

Evolving Care Limited

Staffordshire

Inspection report

135 Liverpool Road
Cross Heath
Newcastle
ST5 9HD

Tel: 01782307600
Website: www.evolvingcare.co.uk

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09 July 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Staffordshire is a Domiciliary Care Agency (DCA) registered to provide personal care. People were supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported 97 people with personal care in their own homes.

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

People told us they often had different staff attending their care calls and staff told us there were not enough staff and did not have time to travel between their calls.

Although staff were trained and inducted, they felt they would benefit from more in-depth training to support people's health related needs, such as, diabetes training.

People told us they felt safe and said staff were kind and caring. Staff knew how to protect people from abuse, and they understood people's risks and how to support them safely. People were supported to take their medicines safely by staff who had been trained.

People were protected from the risk of infection by staff using personal protective equipment.

People told us they were involved in the development of their care plans. Care plans were personalised and recorded detailed people's preferences.

People were supported with their nutritional needs. People were supported to access other health professionals to ensure their needs were met in line with their requirements.

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.

The service operated an open and transparent culture and senior staff ensured the service strived to ensure improvements were made to the provision of the service, through feedback received and audits which were carried out.

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

Rating at last inspection

This service was registered with us on 23/08/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our published methodology for inspections.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Staffordshire

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 three inspectors and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection activity started on 05 July 2021 and ended on 09 July 2021. We visited the office location on 07 July 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service. We sought feedback from the local authority.

During the inspection

We spoke with eight people who used the service and 12 relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, the deputy manager, the quality assurance manager, the training manager and 11 care workers. We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 for this newly registered service. This key question has been rated 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.

Staffing and recruitment

- Staff told us they did not feel there were enough staff and did not have enough time to travel in-between calls. Comments included, "I don't think there are enough staff, some weeks my rota is six days a week for 15 hours a day, when adding in travel I don't get breaks", "We don't have enough staff, they are often calling and asking me to cover more shifts, it's not fair because I don't know the clients and they don't know me" and "I haven't missed my calls, but I am often late."
- People and relatives told us they did not have regular staff. Comments from people included, "No all different ones and some I need to tell them what to do" and "No they do swap around a bit but all pleasant and well trained and know my requirements." Comments from relatives included, "No [relative] gets different carers calling, but all really pleasant and see to [relatives] needs well" and "I think they swap around a bit as [relative] tells me but all staff are good and seem to follow measures as required."
- We spoke with the registered manager about people not having regular staff and they explained how it had recently been difficult due to COVID-19 and staff also needing to take annual leave.
- The deputy manager told us how the service was in the process of a recruitment drive and if and when there were staff shortages staff were asked if they would like to work overtime or the field supervisors would attend care calls to ensure all people's care needs were met. We will assess the effectiveness of this plan at our next inspection.
- We received mixed views from people and relatives about staff staying for the duration of their care calls. One person said, "Sometimes they [staff] are only here 10 minutes and go so I never get my full time." One relative said, "Well this varies. Some will stay the time and even go the extra mile and stay longer while some others go early."
- We spoke with the registered manager about staff leaving calls early and they said, "If nothing else is required staff do leave early, but we would expect staff to ask [people]."
- Authority was given to providers from the local authority during the height of the pandemic which advised providers to use discretion in the length of visits during the pandemic.
- The provider ensured pre-employment checks were carried out to ensure the suitability of new potential staff to work with people. This included checks with the Disclosure and Barring Service (DBS), which supports employers to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood how to keep people safe from the risk of abuse. A staff member said, "I received safeguarding training and know how to spot if there is a problem that needs to be reported."

- The service understood their role in keeping people safe from avoidable harm, poor care practices and abuse. We saw when incidents had occurred action was taken to report this appropriately.

Assessing risk, safety monitoring and management

- People told us they felt safe with staff who visited them. One person said, "Oh yes, I feel safe. They [staff] come in four times now to wash and help me shower safely, if I want one, and see I am safe to get about on my [walking aid]. They make sure I don't fall about the place."
- Relatives told us they felt their relatives were safe. One relative said, "Yes it's all good. [Relative] is unsteady on their feet so they [staff] go in and support [relative] to get washed and dressed so [relative] doesn't fall and ensure there are no trip hazards so [relative] can get around on their frame."
- People told us staff supported them to move around safely by using the various equipment. One person said, "They [staff] always support me comfortably and safely about."
- Staff were knowledgeable of people's risks and knew how to support them.
- Staff understood the importance of understanding people's care needs and risks. One staff member said, "I read all the care plans before I visit new clients so that I know what I am doing and how they want to be supported."
- There were management plans in place to ensure people were supported with their care needs.
- Risk assessments had been completed, reviewed regularly and updated when necessary for all aspects of people's care including risks to skin integrity, safe moving and the safety of the home working environment.

Using medicines safely

- People and relatives told us staff supported them with their medicines and creams. One person said, "Yes they [staff] do all my meds for me when they come, they get them ready for me and give them to me with a drink and watch me safely take them."
- Medicine Administration Records (MARs) were used to show when staff had supported people with their medicines and creams.
- People had individualised records in place for 'when required' medicines (also known as PRN). These gave staff guidance to identify when PRN medicines were needed to be administered, for example, how to recognise non-verbal signs of pain.
- Errors made during the administration of medicines were reported to the local authority safeguarding team. Staff responsible for errors were identified and undertook additional training.
- Staff told us they were trained in the administration of medicines and competency assessments were carried out to ensure the medicines training received was being used in practise. One staff member said, "I received training about how to give medication, I have had my competency checked as part of the spot checks. They [senior staff] watch how I give the medication and how I complete the MAR chart."

Preventing and controlling infection

- People and relatives told us staff used aprons and gloves and masks when they provided support.
- Staff told us they had received infection control training. One staff member said, "I completed training on my induction, it also included all the personal protective equipment (PPE) requirements for COVID-19. We wear masks at all times and gloves and aprons, new ones for each client. Hand washing is essential before and after care. I carry little bags to dispose of my PPE and put it in their [people's] bins. We have enough PPE, I collect it from the office."
- Staff told us they had regular COVID-19 tests.
- We saw staff recorded the use and disposal on PPE in people's daily records.

Learning lessons when things go wrong

- Lessons were learned when incidents or accidents happened. The service analysed incidents and where

necessary remedial action taken.

- The registered manager told us people and staff were informed of lessons learnt. The registered manager said, "Lessons learnt are part of the continued improvement plan, this is compiled and is discussed with staff in team meetings and goes out to people with a letter to say this is what has been found."

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 for 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.

Staff support: induction, training, skills and experience

- Staff told us they felt they were confident to carry out their duties as they had received adequate training and felt supported should they need any further training. One staff member said, "I can ask for specific training if needed, I can always go to the training manager and [name of quality manager] who is also good at this."
- People and relatives told us they believed the staff were skilled and trained. One person said, "Really well, I am happy with this, they [staff] have helped me so much, which is down to how they are trained and skilled." A relative said, "Yes this seems fine they [staff] all seem to appear to follow procedures correctly and measures to protect."
- Staff told us they had an induction before they started to provide care. One staff member said, "I had an induction when started and did a few shadowing shifts. The office staff were also very good at answering questions as they arose when I started."
- There was a training matrix in place to ensure all staff were up to date with their mandatory training.
- Spot checks and observations were carried out to ensure staff understood the training received and people were supported effectively. One staff member said, "I have had spot checks since I started, they [senior staff] watch what I do and ask the people we support how they think I am doing, I haven't had any problems so far."

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

- People told us they were involved in the assessment of their care needs and the development of their care plans. One person said, "I have been involved in my care plan." A relative said, "[Relatives] care needs are being reviewed at the moment. The support for this is excellent."
- People's health and wellbeing was assessed and monitored.
- Where people had specific health conditions, we saw information was provided in people's files for staff to understand these health conditions. For example, for dementia and specific cancers and the support they required to remain well.
- People's care plans were person-centred and detailed their diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion.

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

- People told us staff supported them with the preparation of their meals and were given their preferred choice. One person said, "They [staff] do all my meals, cereal porridge and microwave ones with drinks of my choice."
- Staff were aware of people's dietary needs and were able to explain how they supported their nutritional

risks. One staff member said, "There are food and fluid charts to make sure they [people] are eating and drinking enough and I always leave a drink when I leave."

- When care staff were responsible for providing food and drinks for people, we saw they recorded their likes and dislikes and the amount they had eaten and drunk including nutritional supplements and snacks, to encourage further calorie intake if needed.

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

- People and relatives told us staff supported them in accessing other health professionals. One person said, "Yes, they [staff] have given me lots of help with all other agencies." A relative said, "Yes, they [staff] called the doctor one time. They [staff] have been really good and even wait for the doctor to call back before they leave."
- Staff understood their responsibilities to monitor people's health and provide care to keep them well. This included oral health assessments to ensure people could eat comfortably.
- People's care plans provided evidence of other healthcare professionals who were involved in their care and support.
- We saw that when necessary, staff contacted other health care professionals when further support was required. For example, the district nursing team were asked to review people when the condition of their skin deteriorated.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff supported them to make their own choices. Comments included, "They [staff] always ask what I would like doing and I make the choices as to what", "They [staff] listen to me and we go from there. They help me with my choices as we go along no pressure" and "They [staff] always ask first and won't start anything without a chat."
- When staff had identified concerns regarding possible deprivations action had been taken to ensure this met legal requirement.
- We saw people's capacity to understand and make decisions had been assessed where necessary.

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 told us staff were kind and caring towards them. Comment included "The staff are kind, caring and compassionate. They know me well and I have a great relationship with them" and "The care they [staff] provide is personalised and their kindness and caring is great, very thorough."
- Relatives told us they were happy with how staff treated their relatives. One relative said, "They [staff] are very good, very kind and caring. I cannot fault them. Very good, very respectful."
- We saw people's care plans contained people's preferences, for example, if they had a preference for a specific gender of care staff.
- People had their religious preferences recorded in their care plans. For example, we saw items of devotion, such as a religious cross, and rosary beads were to remain with a person.

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

- Staff understood the importance of ensuring people were involved in their care. One staff member said, "I always respect their decisions. I listen to their concerns, involve them with decisions as much as possible, and include them in conversation." Another staff member said, "We listen to what they [people] like or don't like, what they like to eat and drink for example. I never just presume someone wants the things I decide to make or do. I always ask, it's important to treat everyone individually."
- People were contacted regularly, either face to face or by telephone to ensure they remained happy with the care they received.
- The registered manager said, "It is about communication and being compassionate, it is about us listening to people and the family."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Comments included, "When washing and dressing they are very respectful, close the curtains and ensure I am kept covered and warm" and "If I have a wash or shower they [staff] always have a towel ready for me to step into and keep me covered up."
- Staff understood the importance of respecting people's privacy and maintaining their dignity. For example, ensuring people were appropriately covered when carrying out personal care tasks.
- Staff told us they encouraged people to be independent and how they encouraged people to do tasks for themselves. Comments included, "I encourage people to do what they can themselves and if they can't I ask if I can help and explain what I am going to do and gain their consent" and "I try to keep all our clients [people] as independent as possible, promoting self-care where possible and assisting as needed."

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 and relatives told us they were involved in the planning of their care. One person said, "Yes I have full input into my care in co-operation with my social worker and the company. All being delivered as required and my care plan is in a book here close by." A relative said, "I did this jointly with [relative], there is a copy at home, it is all going well and being delivered as agreed."
- People's care plans contained information about them in a 'This is me' booklet. This booklet provided an insight into people's past life experiences and the relationships which were important to them.
- People's records detailed their interests, hobbies and entertainment. Staff referred to people by their preferred name.
- People's care was reviewed regularly with them to ensure the support they received reflected their current needs. We saw changes to people's care were made when necessary. For example, one person wanted to eat their lunch at a different time which meant altering their call time, this was accommodated.
- The registered manager said, "It starts with initial assessment, we speak to them [people] and their families when we go in, we ask if they want their families involved. We make sure we put down as much information in their plan as possible. We have to make sure we listen to everybody, but we have to make sure it is what the client [person] wants."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us other than a person having a speaking clock as they had poor eyesight, the service was not supporting anyone who needed information presenting to them in a different format.
- The registered manager said, "We have paid for translation services. We have also given support and advice about technology that can be purchased, things like fall detectors, sensor mats, sensors on doors, speaking clocks, medicine dispensers to support people to take their own medication. Lifelines are big ones. Things to do with occupational therapy, where we have put forward for grab rails. People who have been hard of hearing having a phone that flashes or if they know someone is at the door. We have supported people to shop online."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were protected from becoming socially isolated. We saw one person's visit times were amended to

enable them to access day care services. In addition to a change of time slot staff took the person to meet their taxi.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a complaint. One relative told us they had previously made a complaint about not getting enough notice of the visiting times changing. They said, "Sometimes we don't get enough notice of changes. When I have contacted the office, I am satisfied with their helpful response."
- There was a system in place to ensure complaints received at the service were investigated and responded to in line with the provider's policy. The registered manager said, "Information about how to make a complaint is in the service user handbook and is done through the quality checks, which are done face to face and over the telephone."

End of life care and support

- People's decisions, preferences and requests in relation to end of life care had been sought and were recorded in their care plans.
- For people who were receiving end of life care we saw pain charts were in place, which gave staff guidance to in how to evaluate nonverbal signs of discomfort and contact information for the district nursing team responsible for administering controlled medicines.

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.

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

- People and relatives told us they felt the service was managed well. One person said, "All very good in my opinion, yes well managed." A relative said, "The service seems well managed, responsive to requests. I have been asked for feedback fairly recently. I would recommend this service to others."
- Staff felt supported in their role and found management approachable. One staff member said, "I feel confident that when I raise anything with the management it is listened to and they have made changes when it has been needed. I think the whole office team are very supportive, they always answer the calls or call you straight back, I feel well supported."
- Staff told us they enjoyed their work. One staff member said, "In my opinion it's a fantastic company to work for I love my job, I like caring for people and enabling them to stay in their own home as long as possible getting to know their families."
- The registered manager said, "We have a quality pledge. It is about having an open and transparent provision of service to people in the community. It is about what we have tried to do to improve the service on a continual basis."

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 understood their legal responsibilities in relation to the duty of candour. The registered manager said, "We are open honest and transparent when we make a mistake. If there has been an unexpected incident, we contact the families to say we are opening up a duty of candour and start the investigation process. We also look at lessons learnt."

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

- The registered manager understood their responsibilities of their registration with us. They had notified us of events that had occurred at the service. This meant we could check that appropriate action had been taken.
- The registered manager and other senior staff had a good oversight of the service as there were systems in place to ensure any shortfalls had been appropriately actioned and addressed.
- There was a variety of audits in place to monitor the quality of the service. We saw that timely action was taken in response to audit findings to ensure improvements were made when appropriate. For example, colour coding had been introduced on the MAR charts to make administration times clearer for staff.

- Staff were asked to complete 'near miss' incident reports. These were categorised as, red, which indicated to stop work and report immediately, amber which indicated to use caution and report and green to indicate care to continue and report later. For example, we saw a near miss incident report which highlighted a deterioration in carpeting within a home which could increase the risk of falls and an unsafe use of a microwave. Action had been taken to mitigate the risk.
- Staffordshire had implemented a service improvement plan. This detailed any shortfalls which had been identified through the auditing process. The registered manager said, "We look at specific things and we put actions in place which are actioned straight away and rolled out. We look at what else we can do to mitigate or reduce things happening again."
- Staff had their competency checked to ensure the care they delivered was safe and effective.

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

- We saw Staffordshire conducted face to face and telephone reviews with people, which gave them the opportunity to feedback about the care they received. The service also encouraged people to complete yearly questionnaires to complete which were then used to formulate changes as needed. The registered manager said, "Following the yearly questionnaires, we write to the clients [people who use the service] with the outcomes."
- Relatives told us they were asked to give feedback. One relative said, "I have given a feedback assessment and have a yearly update. They [the service] have kept me up to date with COVID-19 restrictions." Another relative said, "I feel that the pressure the staff is under must be difficult. I have given feedback recently. The staff do their best."

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed to maintain their wellbeing.
- People's records detailed the contact the service had with the social support workers to ensure they were fully informed of any changes which might affect their health or other requirements.