of people being given their medicines safely. The registered manager also carried out a monthly audit of medicines records to check they had been completed correctly and medicines given on time.

Is the service effective?

Our findings

The staff we met were knowledgeable about their roles and had had the training they needed to enable them to provide effective care to the people using the service. One relative told us, "My [family member] just requires personal care and I reckon the staff know what they're doing."

We observed that the office environment was conducive to learning. A wide range of up-to-date training materials were on display and available to staff. These included posters, training manuals, and leaflets. The information provided was up-to-date and designed to encourage good practice in care and an awareness of key issues, for example understanding dementia and the Mental Capacity Act.

The service had its own training manager who was responsible for ensuring staff were appropriately trained. We looked at the service's training matrix and other training records. These showed that staff undertook an accredited induction followed by the Care Certificate. This is a set of national standards for care workers which staff work through with their mentors. The Care Certificate provides staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

Staff took ongoing and refresher training courses in moving and handling, first aid, health and safety, infection control, food hygiene, medicines management, safeguarding, and dementia care. Staff also had specialised training as necessary. For example, some staff were trained in the use of non-invasive ventilation equipment, and in administering percutaneous endoscopic gastrostomy (PEG) feeds. (A PEG feed is a system by which people who are unable to take food or fluid by mouth receive supplements via a tube directly into their stomach). This enabled them to work effectively with particular people using the service who had more complex health needs.

The registered manager and managing director were keen to provide their staff with a wide range of training opportunities and made use of approved training websites, for example Skills for Care. When we inspected the service the registered manager had signed up to a new local authority training initiative featuring online courses for people who worked in care or support. This was an example of the service supporting their staff to gain the skills they needed to provide effective care.

The staff we spoke with were satisfied with the training they received. One staff member said, "I am very happy with training here. We get a lot when we start and then we get regular updates. Three months ago I had refresher hoist training and that was good because I could make sure I was doing things right."

Another member of staff, who had a first language other than English, said, "The training is excellent. It is in English and if I don't understand anything one of the senior staff translates it for me." This was an informal arrangement. We discussed it with the registered manager and managing director. They said they would formalise this method of learning support so as to ensure that any training provided was accessible to all staff and in a format they understood.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The office had a MCA display board with information about this legislation on it. Staff had had training on the MCA and understood their responsibilities to protect people and alert other agencies if they felt a person's rights were being compromised. One relative told us, "My [family member] is asked permission to get up and go to bed. I don't know for sure in the morning as I'm not here but yes most definitely at night time." This was an example of staff seeking a person's consent before providing them with care and support.

All the people using the service had had mental capacity assessments to determine if they were able to consent to the care and support the service provided. Care records showed that people were routinely asked for their consent and that their choices and decisions were recorded. Staff understood people's right to consent to and decline care. If people declined care, staff knew who to inform, for example relatives and/or health and social care professionals. This helped to ensure that staff worked in people's best interests and only provided care and support when it was legal and in the person's best interests for them to do so.

Care plans set out the support people needed which helped to ensure their nutritional needs were met. If people had particular needs relating to nutrition, these were recorded. All staff who assisted with meals were trained in basic food hygiene so they understood how to prepare food appropriately.

Records showed that if staff had concerns about people's nutrition they were told to report them. For example, one person's care plan stated that staff were to 'support, encourage and prompt [person using the service] with meals and drinks to enable them to maintain a healthy and nutritious diet'. The care plan continued, 'If [person using the service] refuses meals and drinks, care worker is to report it to the office who will report it to [health care professionals].' This helped to ensure that action was taken if the person was a risk with regard to their nutrition and hydration.

Staff carried out an assessment of people's healthcare needs prior to the service commencing. Records showed the assessment covered all aspects of a person's healthcare and provided information about healthcare professionals involved in meeting the person's needs so that staff could contact them if necessary. Emergency contact details were also provided in case of a healthcare emergency, for example next of kin, GP, and community nurses.

The staff we spoke with understood people's healthcare needs and were able to explain what they did to help people to maintain good health. They also knew who to contact, including healthcare professionals, if a person appeared unwell.

Is the service caring?

Our findings

All the people using the service and relatives we spoke with said the staff were caring and kind. One person told us, "I can talk to the staff, we have a laugh together. They're quite friendly." A relative said, "I would just like to say my [family member's] two carers go above and beyond and that's all we can ask for really."

Relatives also told us the staff communicated well with them and their family members. One relative said, "Staff are friendly, kind and caring towards us, we have no problems at all. I would say the communication is all round good." Another relative told us that staff communicated particularly well with their family member. They said, "[My family member] would describe the communication as good. He understands them and most importantly they understand him."

Another relative told us that as well as supporting their family member the staff were 'motivating and caring' towards relatives too. They also said that staff recognised that the care and support took place in the person's home and were respectful of that.

Relatives also said that having mostly the same staff enabled them and their family members to build up trusting relationships with them. One relative told us, "My [family member] has continuity and the same two carers every day apart from their holidays or when they're off sick. We feel continuity is very important because his normal carers understand him brilliantly. Others learn along the way."

The registered manager told us she did her best to provide people with the same staff member, or a small group of staff members, as it was important for both staff and people using the service to have that continuity. She said there were occasions when regular staff were on holiday and when this happened she consulted with people using the service and relatives so they knew who was coming instead.

People using the service and relatives told us the service encouraged them to be actively involved in making decisions about their care and support. One person told us, "Yes I'm involved in sorting out my care plan." A relative commented, "[My family member] is involved in decisions about his care plan and we hold annual meetings."

Some people using the service had first languages other than English. This was reflected in the staff team. The registered manager said she tried to match people with staff who spoke the same first language as them to make communication easier. She also said that if she was assessing a person who spoke a particular language, she took a staff member with the same language with her to assist if translation was needed. This helped to ensure people were involved in their own care from the outset.

Relatives told us staff went out of their way to respect and promote people's privacy and dignity. One relative said, "[My family member] is not rushed and often his carers stay a lot longer for any additional requirements. He is very complex but they never complain. They say 'Don't worry, please take your time' [...] we are treated with respect and dignity and my [family member] is definitely involved with regards to his care and treatment." Another relative commented, "Staff are friendly and treat [my family member] with

dignity and respect."

Care records showed that respecting and promoting people's privacy and dignity was central to the service provided. Care plans gave staff clear instructions on how to do this, for example care plans for providing personal care advised staff how to provide this in a respectful manner.

Is the service responsive?

Our findings

People using the service told us the service provided personalised care that met their needs. One person said, "Evolving Care is lovely, it's beautiful. Up till now I can't fault it or wish for anything better." Another person commented, "Staff encourage me to be as independent as I possibly can. The support I receive has had a positive impact on my life. I'm quite satisfied with my care."

Relatives also said the service provided good quality care and support. One relative said, "Staff know what help and support we need." Another relative told us their family member had made significant progress since receiving the service, they commented, "Things have improved [...] Evolving Care is amazing in that way."

People using the service and relatives said they were satisfied with the timeliness of calls and said that if a staff member was delayed for any reason they were informed. One person told us, "The staff are usually on time but if they're running late they contact me and explain why." A relative commented, "The carers arrive on time and as far as I'm aware they have not missed a visit."

People told us staff stayed for their allotted time and kept records to show this. One person using the service said, "Carers complete timesheets in front of me, putting the time when they come and when they go." A relative said, "Carers have timesheets to sign as evidence and also they have a folder which is kept in the main room and they are to complete that every time they visit. It's just an account of what they've done, the time they arrive and depart - also if there are any concerns about [my family member]." These were examples of staff providing a record of the responsive care they provided to people.

Care plans showed the service was responsive to people's needs. For example, one care plan highlighted that the person had good and bad days. The care plan explained the response required from staff to support the person on good days, and the extra support that may be required when they were experiencing bad days. The care plan also provided information about what was important to the person and what they would like to achieve with the support of Evolving Care. This helped to ensure staff provided the person with responsive, flexible care and support.

Care plans also showed that if a person had a particular request the service worked to meet this. For example one person had asked at a recent care plan review for a specific staff member to assist them with their shopping. We saw that the registered manager had acted on this and allocated them the staff member. This was evidence of the registered manager listening to a person using the service and taking action in response to their wishes.

Some care plans lacked detail. For example, one person using the service was assessed as having 'short term memory loss' but there was no care plan in place to explain to staff how this might impact on their lives and what staff might need to do to support the person. Another person was described as being able to best communicate using body language but there was no description of this so we could not be sure that staff would understand how to interpret what the person was conveying.

We discussed this with the registered manager who said information was always given verbally to staff prior to them commencing any care. While this was acknowledged, more detailed records would help to ensure that responsive care continued to be provided if, for example, staff had to change unexpectedly. The registered manager said she would review care plans and re-write where necessary to make people's needs clearer.

People told us they knew what to do if they had a complaint about any aspect of the service they received. One person using the service said, "Yes I know how to raise a concern." A relative said, "If [my family member] had any concerns he would talk to the manager."

People told us that when they had raised concerns the management had listened to them and taken action. One relative said, "I think over the years there have been a few occasions where managers have got involved because of concerns, but these were dealt with to our satisfaction." Another relative commented, "We've had to make one complaint [...] the management were very good, very apologetic towards us, gave no excuses and [took appropriate action]. We were of course satisfied with the outcome of that situation."

Complaints records showed that if the service did receive a complaint, however minor, this was recorded along with the action taken to resolve it. The service's complaints procedure was given to all the people using the service and their relatives/representatives. This helped to ensure that people had the information they needed on how to raise a complaint if they wanted to.

Is the service well-led?

Our findings

People using the service and relatives made many positive comments about Evolving Care. One person said, "My overall opinion of Evolving Care to this day - I can't complain. Nothing is wrong with it." A relative told us, "As far as I am concerned the service is managed and run pretty well." Another relative commented, "Overall things are very good with Evolving Care."

When we inspected staff were in the process of organising a 'get together' for the people using the service and relatives. All had been invited to the office for tea and cakes. The registered manager told us, "We try to do this two or three times a year. It's a social event and also an opportunity for people to tell us what they think about the service. If anyone can't make it we take cakes to them so they don't miss out." This was an example of staff at the service giving people the chance to share their views in an open and friendly forum.

The care workers we spoke with told us they enjoyed working for the service. One care worker said, "I like everything. I love my job. The people we care for are wonderful. The manager looks after us all. It couldn't be better." Another care worker commented, "Everything is good here. The manager is a good person, she supports me and she cares about the clients. It's a happy place to work."

The registered manager provided care workers with both formal and informal support including a programme of training, quarterly supervisions, and quarterly observations to help ensure they were providing a good standard of care. She told us she kept in regular contact with her care workers by messaging them weekly with updates, advice and support. She said, "For example, if the weather's hot I'll remind them to offer the clients plenty of drinks. If the weather's bad I'll tell them to drive carefully and look after themselves. We want both our clients and our staff to feel valued." This was evidence of a caring management culture at the service.

We looked at how the provider ensured the service delivered high quality care. Quality records showed that staff at Evolving Care were in frequent communication with the people using the service and relatives. This was to check they were satisfied with the care and support provided and to see if they wanted any changes or improvements. People were contacted in person or by telephone for this purpose. One relative said, "We have had phone calls to complete questionnaires, asking us our opinion on the service currently being provided." The service ensured that, where possible, people were contacted by staff who could speak their preferred language to help ensure they could give their views in the language they felt most comfortable with.

People using the service and relatives told us that staff listened to them and took their views into account. One relative said, "Everyone [at Evolving Care] listens to my [family member]." The registered manager told she herself had direct involvement with the people using the service and relatives. She told us she telephoned one or two people each week to check on their satisfaction with the service and on occasions provided care and support to people when staff needed cover. This gave her insight into how the service was operating and enabled her to keep in contact with the people using it and their relatives.

The service also had a quality board that met quarterly to review all aspects of the service. The managing director and registered manager told us that at the last meeting in January 2016 the provider's recruitment policies and procedures were amended and updated. They said that at their next meeting they would be considering the training needs of staff with a view to identifying if any improvements were needed. The quality board, along with the ongoing audits, provided further evidence of a service committed to providing good-quality care and support to people.

The registered manager completed daily, weekly, and monthly audits of all aspects of the service to help ensure it was running well and these were shared with the managing director and operations manager so they could monitor its performance. The managing director and operations manager also visited the service monthly to support the registered manager and staff.

Quality records showed that if improvements were needed to the service these were identified and carried out. For example, in one telephone review a person using the service had stated that a particular member of staff often came 'too early' for their calls. Records showed the registered manager acted swiftly to resolve this issue through staff supervision, and the person reported no further concerns regarding this issue. The registered manager had also addressed another recent issue, regarding the legibility of handwritten care records, by raising this at a staff meeting and explaining to staff the importance and legal status of these records. This was another example of action being taken to improve the service if any shortfalls were identified.