

Evolving Care Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

Evolving Care Limited is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our visit the agency was providing a service to 105 people.

The inspection was carried out on 17 November 2016 and was announced

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not always ensured that staff were effectively deployed to meet people's needs.

Staff had limited understanding of the Mental Capacity Act and how this affected their practice. Where people lacked the capacity to make their own decisions these were made in their best interest.

People and their relatives told us that they felt the service provided was safe. Staff and the registered manager had received training on how to keep people safe from abuse. They were able to explain the action they would take if they identified any concerns. The provider completed recruitment checks prior to new employees starting work with people to ensure that they were suitable for their role.

Staff were aware of the risks associated with people's needs and how to minimise these. Staff demonstrated they would take appropriate action in the event of an accident to ensure people's safety and well-being.

People were satisfied with the support they received to take their medicines. Staff had received training on the safe administration of medicine. Regular competency assessments were completed to ensure they continued to manage medicines safely. Staff monitored people's health and referred them to health care professionals if they identified any concerns.

People were supported by staff who had received induction into the service and training to meet their individual needs. Staff received support and guidance from management who they found approachable and responsive.

People dietary needs were assessed and monitored and they encouraged people to follow healthy diets to promote their well-being. Where required people were given support to eat and drink.

Staff had developed caring relationships with people and treated people with dignity and respect. People were offered choice and felt listened to.

People were involved in planning and reviewing their care needs. Staff knew people and their preferences well.

People and relatives found staff and management easy to talk with and felt they could raise any concerns they had with them. The provider had a clear complaints process which they followed.

People and their relatives were given opportunities to be involved in the development of the service through care plan reviews, spot checks and yearly surveys of the service.

The provider had a clear vision for the service which was shared by staff. The provider had a range of quality assurance checks to monitor the quality and safety of the service which they used to drive improvements.

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.

Staff were not always effectively deployed to meet people's needs.

People were protected from harm or abuse by staff who were able to recognise the signs of abuse and knew how to report them.

Staff were aware of the risks associated with people's needs and how to minimise them.

People received support to take their medicine as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had training to meet their individual needs.

Staff sought people's consent before supporting them. Where people were unable to make decisions for themselves these were made in their best interest.

People were encouraged to follow healthy diets.

Staff monitored people's health and arranged health care appointments as required.

Is the service caring?

Good ●

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

People were involved in decisions about their care and felt listened to.

People were supported to remain as independent as possible

Is the service responsive?

Good 

The service was responsive.

People received care and support that was tailored to their individual needs.

People were supported by staff who knew them well and responded to changes in their needs.

People and their relatives felt confident and able to raise concerns with staff or management.

Is the service well-led?

Good 

The service was well led.

People, relatives and staff found the registered manager approachable and easy to talk with.

The provider had a clear vision for the service which was shared by staff.

The provider encouraged people's views on the development of service.

The provider had systems in place to monitor the quality of the service and to drive improvements.

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 17 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. 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

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with 10 people who used the service and seven relatives. We spoke with eight staff which included the provider, the registered manager, the deputy manager, a care coordinator, an independent reviewing officer and three care staff. We viewed three records which related to assessment of needs, risks and consent. We also viewed other records which related to management of the service such as complaints and recruitment records.

Is the service safe?

Our findings

People and relatives had mixed views on staffing and staff punctuality. All those we spoke with found their regular care staff provided a consistent and good service. However, two people and one relative raised concern about other staff that attended in the absence of their regular staff. For example, people told us on occasion, the staff member allocated to their visits did not turn up or were late and did not stay the agreed time. They had been able to inform the office of this and the staff attempted to rectify the situation for the individuals at the time. However, people considered that communication in this area could be improved.

We spoke with the register manager who told us that office and 'on call' staff were trained to provide cover in the event of sickness or unforeseen circumstances. They said that when care staff had called in sick they had to prioritise people who were at most risk. They acknowledged that people should not be left without the arranged care and committed to appointing a further senior care staff member to provide relief cover in the event of unplanned staff absence.

We looked at how people were kept safe from harm and abuse. People told us they knew how to report concerns should the need arise. Staff had received training and were able to recognise the different types and signs of abuse. They knew who to how to report concerns and were confident that the registered manager would take action to protect people. In the event of allegations of abuse the registered manager told us they contacted the safeguarding team and took advice from them on the most appropriate course of action. Where concerns had been raised we saw that these were appropriately reported and investigated. Our records showed that the provider had notified us of referrals they had made to external organisations.

There were appropriate recruitment practices in place. Staff told us and we saw that the provider ensured Disclosure and Barring Service (DBS) checks and satisfactory employment references were in place before they started work. The DBS supports employers to make safer recruitment decisions.

Staff were aware of what action to take in the event of an accident. They would initially ensure the person's safety and wellbeing and seek medical attention if required. They then proceeded to report the accident to the office. The registered manager reviewed the accident forms to ensure procedures had been followed and to identify if there were any trends. Where people had suffered falls their falls assessments were reviewed and referrals made to relevant health care professionals such as, GP and occupational therapists.

People were satisfied with the support they received to take their medicines. One person said, "It works well." Staff told us they received training on the safe handling of medicine before they were able to administer it. They demonstrated that they would take appropriate action should a medicine error occur. The registered manager told us they completed regular spot checks on staff practice. They also audited medicine administration records each month to ensure ongoing safe management of medicine. Records we looked at confirmed this.

Is the service effective?

Our findings

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 told us staff sought their consent prior to supporting them. This was confirmed by a relative who told us that their family member was given choice and control by staff. Staff understood that they needed to gain people's consent and respect their decisions. One staff member told us if people were a little reluctant to receive support with personal care they used gentle persuasion to encourage them to accept support. However, if they were adamant they did not want help they respected their choice. They said, "You have to accept it is their choice." Staff had received training on MCA but some staff we spoke with could not recall or had limited understanding of people's rights under the MCA and the implications for their working practice. We saw that some MCA assessments had been completed but that these did not always clearly define the decision to be made. We therefore were not assured that people's right were always protected.

We discussed staff's lack of understanding about MCA with the registered manager. They told us they had recently appointed a mental health nurse who would provide additional training and support in this area to increase staff awareness.

People and their relatives were complimentary about staff's skills and ability to meet their needs. One person said, "I'm not concerned about anything. Things are working well and I would recommend them (provider) to anyone. I've no complaints, they're a lovely bunch." Another person said, "The main carers are exceptional." A relative we spoke with told us, "On the whole it's fine. The staff are very good." Staff told us they had regular one to one meetings with their line manager where they could discuss what was working well and if they had any concerns. They also discussed their training needs. Staff felt that they could approach the registered manager or provider if they wanted to undertake additional training and they would listen. We saw that the provider had systems in place to record the training staff had completed and when renewal or refresher training was required

We spoke with two new staff members who told us about their induction training they had before they started working with people. This included first aid, food handling and moving and handling training. One staff had found the moving and handling particularly beneficial as they had not done this before. They did role play where they were lifted up using a hoist. They said this had given them insight into people's experience of being moved with a hoist and the importance of explaining to people what they were going to do. They had also worked with experienced staff until they felt able to work alone. The registered manager explained that new staff commenced the care certificate as soon as they started work for the provider. The care certificate is a nationally recognised qualification that trains staff about the standard of care required of them. As well as working alongside more experienced staff the registered manager assessed that new staff were competent in their role prior to them working alone. This ensured staff were confident and able to

support people safely.

People and their relatives felt staff provided appropriate support with meals and drinks. One person we spoke with who was partially sighted told us, "Staff check the sell by dates on the food." One relative told us the staff always ensured their family member had access to a drink when they left them. People's dietary needs had been assessed and were known by staff. For example, one staff member explained they supported a person living with diabetes. They encouraged the person to follow a healthy balanced diet and to take food on a regular basis. They explained the person would sometimes refuse a meal. When this happened they made them a sandwich and put it within reach for them to eat when they were ready. Another staff member told us that some people had food and fluid charts in place to allow staff to monitor their intake. Staff reported concerns about people's dietary intake to the management team who would take action to address them.

People we spoke with did not require staff support with their health needs. However, one relative told us that staff kept them informed about any concerns about their family member's health. Staff we spoke with told us they monitored people's health. If they identified any concerns they reported them to the office who in turn would contact the persons' relatives or arrange the necessary health care appointment.

Is the service caring?

Our findings

Staff had developed caring and positive relationships with people. One person said, "The main carers are exceptional." Another person said, "I'm happy with the care. It's always nice to see them." Relatives we spoke with felt that the regular care staff had built up good working relationships with their family members. One relative told us, "They are lovely staff, they have a good rapport, a bit of a giggle and make them (family member's) feel at ease." Staff enjoyed their jobs and getting to know people. One staff member told us they usually supported the same people which enabled them to build good relationships with both them and their relatives. Another staff member told us, "I do enjoy it (job). It's nice to see them do well, it's nice to have a conversation and to see that they are happy."

People were involved in decisions about their care and given choice. One person said, "The carer comes in and says hello, what are we doing today?" Another person said, "They always ask if there's anything else they can do?" A relative we spoke with said, "We always feel involved." Another relative told us staff always kept them informed of any concerns. One staff member told us that they asked people what they wanted them to do on each visit. They said, "I do what they want me to do." Another staff member stressed the importance of respecting people's wishes. For example, one person often liked to have a wash and go back to bed and they respected their choice.

Staff recognised that some people had difficulty communicating verbally. Staff were able to demonstrate their understanding of these needs and how best to communicate with each person they cared for. Staff were responsive to people's communication styles and gave people information in a way they could understand. For example, one staff member told us they worked with someone who had limited speech. They explained that the person was able to understand and follow instruction. They took time to explain to the person what they were going to do to enable them to respond at their own pace. They said, "They (person) still like a joke and a laugh which is nice." Another staff member explained if they found a person had difficulty understanding them, they would change the conversation or simplify the language they used to enable the person to make choices themselves.

People and their relatives told us that staff treated people with dignity and respect. One relative told us, "[Family member] will only let one carer help them with showering." They went on to say that their choice was respected. Staff told us they protected people's dignity by ensuring their modesty was not exposed when delivering personal care.

People told us that staff encouraged them to retain their independence. One person explained without the care staff they would not have been able to remain in their home. A relative felt care staff promoted their family member's independence and only helped them where needed. Staff recognised the importance of enabling people to retain their independence so that they could remain in their own home for as long as possible. One staff member told us, "I will always ask people if they would like to wash themselves."

Is the service responsive?

Our findings

People who used the service and their relatives told us they felt the service was responsive to their needs. One person said, "They (staff) are very motivated and things usually run very well." Another person said, "They (staff) do what I can't do." A relative we spoke with told us, "It's brilliant because the service is flexible and I can have some time away knowing [Family member] is being looked after properly."

People and their relatives told us they were involved in developing and reviewing their care plans. Prior to receiving the service management staff undertook an assessment with the person to identify their individual needs, their preferences and any risks associated with their needs. This included information about their health, their mobility and communication needs. This allowed the provider to ensure that staff had the necessary skills and knowledge to meet people's needs. They explained that care plans and risk assessment were subsequently kept under regular review. Staff told us if people's needs changed or if they had any concerns about people's care they would contact the office and request a review.

The registered manager told us each staff member was issued with a 'Smart phone' with which they were able to access details of people's care plans. Staff confirmed they were kept up to date about changes in people's needs by messages left on their mobile telephones and by reading files within their homes. One staff member said they also spent time talking with people and "Getting to know their way of doing things. How they like things done." All the staff we spoke with demonstrated they knew the people they supported well and could tell us about the support they required and how they liked it to be provided.

People we spoke with told us they usually had the same care staff each day who had got to understand their likes and preferences. One person told us, "I've two good carers and I'm happy with the care they're providing. If you've got continuity in your care you're lucky and I am. They're very good and if it wasn't working I'd let them know." Another person said, "They're (staff) always really jolly so I look forward to seeing them." This was confirmed by a relative who told us, "They (regular care staff) have got to know [Family member]."

Care plans we looked at recorded people's preferences for care delivery such as, gender of care staff that supported them. However, we found that people's care plan did not always record the times and duration of calls. The registered manager told us these were recorded on staff work schedules but committed to ensure that these were also recorded on people's care plans.

People and relatives we spoke with indicated that they felt comfortable to raise any concerns with the provider should the need arise. For example, one person told us they had raised concern and the matter was dealt with immediately and in an appropriate manner. Another person told, "I'm very happy with the care they are providing. I couldn't do without them. I've got no complaints at all. I would complain if I wasn't happy with anything." The provider had a clear process for receiving and investigating complaints. We saw that following one complaint the provider had met with the person, their family and social worker three times to review progress until all concerns were addressed and everyone was happy with the outcome.

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well-led. One person told us, "The care they are providing is very good. It's excellent. There's nothing more to say." Another person said, "It's very satisfactory. Everything is to perfection."

People and relatives we spoke with found the registered manager and office staff easy to talk with. They had information of who to contact should the need arise and they also had access to an out of hours service in the event of an emergency. The out of hours service was also available to care staff to access support and guidance outside office hours. This was confirmed by a staff member who told us, "Out of hours is always there if you need them." There was a clear management structure in place which consisted of the provider, the registered and deputy manager and care coordinators. The management team encouraged people to raise issues of concern with them, which they acted upon.

The registered manager told us their vision for the service was to ensure people were happy, well looked after and safe. They went on to tell us they wanted everyone to receive a quality service. The registered manager told us they were very well supported by the provider.

Staff we spoke with were complimentary about both the registered manager and the provider. They described a supportive working environment where everyone supported each other. One staff member said, "[Registered manager] is a really nice boss, very supportive." They went on to say they also approach the provider and other colleagues for support. Another staff member said about the registered manager and management team, "I can't fault them. I think we are all good at working together and we all get on." Staff told us they had regular staff meetings where they were encouraged to express their views. One staff member said, "We can speak our mind, we are very honest here." Another staff member told us, "We are not put under pressure to do more than you are able to do."

The provider had a range of checks in place to monitor the quality and safety of the service. We saw that these included regular audits of care plans and medicine administration records. In addition to these checks they also monitored staff practice. The registered manager told us they and members of the management team often worked alongside staff and monitored their practice and approach with people. In addition to this they completed 'spot checks' on workers practice. This included general observations of staff approach with people who used the service, checks of people's records and feedback from the person they were visiting. At the end of the visit they would provide feedback to staff on their practice. This was confirmed by a staff member we spoke with. They said, "They watch everything you do from start to finish." They went on to tell us they were given feedback on their practice.

The provider told us they were keen to improve the quality of care. They explained that there had been a steady growth in the service and they wanted to continue to build a healthy and sustainable business. They had looked at the demographics and identified a need to develop a professional team. They supported a lot of people living with mental health conditions, therefore they had recently appointed a mental health nurse. The aim of this role was to train and develop staff knowledge in this area of practice.

People told us they had various opportunities to provide feedback on the service such as, through reviews and surveys. The provider told us they encouraged people's participation. Their aim was to ensure that the service was what people wanted, what they needed and was person centred. This was a vision shared by staff we spoke with. For example, one staff member told us, "If there is something wrong we can't put it right without the feedback." The registered manager showed us that they sent out yearly surveys to gather people's views on the service. They used the information provided to drive improvements in the service. They also sent out employee satisfaction surveys which were overseen by the provider to encourage staff to be open about the management of the service.

The provider encouraged community links through charity events such as, cake days where they invited people into the office and donated the proceeds to local charities. They also attended local support groups such as, 'Dementia pathways'.

The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.