

Evolving Care Limited

# Evolving Care Limited

## Inspection report

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Date of inspection visit:

24 August 2023

12 September 2023

19 September 2023

Date of publication:

09 April 2024

## 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

### About the service

Evolving Care limited is a domiciliary care service providing care and support to people living in their own homes. At the time of our inspection the service was providing personal care to 166 people.

### People's experience of the service and what we found

We received feedback from people and families about requested changes to times that could not be fulfilled and reports of staff being late, frequent breakdown of staff vehicles and staff changes without informing the person or the family member.

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

Risks to people's health, safety and well-being were not effectively managed after incidents.

The management of people's medicines remained unsafe. Medicine records and risk assessments were not effectively managed or updated. We were not assured that annual medication competencies for staff and senior staff were effectively managed.

Safeguarding notifications were not always made to CQC. This was corroborated with the local authority and our notifications system.

Staff were not always recruited safely. We were not assured that the quality of the induction training as well as the training courses content was effective. Training compliance information was observed and staff feedback on the process and experience differed.

Rotas were not suitably maintained. We found on two consecutive visits that the rota's were not complete for the following week, and this was corroborated by staff.

We received feedback from people and families about requested changes to times that could not be fulfilled and reports of staff being late, frequent breakdown of staff vehicles and staff changes without informing the person or the family member.

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

We saw there had been improvements in the quality systems and auditing processes from the last inspection, the service had made improvements to monitor the care system that staff use daily from the office and on an on-call/out of hours basis, as well as auditing the system and analysing service data periodically with an action plan to complete.

Right Support, Right Care and Right Culture:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there was people using the service who have a learning disability and or who are autistic.

#### Right Support

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. Risk assessments and care plans had been developed to meet people's needs.

People were supported to access healthcare and other specialist services. Staff worked closely with other professionals and organisations to ensure positive outcomes were achieved for people.

#### Right Care

People received a caring service and a consistent team of staff to ensure consistency and continuity. Staff protected and respected people's privacy and dignity, understanding and responding to their individual needs. People could communicate with staff because staff supported them consistently. People had opportunities to participate in activities they were interested in as well as regular contact with family members and friends.

#### Right Culture

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 care and support plan 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

The last rating for this service was Requires Improvement published 23 August 2021.

We requested an action plan from the last inspection from the provider to understand what they did to improve the standards of quality and safety and the breaches identified.

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing concerns staff working patterns and workload. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of Safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Evolving Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to reporting notifications, safe care and treatment, staffing and good governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow Up

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

We will request an action plan from 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 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.

<p><b>Is the service safe?</b></p> <p>The service was not always safe. Details are in our safe findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led. Details are in our well-led findings below.</p>	<p><b>Requires Improvement</b> ●</p>

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection consisted of two inspectors.

#### 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

The inspection was announced. We gave the service 1 day notice before each visit to the office as part of the inspection process. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We liaised with the Local authority and the information we have received regarding the service since the last inspection.

During the inspection

We spoke with 17 people or their family members using the service. We spoke with 8 care staff, the registered manager, deputy manager and the nominated individual.

We reviewed care records for 15 people and multiple medicines records. We also reviewed service records, including staff records, training records, quality, and safety monitoring records, as well as policies and procedures.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating remains 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.

### Using medicines safely

At the last inspection systems were not always robust enough to demonstrate that people were assured of receiving their medication as their doctor had prescribed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that sufficient improvements had not been made and the provider was still in breach of regulation 12.

- The management of people's medicines was not always safe.
- Medicine records for as required medication lacked detail for people, eye drops and creams were not always effectively managed as well as risk assessments required for prescribed creams.
- We found one person's prescribed creams which are flammable were not appropriately assessed and a risk assessment was not in place for this.
- We were not assured that annual medication competencies for staff and senior staff were effectively managed, we observed medication competency assessments were out of date for staff members including a senior staff member.
- The training matrix record showed that the training course for medication administration was completed the same day as 18 other courses for much of the workforce. We were not assured of the quality of the medication administration training.
- Staff told us when we asked about annual medication competency assessments, "I don't think I have had that" and "I didn't have that checked" and "I can't remember my competencies being done" and "I can't recall a competency assessment."

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

At the last inspection there was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the registered provider not completing risk assessments to protect the people who use the service and staff from risks of the COVID-19 pandemic.

At this inspection, we found that improvements had been implemented, however the provider was still in breach of regulation 12.

- Risks had not been sufficiently assessed or mitigated and care plans were not always in place to guide staff on how to keep people safe.



- People's care records and risk assessments were not reviewed after an incident.
- We found that one person's risk assessment and care plan was not updated after an incident where they had ingested a cleaning product.
- People were supported to eat and drink enough to meet their needs. However, we found one person where the systems in place for recording and monitoring fluid intake was poorly maintained as they were at risk of urinary tract infections.
- We were not assured that ceiling hoists were covered in the training and whether there are directions for reporting malfunction of lifting equipment.

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

- We were assured that the provider was supporting people to minimise the spread of infection.
- Staff had access to personal protective equipment (PPE) when visiting people. People confirmed that staff wore PPE and washed their hands during visits.
- Staff assured us from conversations that they were well informed and used PPE. We observed training records and the policy and procedure about infection control and PPE use.

#### Staffing and recruitment

- Staff were not always recruited safely. We found that recruitment and induction processes were not robust. For example, we found that newly employed staff had been given work contracts before the provider had completed suitable references, and gaps in employment had been explored.
- We found that the induction process for new staff was ineffective and did not give new staff the information, experience or the time needed to be able to start the job. Staff told us, "We were in the office for one day theory and next day manual handling, and two days shadowing" and "I was at the office for the day and online certificates for the day, two shadow shifts. They tried to put me on a run with the lady I was shadowing on a heavy double and the lead felt it was too much for a shadow run" and "Office training then three days shadowing in the community."
- Training records showed that induction training was completed on the same day for a large percentage of staff, this was a total of 18 courses for 47 staff members out of 57. These included health and safety, lone working, fire safety, safeguarding, medicine administration, infection and prevention and control, manual handling, nutrition and hydration, basic life support, mental capacity act and deprivation of liberty safeguards, working in a person-centred way, GDPR, equality and diversity, dementia, learning disability and mental health, duty of care, food hygiene and privacy and dignity.
- For some staff, we found excessively long shifts from early morning till later at night. This was evidenced by rotas and staff interviews.
- We found on two consecutive visits that the rotas were not complete for the following week, and this was corroborated by discussions with staff.
- Staff told us "The rota, I sometimes get on a Friday, Saturday, or a Sunday for the following week, and when I try to check on the following week my rota is not available" and "Not enough breaks on runs, to be honest no, some of the other clients are far away, some are 30 minutes away" and "The shifts are too long. I need my rota looking at it is too long a day, and the travel is long" and "Feel a threat if not done hours and they call you to do more as not fulfilled the contract, but don't get these hours on the rota."

We were not assured that the induction process was effective for newly appointed staff and we were also not assured that the lengths of shifts observed for some staff were safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke to stated that they are happy with the staff that arrive to their home and the constant changes of staff members has eased.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were not always safeguarded from abuse and avoidable harm.
- Records held with the provider and the safeguarding referrals made to the local authority were not always reported by way of notification to CQC. Providing notifications to CQC is a statutory requirement.
- Records observed highlighted the service had only recently started to raise low-level concerns with the local authority.

Failure to not always provide required notifications is a breach of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

- People and family members we spoke to said that they did feel safe with the care they received.

Learning lessons when things go wrong

- The provider did not always learn lessons when things had gone wrong.
- A person's care plan and risk assessment were not updated after an incident that had occurred.
- This incident was notified to us, and we used this information to check the care plan and the risk assessment at time of inspection and we found no updates in the person care plan or risk assessment.
- The management team were working through their action plan on areas to improve the organisation service delivery and quality of care being delivered. This was shown to us at the time of inspection.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating remained 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

At the last inspection 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.

At this inspection, we found that sufficient improvements had not been made and the provider was still in breach of regulation 17.

- The provider's system did not always effectively monitor the quality of care provided to drive improvements.
- We found that providers' quality assurance systems in place were not effective in monitoring staff performance.
- We found that there were 3 senior staff working alongside care staff in the community which had increased to 4 during inspection, who undertake quality spot checks on the care staff in people's homes. We questioned the quality performance of this ratio, were there enough senior staff to manage the quality oversight in people's homes, as we were informed on the first day that there was over 70 staff members to be supervised and spot checked by the senior staff and the deputy manager in post.
  - At the time of inspection, the training was delivered by the registered manager and the regional quality officer, who are also responsible for another CQC registered service.
- Staff did not have regular supervision or appraisals of their performance. Staff told us that they could not recall the last time they spoke with the registered manager about their performance or potential improvements.
- Staff told us, "I have never really had a supervision, I've not had any spot checks since I have started" and "I have not had one, I have had one spot check" and "I have one now due, I have one every 3 to 6 months" and "I had a supervision last week."
- There was minimal evidence for staff meetings and staff told us when we asked about staff meetings, "Not really often, we were called into one meeting and asked to sign a form" and "None, we have had one spot check" and "I don't think I have been to one since I have been there, there was an invite for a meeting a while back and said it was compulsory" and "Last team meeting was when I first arrived, August 2023 it was groups of 5, saying more of a 'you need to do this and that' and not given a choice", and "Not sure, not

regular, but if there is any concerns they call us to the office" and "Not aware of team meetings, once or twice maybe?" and "They call us if there is a meeting and have to book in with the manager."

- We observed one management meeting notes and action plan that was held in 2023.
- The staff we spoke to were clear about their role responsibilities including raising concerns, safeguarding concerns, or reporting information that the office is required to know to update the application and shared that they contacted the office and seniors if they needed support or guidance.
- Overall staff told us that they felt supported in their role.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people and engaging and involving people using the service, the public and staff

- The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people.
- The provider was unable to evidence annual survey engagement and feedback improvement plans, from people or their families. This included feedback of the surveys to people and relatives where applicable were not evident.
- The feedback we received regarding achieving good outcomes was mixed. People told us they were happy with the care and support given by staff and encouraged independence where possible. "I think the care is ok, sometimes mum does ask them to do housekeeping which they can, then they say they don't have time, they do the personal care and her meds and support. I have brought the issue up with the office. Feel there is a bit of an excuse at times and if there is time, they can do domestic tasks" and "I need a later call of an evening, they are unable to facilitate due to capacity, I do struggle quite a bit and struggle getting in and out of bed."
- Staff surveys for 2023 were observed from 60 staff members there were 12 responses and actions identified.
- The investment in an electronic recording system has assisted the service to ensure calls are attended, medicines is administered, the support provided is achieved and notes recorded on the system is overseen by the office in the day and by on-call seniors after hours.
- Staff told us that the new electronic recording system is good and everything you need is available, and the office can be called in the day, or the on-call can be contacted.

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 provider understood their responsibilities under the duty of candour.
- We spoke to the registered manager and were assured that they understood their role and responsibilities.
- 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	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider did not always provide required notifications
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The management of people's medication was unsafe.  The assessing, monitoring and management of risks in people's care and treatment was inconsistent and had not always been effective.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured systems were effective and robust enough to provide oversight and demonstrate the quality and safety of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Failure to deploy sufficient numbers of competent and trained staff, increased the risk to people's safety.

