

Evolving Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Evolving Care is a registered domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of inspection there were 44 people being supported with personal care. People supported included older people and people living with dementia.

People's experience using the service

People felt safe. There were systems to protect people from the risk of abuse and harm.

Medicines were managed safely.

Staff had the training and knowledge to effectively meet people's healthcare needs.

People were treated with dignity and respect and encouraged to maintain their independence.

People's choices were promoted, and staff worked within the principles of the Mental Capacity Act 2005

Staff showed kind and caring attitudes to the people that they supported.

The care and support people received reflected their personal needs and preferences.

Processes were in place to monitor and improve the quality of the service.

There was a culture of openness and lessons were learnt when things went wrong to continuously improve the service.

Rating at last inspection:

At the last inspection the service was rated Good. However, we found the service was not consistently well led and this key question was rated as Requires Improvement (The last report was published on 16 May 2018). We found that improvements had been made and the service is now rated good in all key areas.

Why we inspected:

This was a planned inspection to check that this service was meeting the regulations.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details of our Caring findings are below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well Led.

Details are in our Well Led findings below.

Evolving Care Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

Evolving Care is a Domiciliary Care service providing support to people living in their own homes. CQC only regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

'We gave the service 48 hours' notice of the inspection site visit to ensure someone was available to assist us with our inspection. We visited the provider's office and reviewed the care records of four people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

What we did:

When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. During our inspection we spoke with the provider, registered manager, branch manager, senior operations manager, four staff, four people that used the service and two relatives. We also received feedback from the local authority regarding the service, no concerns were raised prior to

inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were supported by a staff team who understood their responsibilities to safeguard people from abuse and harm. One staff member told us, "I would speak immediately to the manager. If not I would report to the local authority and CQC."
- There were systems and processes to ensure that people were protected from the risk of harm.
- People told us that they felt safe. One person said, "Absolutely safe, I feel very reassured that they {staff} are looking out for me."
- We saw evidence where following concerns being raised by staff about people's safety, appropriate safeguarding referrals had been made with the local authority and CQC had been informed.

Assessing risk, safety monitoring and management:

- People had comprehensive risk assessments which contained relevant information to manage risks associated with people's health such as falls, pressure ulcer prevention and moving and handling.
- For example, one person had a detailed risk assessment about how to reduce the risk of skin breakdown. This included information on safe moving and handling and repositioning guidance for staff. Staff told us they understood how to manage people's individual risks.

Staffing and recruitment:

- People told us that there were sufficient staff to meet and support their needs.
- One person told us, "Sometimes a little late but never much. I get the support that I should, when I should."
- The provider had a robust recruitment process which included relevant checks to ensure new staff were suitable to work with vulnerable people.
- The provider recruited regularly to maintain staffing levels in line with agreed care packages and there was enough staff cover to ensure any absence was covered with employed staff as opposed to using an agency. The registered manager and provider told us that it was important to promote consistency for people that used the service.

Using medicines safely:

- The provider had systems and procedures to ensure that medicines were ordered, administered and disposed of appropriately.
- People received their medicines in line with their individual prescription from staff that had the training and knowledge to do this safely.
- Medicine records were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

Preventing and controlling infection:

- The provider had processes and guidance to staff to protect people from the risk of infection.
- Staff had access to disposable gloves and aprons. All staff had training in infection control and understood what measures needed to be taken to maintain effective infection control.

Learning lessons when things go wrong:

- All safeguarding and incident reports were reviewed by the registered manager to identify points of learning to further improve the management of risk.
- Where any actions were identified this was discussed and shared with the staff team. For example, recent changes to improve risk assessments and care plans were being reviewed with the staff that used them to identify any further improvements that needed to be made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's health and social care needs were assessed prior to the start of their care. This ensured the provider and staff understood what needs were to be met.
- Where people had more complex needs, the provider liaised with other health and social care professionals such as doctors and nurses. Staff followed advice and guidance given by these professionals in a timely and effective manner.
- Staff told us care plans and risk assessments contained the relevant information they needed to support people according to their needs and choices.
- People felt care and support met their individual needs.

Staff support: induction, training, skills and experience:

- Staff completed a full induction which included training and shadowing alongside experienced staff. One member of staff who recently joined the team told us, "The input and training you get is plenty to enable us to meet people's needs safely."
- Staff completed a range of training relevant to their roles. This included moving and handling, medicines, safeguarding and the mental capacity act. Staff also had access to specialised training where needed. For example, staff had training and support from health professionals regarding catheter and PEG feeding (which is where a person receives their nutrition via a tube directly into their stomach).
- Different aspects of care were covered in team meetings. For example, fire prevention, pressure care and nutrition. Staff told us they found these meetings useful and an opportunity to share experiences.

Supporting people to eat and drink enough to maintain a balanced diet:

- Where people were at risk of poor nutrition care plans identified people's choices and needs around food and drink, with appropriate records being kept.
- People were supported with their food and drink preferences. Staff knew about any specific dietary requirements and any choking risks.

Staff working with other agencies to provide consistent, effective, timely care:

- Where appropriate care workers supported people to access other healthcare professionals, and supported people to attend appointments, we saw evidence of this in people's care plans.
- The service manager told us they worked in partnership with other health and social care professionals to meet people's needs.

Supporting people to live healthier lives, access healthcare services and support:

- Any important information from other professionals was shared with staff and people's care records were updated without delay.
- People were able to access a wide variety of core and specialist healthcare services. For example, referrals had been made to agencies such as dieticians.
- Where people's needs were becoming more complex due to their health conditions, the registered manager held reviews with relevant professionals. Records showed that one person had been referred to a dentist, and another person was taken to hospital due to the concerns that staff had upon their arrival at the person's home.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 MCA.
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interests' decisions if people lacked capacity. Staff promoted people's choices and sought consent each time they supported people with personal care.
- Records showed people consented to their care and support plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; respecting equality and diversity:

- People told us staff were kind and caring. One person said, "The staff are very kind and good at what they do."
- People and relatives felt that staff had good relationships with the people that they supported. Staff spoke fondly of the people they supported, and people felt they were always treated with dignity and respect.
- Staff knew the people they were caring for and were able to explain to us people's individual needs, interests and wishes.
- The provider took care to ensure people's support was personalised so that people's experiences of care were person centred.
- Staff understood the principles behind equality, diversity and human rights. We were assured that whatever denomination, sexual preference, gender or faith that no one would be prejudiced in any way.

Supporting people to express their views and be involved in making decisions about their care:

- People were actively involved in their care and support decisions with their relatives where appropriate.
- People were supported to express their views and any concerns about their care and support. Regular coffee mornings were held where people could meet informally with members of the management team and discuss any aspects of their care or wellbeing, or to just socialise with others.
- The provider and registered manager regularly gathered the views of people and relatives on the service provided. Feedback was consistently good regarding people's experiences.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives told us people were treated with dignity, respect and that their independence was promoted.
- Staff told us how they took pride in providing care that was people wanted and of high quality. Staff reinforced the importance of promoting dignity and respect in everything they did. What we saw confirmed this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care records comprehensively detailed their individual needs and preferences and contained relevant information about how they wished to be supported.
- Staff knew people's individual needs and people received care that was personal to them. Records confirmed that people were involved in the planning and review of their care.

Improving care quality in response to complaints or concerns:

- The provider had systems in place to log, respond to, follow up and close complaints.
- We reviewed the complaints and concerns that had been received. Complaints had been dealt with in line with the providers policy.
- People and relatives told us that they would feel comfortable to raise any concerns with staff or the management team and felt confident that any issues would be dealt with immediately. Everyone we spoke with was positive about the care and support.

End of life care and support:

- The provider did not support anyone receiving end of life care at the time of our inspection.
- However, the registered manager confirmed they would work closely with the person's GP and other professionals to maintain people where they wanted to be for the maximum amount of time and to ensure a dignified and pain-free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- At our last inspection we found the service was not consistently well led as improvements had not been fully implemented and sustained.
- The provider had implemented significant improvements since our last inspection to ensure the governance and management of the service improved. For example, systems to monitor call times, staff performance, feedback from people receiving the service and any incidents had all improved. This ensured that the registered and provider were able to maintain an accurate overview of how the service was performing.
- There had been changes in the management structure including a new branch manager who was being trained and supported to become the registered manager. There was also a planning co-ordinator whose role was to oversee all of the planned calls and rotas to ensure that calls were carried out in a timely manner.
- People told us that the service was well led. One person said, "The manager is very hands on and makes sure that they always have time for us."
- Staff told us they felt supported by the registered manager and the registered manager was always accessible.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The provider had systems and processes in place to monitor the quality of the service.
- The registered manager had frequent contact with the provider and was able to share any areas of concern or improvements and felt they had the full support of the provider with any recommendations. The provider told us they felt they had made significant improvements and had an ambition of being an outstanding service.
- Staff understood their roles and where these roles fitted into the one of the underpinning service principles which stated, "Only by providing excellent customer service can we achieve our goals. If we remain true to our principles, we cannot be content with "adequate." We must endeavour to provide all clients with excellence."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The provider used a range of ways to involve people and staff including formal and informal meetings. This helped people to be able to communicate effectively with the registered manager and staff about any

aspects of care or support.

- Staff had regular team meetings, supervisions and appraisals which ensured staff were up to date with important information. The registered manager said they had an open-door policy so that staff had access to raise any concerns straight away.

Continuous learning and improving care:

- Accidents and Incidents were recorded and analysed to identify any emerging trends and patterns.
- The registered manager reported incidents correctly and demonstrated a clear understanding of the types of incidents to be reported to the CQC.

Working in partnership with others:

- There was a good working relationship with other agencies such as doctors, pharmacies, and district nurses.
- The registered manager and provider had sought support and training from external professionals when needed, such as for catheter care.