

## Evolving Care Limited

# Evolving Care

### Inspection report

Riverside  
Mountbatten Way  
Congleton  
Cheshire  
CW12 1DY

Tel: 01260541236

Website: [www.evolvingcare.co.uk](http://www.evolvingcare.co.uk)

Date of inspection visit:

09 November 2022

28 November 2022

Date of publication:

16 January 2023

### 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 homecare agency providing personal care to older people and people with physical disabilities. At the time of our inspection there were 40 people using the service.

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. Where they do we also consider any wider social care provided.

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

People received a safe service. Systems were in place to protect people from harm. Recruitment of new staff was robust. Assessments were in place to recognise the risks faced by people in their daily lives as well as risks presented by their home environment and to reflect the lone-worker status of staff. Medication was appropriately managed to promote people's wellbeing. The spread of infection was minimised by good standards of hygiene maintained by staff.

Assessments of people's needs were obtained prior to them receiving support. This information was used to form person-centred care plans. Staff were trained for their roles and a structured induction process ensured that new staff were prepared to support people in line with good practice. The capacity of people to make decisions about their daily lives were in place.

People felt that they were respected by the service and were involved in their support. People's personal details were protected.

Care plans were person-centred and included an overview of the lifestyle and preferences of people. A system for investigating complaints was in place with evidence on how these had been addressed for the future.

The registered manager was aware of their responsibilities as a registered person. People and their families had the opportunity to comment on the standard of support provided. Quality assurance systems were in place to measure the quality of support with enhancements to systems being considered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 9 February 2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection to give the service its first rating.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 are in our caring findings 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

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to ensure members of the management team were available to assist with the inspection.

Inspection activity started on 9 November 2022 and ended on 28 November 2022. We visited the location's office on 9 November 2022.

#### What we did before the inspection

We reviewed information about the service since it was registered. We sought feedback from the local authority and other professionals who work with the service. We used the information the provider sent to us on the provider information return (PIR). This is information providers are required to send to us annually with key information about their service, what they do well, and improvements they plan to make. We used all this to plan our inspection.

#### During the inspection

We spoke with 5 people and 2 relatives about their experience of the support provided. We spoke with members of staff including the registered manager, branch manager, quality assurance officer and care staff. A variety of records relating to the management of the service were reviewed. This included 7 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment.

#### 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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Initially we noted that the duration of some support calls and agreed support times were not always consistent, for example, calls that should have lasted 30 minutes were completed far earlier. Some early morning calls were not attended until up to 2 hours later and some evening calls started up to 2 hours earlier.
- The registered manager was able to clarify and provide evidence that on occasions, people had asked for changes to their times and had agreed that carers could leave earlier. This information had not always been relayed to office staff. Measures had been put in place including staff supervision and general information to people and their families to ensure more accurate recording of visits and reasons for these changes to care packages.
- People told us that staff "Always turned up on time" for calls and stayed the agreed time, however, others commented, "Times that the carers are coming changes on a daily basis".
- The service used a real-time system for monitoring the times staff arrived and how long they stayed supporting people.
- Recruitment of new staff was robust with appropriate checks made to confirm their suitability to support vulnerable people.

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

- People were protected from the risks of improper treatment
- People told us that they felt "Safe with the staff team" and considered staff to be "Friendly and helpful".
- Staff received training in how to look for the signs of abuse as well as having a system to report them.
- The service reported care concerns to the local authority when required.

### Assessing risk, safety monitoring and management

- Risks faced by people during their support were managed appropriately.
- Risks in people's environments were acknowledged and reviewed appropriately.
- Assessments were regularly reviewed and included people and their families in the process.
- The use of a real time monitoring system enabled the safety of lone workers to be monitored.

### Using medicines safely

- Medicines were safely managed.
- Where people were independent with dealing with their medication; this was promoted.
- The storage of medication was safe and arrangements clearly documented.
- Medication administration records (MARS) were signed appropriately after administration.

- Where a prescriber, such as a GP had altered people's medications following a health review; these were included on MARS to ensure a smooth transition.
- Staff received medicines training and had their competency checked.

#### Preventing and controlling infection

- The safety of people and staff, especially during the COVID-19 pandemic was promoted.
- People commented that "They always wear face-masks". Care plans included details of the vaccination status of people.
- The risks faced by the spread of infection were routinely reinforced to the staff team and no concerns were identified in respect of this.
- Staff had access to sufficient stocks of personal protective equipment.

#### Learning lessons when things go wrong

- Systems were in place to ensure actions were taken in response to any shortcomings.
- When complaints had been received; actions were taken to address them in a timely manner.
- Such actions included staff supervision, additional training or conversations with people and their families.



# 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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs through assessments were gained prior to them receiving a service.
- Assessments included health and social needs as well as an indication as to how people could be successfully supported.
- Care plans accurately reflected the assessment for each person.

Staff support: induction, training, skills and experience

- Staff received the training they needed to support people effectively.
- Training included mandatory health and safety topics as well as those to enhance the support provided to people through equality and diversity training and person-centred care, for example.
- A structured induction process was in place.
- This process included training, shadowing of established carers with an evaluation of the progress of new starters.

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

- People were supported appropriately with their nutritional needs.
- Consideration was given to respect people's individual preferences with meals as well as staff being aware of specific food allergies.
- People's choices in planning meals they wanted were respected.
- Staff received regular training in nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The wellbeing of people was promoted.
- Key medical needs of people were recorded.

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

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 MCA 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 this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The capacity of each person had been assessed.
- Those people who had families as lasting power of attorney or were under Court of protections were recognised.
- Staff received MCA training.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated in line with their protected characteristics.
- People told us that they were "Well supported" and "They [staff] know my likes and dislikes".
- An overview of people's cultural and religious backgrounds were included in care plans.

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

- People were included in decisions relating to their support.
- They told us "I feel involved in my care" and "Any decisions I make are respected by them [staff]".
- The communication needs of people were included in care plans and enabled care and office staff to effectively communicate with people.
- Face to face care plan reviews enabled people to express their individual bespoke preferences about the support they received.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected.
- People told us, "They [staff] respect my home and respect me" and "I am treated well".
- Care plans included reference to those everyday tasks that people could do for themselves in order to maintain their independence.
- People's personal information was kept confidential at all times.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred.
- Care plans took account of many aspects of people's lives including how their independence could be best supported and preferences.
- Reviews of care plans took place on a regular basis and involved people and their families.
- People had access to their care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were provided with information in line with their communication needs.
- People's preferred communication formats from the service were recorded on care plans.
- Consideration was given to those who had limited communication as to how best promote ongoing dialogues in their best interests.

Improving the care quality in response to complaints or concerns

- Complaints were managed appropriately.
- The service had a complaints procedure and this was made available to people and their families.
- Complaints were investigated appropriately with lessons learned where applicable.
- Outcomes of investigations were fed back to people to their satisfaction.

End of life care and support

- No-one who had reached the end of their lives were supported by the service at the time of our visit.
- Reference was made in care plans as to the future wishes of people or whether they had an advanced care plan in place.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was clear about their roles and responsibilities as a registered person and always informed CQC of any events that adversely affected the people who were supported by the service.
- The service had used a different real-time monitoring system yet this became unavailable. The provider had acted quickly to make arrangements so that the continuity of the service could continue and had sourced a new provider.
- The provider employed a quality assurance officer who outlined how existing systems used to measure the quality of care provided were maintained and enhanced.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People received person centred support.
- People told us that they felt involved in their care and "[they] staff know all my likes and dislikes".
- Care plans reflected person-centred care as well as the independence of people in other daily tasks.
- The management team were open and transparent and sought to promote good practice as well as recognise when things needed to be addressed.
- People commented that they were satisfied with the service.

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

- People were invited to comment on the support they received.
- Surveys had been sent out to people at the time of our inspection. The results of previous surveys had been analysed and where improvements were needed; these were addressed.
- People were actively encouraged to express choices and the specific communication needs of people were fully taken into account by staff.
- There were clear processes in place to obtain the views and opinions of people about the service.
- The protected characteristics of people were respected.

Working in partnership with others

- The service worked with other professionals to ensure that people received appropriate care with health

and social needs.

- The service commissioned with the Local Authority who confirmed that the management team worked with them to ensure continuity of support.