

Evolving Care Limited

Evolving Care Limited

Inspection report

Eureka House, 196 Edleston Road
Crewe
CW2 7EP

Tel: 01270448336

Website: www.evolvingcare.co.uk

Date of inspection visit:

20 May 2021

26 May 2021

04 June 2021

10 June 2021

16 June 2021

18 June 2021

02 July 2021

Date of publication:

23 August 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Evolving Care is a domiciliary care service providing personal care to 98 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

People's experience of using this service and what we found

Risks presented to people and staff by the COVID-19 pandemic were not assessed or recorded and staff were not always being tested for COVID-19 in accordance with government guidelines.

Medicines records and governance arrangements did not always assure that medicines were managed safely.

Some people received consistent care and support from staff who knew them well and were familiar with their needs. Six out of fourteen people spoken with told us that they, or their relatives, had received inconsistent care with staff often arriving too early or too late.

An electronic call monitoring system was used to ensure that managers were able to respond when calls were late or missed but this was not being used effectively and the information produced was not always reliable.

The provider's quality systems were not sufficiently robust to identify the concerns we highlighted with lack of COVID-19 risk assessment, medicines and electronic call monitoring records. The provider was very responsive in taking actions to address the issues we found on inspection however we could not fully assess the impact of these actions until they were fully embedded.

Risks to people's health and well-being other than those associated with the COVID-19 pandemic were clearly identified and care plans set out what support the person needed in the way they wanted their care to be provided.

People told us that they felt safe whilst receiving care and many were complimentary about the standard of care and services they had received.

The providers policies and procedures had been revised in the light of the COVID-19 pandemic and staff had received relevant training and had access to appropriate personal protective equipment (PPE) in accordance with government guidelines.

Rating at last inspection. The last rating for this service was good (published 31 August 2019).

Why we inspected

We received concerns about the reliability and safety of the service. As a result, we undertook a focused

inspection to review the key questions of Safe and Well led only.

We reviewed the information we held about the service. No areas of concern were identified in other key questions. We therefore did not inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We have identified a breach of regulations in relation to governance and record keeping at this inspection. Please see the action we have told the provider to take at the end of this report.

Prompt action was taken by the registered manager after the inspection to mitigate risk and improve the quality of care in response to the concerns we found during our inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection program. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Notice of inspection

We announced the inspection visit 24 hours before it took place. This was because we needed to information in advance of our visit due to the COVID-19 pandemic.

Inspection activity started on 20 May 2021 and ended on 2 July 2021. We visited the service on 20 May and 16 June 2021.

What we did before the inspection

We reviewed the information we received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and the representatives of a further four people who used the service about their experiences of the care provided. We also spoke with the manager, and nine members of staff including, a care coordinator, four care staff, the locality trainer, two administrative staff and the quality lead. We looked at the recruitment files for two staff employed since the last inspection. A variety of records relating to the management of the service were also reviewed. We also spoke with community based professionals including a specialist Parkinson's nurses and a Practice Manager of the

local Adult Safeguarding Provider Team

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested records and documentation to be sent to us, reviewed these off site and continued dialogue with the manager by telephone.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- When we started this inspection, the registered manager was not taking all reasonable steps to protect the people who use the service and staff from risks of the COVID-19 pandemic.
- There were no individual risk assessments for the people who used the service or staff that addressed the hazards presented by the COVID-19 pandemic.
- Due to a misunderstanding staff were not being asked to undertake weekly Polymerase Chain Reaction (PCR) testing for COVID-19 in accordance with government guidelines.
- The provider was very responsive in taking actions to address the issues we found on inspection however we could not fully assess the impact of these actions until they were fully embedded.

We found no evidence that people had been harmed however, systems were not always robust enough to demonstrate risks to people's health were effectively identified and mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people's health and well-being other than those associated with the COVID-19 pandemic were clearly identified and care plans set out what support the person needed in the way they wanted their care to be provided.
- Staff had access to personal protective equipment (PPE) when visiting people. People confirmed that staff wore PPE and washed their hands during visits.
- Infection control training had been provided to staff and updates in changes to Government Guidance

Using medicines safely

- People had not always received their medicines as their doctor had prescribed because important details had not been entered accurately on their Medicine Administration Records (MAR). For example, one person was prescribed a particular medicine twice a day but the afternoon dose was not entered on the MAR and there was no record of it being given. One of their medicines needed to be given 30 minutes before breakfast and not with any other medication but it was routinely given with breakfast and other medicines and on occasion in the afternoon.
- Records were not always clear of how much medicine was administered when people were prescribed medicines with a variable dose.
- Medicines audits were carried out but did not always identify errors and omissions because auditors did not always have sight of the relevant person's prescription.

- The provider was very responsive in taking actions to address the issues we found on inspection however we could not fully assess the impact of these actions until they were fully embedded.

We found no evidence that people had been harmed however, systems were not always robust enough to demonstrate that people were assured of receiving their medicine as their doctor had prescribed. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People gave mixed feedback about the timings of care. Some were positive however, others felt call timings varied too much with staff arriving too early or too late to meet their needs.
- There was an electronic call monitoring (ECM) system in place. This was designed to alert the management team to any late or missed calls, but this was not being used effectively.
- Scrutiny of the ECM system identified that the records were not always reliable, and calls were not always planned in accordance the agreed times detailed in each person's care plan. This meant that some people's calls were inevitably late or too early.
- The registered manager told us that they were aware that incorrect calls times had been entered into the ECM system and was taking action to address this. Towards the end of the inspection some people told us that call times had improved.
- Safe staff recruitment procedures were in place and being followed.

Systems and processes to safeguard people from the risk of abuse

- People and their representatives told us they felt safe with the staff who supported them. For example one person said: "Yes I have a good chat and a laugh with them, feel a bit lonely at night but I'm safe they look up for me all good".
- Systems for reporting concerns were robust and in line with the requirements of the local safeguarding authority.
- Staff had received training, understood their responsibilities and felt able to report abuse should the need arise.

Learning lessons when things go wrong

- Staff understood how to record, manage and report incidents and accidents safely.
- Incidents and accidents were reviewed by the registered manager and records demonstrated actions taken to mitigate risks.
- Throughout this inspection the registered manager reacted positively to concerns and issues we raised and took action to address them.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's governance systems were not sufficiently robust to identify the concerns identified on this inspection, including failure to assess the risk presented to the people who used the service and staff by the COVID-19 pandemic.
- Medicines administration records were audited on a monthly basis but were not always checked against the relevant person's prescription so errors were not always identified or rectified.
- Sufficiently detailed records of the testing of staff for COVID-19 were not being maintained.
- The provider was very responsive in taking actions to address the issues we found on inspection however we could not fully assess the impact of these actions until they were fully embedded.

We found no evidence that people had been harmed however, systems were not always robust enough to demonstrate risks to people's health were effectively monitored. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and responsibilities. They told us that they had benefitted from training and regular updates which gave them the ability to carry out their duties and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- We received varied feedback about how the service achieved good outcomes for people. Some people praised the service informing us that they could rely on staff turning up at the right time and provide care that met their needs. However, two of the people spoken with and the relatives of a further three told us that the service was unreliable and on occasion had not met their or their relative's needs. For example, one relative spoke of the indignity their loved one had suffered on numerous occasions whilst waiting for staff, often one and a half or two hours late, to meet their loved one's basic care needs.
- In response to several safeguarding concerns being logged with the local safeguarding authority the registered manager had embarked on an initiative to improve the quality of care provided.
- A representative of the local safeguarding authority told us that the registered manager and senior staff continue to work cooperatively with them to ensure people receive safe and effective care.

- Throughout the course of this inspection we received assurances and confirmation of actions taken from the registered manager and the quality assurance lead as to how the standard of care would be improved. This was reflected in some of the comments we had received.
- Overall staff told us they felt supported. They told us that they had benefitted from spot checks on their practice, supervision and regular updates via email.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.
- The ratings from the last inspection were clearly displayed at the service and on the provider's website.

.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not completed risk assessments to protect the people who use the service and staff from risks of the COVID-19 pandemic. People were not assured of receiving their medicines as their doctor had prescribed because important details had not been entered accurately on their medicine administration records</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider's governance systems were not sufficiently robust to identify the concerns identified on this inspection, including failure to assess the risk presented to the people who used the service and staff by the COVID-19 pandemic.</p>