

## Evolving Care Limited

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### Inspection report

Eureka House, 196 Edleston Road  
Crewe  
CW2 7EP

Tel: 07867425661

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

Date of inspection visit:

23 May 2018

24 May 2018

29 May 2018

Date of publication:

19 July 2018

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 23, 24 and 29 May 2018 and was announced.

The service was a domiciliary care service with 90 service users at the time of our inspection. It provides personal care to people living in their own houses and flats in the. It provides a service to older adults, younger disabled adults and children.

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

On the previous inspection on 18 and 19 September 2017 and 11 October 2017 the provider was in breach of multiple regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014.

They were in breach of Regulation 9 Person Centred Care, Regulation 10 Dignity and Respect, Regulation 11 Consent, Regulation 12 Safe Care and Treatment, Regulation 13 Safeguarding, Regulation 16 Complaints, Regulation 17 Good Governance and Regulation 18 for failure to notify under the Registration Regulations. We served enforcement action and imposed a condition on the provider's registration to prevent them from taking any new care packages or increasing existing care packages without seeking prior permission from the Commission.

On this inspection we found the provider was not in breach of any of the regulations and had met the legal requirement. They had sought the Commission's permission to increase seven existing care packages since the last inspection and permission had been granted.

Following the last inspection we met with the provider and asked the provider to complete an action plan to show us what they would do and by when to improve the service related to each breach of the regulation. On this inspection we found the provider had implemented all actions set within their action plan according to each key question and breach of the regulation.

The provider had improved the care plans to include likes/dislikes and preferences for a male or female carer. Further improvements were needed to improve times of calls and we made a recommendation about this.

We found the staff were treating people with respect and were promoting people's dignity. People told us they felt staff respected them. People were being encouraged to be as independent as possible.

People told us they felt safe with the staff providing care and the systems to keep people safe had improved. Analyses of incidents and accidents were being completed.

Further improvements were needed to ensure medication anomalies on medication administration sheets were identified and people received their medicines when they needed to in order to ensure medication practices were always safe.

Recruitment procedures were including checks such as the Disclosure and Barring Service checks. References were sought however, the policy stated two references were needed from previous employers but we found this was not always followed.

Safeguarding procedures were more robust with analyses of safeguarding concerns being undertaken each month.

There were enough staff within the service with no missed care visits evidenced on this inspection. People were not always receiving their care call at a time stipulated in their care plan and we made a recommendation about this.

We viewed people's daily records and found people were being supported to have enough to eat and drink with monitoring taking place when appropriate.

Healthcare professionals we spoke with spoke highly of the staff and were involved in people's care.

The service had implemented a new consent form and system of seeking people's consent for changes to their plan of care. Principles of the Mental Capacity Act 2005 were being followed.

The complaints process was more robust with all complaints seen logged responded to with an outcome letter.

The service was seeking people's views about the service with a new survey sent to staff, people using the service and family members. Actions were seen from the comments obtained.

New audit tools had been implemented such as a new care plan audit tool to drive improvements.

The leadership was strong. The provider had a clear vision of continuous improvements being implemented going forwards.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Risk assessments were in place for staff to know how to manage risks for people.

Safeguarding systems were robust and staff we spoke with knew their responsibilities related to safeguarding.

Staff files we checked contained evidence of robust recruitment procedures.

We made a recommendation about medicine management systems.

The rating in this domain is requires improvement. To improve the rating from requires improvement to Good would require a more consistent track record of good practice.

### Is the service effective?

**Good** ●

The service was effective.

Staff received training and an induction including the Care Certificate.

The service had implemented a new system of seeking consent and from the records we viewed we found they were following the Mental Capacity Act 2005 legislation.

People's nutritional and hydration needs were being met.

### Is the service caring?

**Good** ●

The service was caring.

People's views and wishes were being sought and actions seen.

People told us staff were caring. The staff we observed interacting with people demonstrated a caring manner.

People were being encouraged to be as independent as possible.

### Is the service responsive?

The service was not always responsive.

People's care was being reviewed regularly.

People's preferences, likes and dislikes were seen in care plans but preferred call times were not always being followed. We made a recommendation about this.

Complaints were being dealt with in a more robust way.

**Requires Improvement** 

### Is the service well-led?

The service was not always well-led.

New quality assurance systems had been implemented since the last inspection.

The culture within the service had improved due to strong leadership.

Further improvements were needed to demonstrate the new systems and leadership were sustained over time.

**Requires Improvement** 

# Evolving Care Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23, 24 and 29 May 2018 and was announced. The inspection team included one adult social care inspector, one assistant inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we held about the service including statutory notifications which are notifications of events the provider is required to tell us about by law. We spoke with six people who were receiving a service, two relatives and seven staff. We case tracked three people which is where we review all of the records for a person receiving a service and reviewed other records. We viewed two staff files to check the recruitment and training practices.

We contacted the Commissioners for the service and sought their feedback and any information they wished to share with us.

# Is the service safe?

## Our findings

On the last inspection on 18, 19, 20, 21 September 2017 and 11 October 2017 the provider was rated inadequate for this domain. They were in breach of regulations 12 Safe Care and Treatment and 13 Safeguarding of the Health and Social Care Act Regulations (Regulated Activities) 2014.

On this inspection we found the provider had improved and they were no longer in breach of any of these regulations.

We asked people who were receiving a service if they felt safe. All of the people we spoke told us they felt safe with the staff. One person said "Oh yes, I do feel safe". A second person told us "Safe, yes I do because they are pretty conversant in what they're doing. They know what they're doing. Some are better than others".

We checked the medicines management practices within the service and found they had improved. During the previous inspection we found medication administration sheets {MARS} had not included each prescribed medicine on the MARS sheet. During this inspection we found this had improved and all MARS sheets we viewed listed each prescribed medicine, dosage to be administered, start date of when it commenced and if a medication had been stopped. We viewed a MARS sheet with a code crossed out which could not be explained and not all anomalies had been picked up when we viewed MARS sheets which had been audited. Further improvements were required to ensure people always received their prescribed medicines at an appropriate time. We found for one person the time in between doses had been reduced due to an early lunch time call. The provider acknowledged they were committed to improving this to ensure people always received their prescribed medicines at the appropriate times.

We looked into recruitment practices and checked two staff files. The records we viewed evidenced the provider had undertaken appropriate checks prior to the staff member beginning to work with people using the service. Each file contained an application form, interview sheet and Disclosure Barring Service (DBS) number. References for one file were not in line with the provider's own policy as one reference was from a friend who worked as a carer. The provider confirmed the policy currently stated two references were required from past employers but they intended to change the policy to request one reference from a past employer and a second reference as a character reference.

We recommend the provider reviews their recruitment policy to ensure recruitment practices are in line with their policy.

We checked the safeguarding systems in place and spoke with staff about safeguarding. The staff we spoke with had a good level of knowledge of the different types of abuse they need to look out for and they knew how to report a safeguarding concern. Staff had heard of whistleblowing and had either seen the policy or knew where to locate it. The safeguarding system had been made more robust since our last inspection with an analysis of safeguarding concerns to establish themes or trends. A safeguarding tracker was in place which detailed important information to ensure they were dealt with appropriately.

Staffing rotas we viewed evidenced there were enough staff to provide a service for people. There had been no missed care visits seen in the records we viewed. We asked staff about the rotas. One staff member told us "There are enough of us. I do the same shifts every week. The rota is managed well". A second staff member said "Rotas work. We work the hours we should work".

The provider had implemented a live version of an electronic call monitoring system which meant they could establish at any given moment in time if a staff member had entered the person's home. This system was implemented by the provider in December 2017. Each staff member was provided with a mobile phone and an electronic tag. The system was reliant on their being a mobile phone signal for the system to enable office staff to view if the staff member had signed in. There was a staff member viewing the live electronic monitoring between the hours of 6am and 11pm. This meant the provider's system of ensuring care calls were received had been made more robust.

The system of logging and reporting incidents had been improved. We viewed the incidents tracker and the provider had implemented an analysis of all incidents/accident in order to identify themes. We viewed the provider's newly devised incident form which had been completed by a staff member. It contained information we would expect to be documented such as what happened, what actions were taken and when it happened. The incident form had been signed by an office staff member and not the staff member who witnessed the incident. The provider's policy confirmed the incident form should be completed and then submitted to an office staff member. The provider told us they would ensure incident forms were in people's care plans in their homes to enable the staff member who witnessed an incident to complete it. We could evidence this had been actioned by the provider when we visited one person at home and viewed an incident form in their care plan.

Risks were being assessed by the provider with a range of risk assessments seen in the records we viewed. People who required moving and handling equipment had a moving and handling risk assessment and care plan. Other risks had been assessed such as falls, bed rails, stoma/catheter risk assessment, choking and swallowing and medication. Each risk identified had a care plan alongside it for staff to know how to manage the risk.

When we visited people in their own homes we found staff were wearing uniform and had access to personal protective equipment such as gloves and aprons.



# Is the service effective?

## Our findings

On the last inspection on 18, 19, 20, 21 September 2017 and 11 October 2017 the provider was rated requires improvements for this domain. They were in breach of regulation 11 Consent of the Health and Social Care Act Regulations (Regulated Activities) 2014. We found people's consent had not always been sought in line with the Mental Capacity Act 2005 legislation.

On this inspection we found the provider had improved and they were no longer in breach of this regulation.

We looked into if the service were effective in providing staff with what they needed to be competent in their role. One person who was using the service told us "staff know their job well". A second person we spoke with said "I think most are well enough trained. Most new recruits take a bit of getting used to". We also asked family members who told us staff knew their job well. One family member told us "they seem to be well trained. I have never doubted that". A second family member said "Staff know their job". Staff we spoke with also confirmed they were receiving enough training. One staff member said "We get enough training, either in the office or on line". A second staff member told us "Yes, sufficient training to do the job well".

The staff files we checked contained confirmation of an induction, including shadow shifts and the Care Certificate which is a set of nationally recognised standards of care. We also viewed observational staff assessment records where a senior staff member had observed a staff members practices to ensure they were competent in their role. The provider was employing a staff member to source and provide training. There was a training matrix in place which included both e-learning and classroom based training sessions. Competencies following training were being checked as we could see staff had completed an assessment questionnaire following each topic with a quiz following the training session.

Staff we spoke with told us they were receiving supervision and appraisals. One staff member said "I had supervision on Tuesday. My appraisal is due soon. I am rostered to do it". A second staff member told us "Supervision last week. My appraisal is due in the next 2 weeks". We found there was a supervision and appraisal framework in place which included all staff as seen on the supervisions and appraisals matrix. Themed supervisions had been undertaken by a qualified nurse out sourced by the provider who had experience of clinical governance. We viewed evidence seven themed supervisions had been undertaken in Safeguarding, Consent, Mental Capacity and deprivation of liberty (Dols).

We looked into how the service was applying the Mental Capacity Act 2005 legislation. 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. Applications must be made to the Court of Protection. There was no one receiving a service who needed such an application at the time of our inspection.

We found a system of seeking consent was in place. Each person's care plan contained a consent record of when the service had sourced people's consent for aspects of their care including changes to their plan of care. The service had implemented a mental capacity and best interests form which we viewed on this inspection. We found evidence family members were being asked to support people to provide consent when needed. One family member told us "Yes, I would be involved and consent to changes to the care plan and 'yes', they get permission before giving care." Consent was seen provided by family members who had the legal right to provide consent on the persons behalf. We asked staff about how they seek consent when they are delivering care. Staff we spoke with understood consent including the different ways people can provide consent. One staff member told us "I will try to help them. If they say no you can't force them." A second staff member told us "I ask them. Some give permission and others shake their head".

We checked if people were being supported to have enough to eat and drink and their needs monitored if they needed it. One person who was receiving a service said "they always ask about food and drink". Another person told us "We decide what I'm having for tea the following night. They tell me what time to switch on the oven and they come to finish it off". We viewed two people's daily records and we could see they were being supported to have their nutrition and hydration needs met. We checked with staff how they made sure they were supporting people to have their nutrition. One staff member we spoke with told us "Yes, I document absolutely everything. If they are not having enough I put them on a fluid chart or food chart and monitor it". A second staff member said "I check the fridge and the sell by dates. I log what I've given them. If I'm concerned I tell the office and make the family aware".

People also told us they were supported to access healthcare if they needed it. We found evidence of this in the care records. One person's records evidenced the service had contacted the person's doctor when required.

# Is the service caring?

## Our findings

On the previous inspection on 18, 19, 20, 21 September 2017 and 11 October 2017 the provider was rated requires improvements for this domain and they were in breach of regulation 10 Dignity of the Health and Social Care Act Regulations (Regulated Activities) 2014. On this inspection the provider had met the legal requirement and were no longer in breach of this regulation.

We looked into how people were being cared for. All of the people we spoke with told us the staff were caring. One person said "They are very good. They treat me well. They always check if I am comfortable before they go". A second person told us "The carers are lovely. They go over and beyond what they need to do. I am very happy indeed". A third person told us "They treat me well, very good".

We talked to family members to find out their views about whether staff were caring. One family member told us "They treat [service user] very well". A second family member said "Yes, they do understand the difficulties and show they care". A third family member said "they understand [family member] difficulties and show respect". A fourth family member told us "Yes, they respect [family member's] wishes".

Staff we spoke with explained the approach they use when caring for people. One staff member told us "I treat them [service users] the way, you'd want to be treated". A second staff member said "Dignity, I draw the curtains, shut doors and put towels around people". A third staff member told us "Respect their wishes and what they want. They come first". A fourth staff member told us "I do like to ask how they feel about the care we give. I have a good connection with the service users I go to. It leads to trust. I have a laugh with them".

We observed two staff supporting a person in their own home. The staff demonstrated a caring approach respecting the person's wishes. We observed staff had a gentle, calm and caring manner when supporting the person. They were able to communicate with the person who had communication difficulties by being on the person's level, giving good eye contact, providing the person with enough time to think about the question and to answer. Staff used humour at times and knew what topics of conversation would encourage the person to be engaged in conversation.

Staff understood their role in encouraging people's independence as much as possible. Staff told us they knew people well enough to know what the person could do for themselves. One staff member told us they encouraged one person to wash their face as they could do this. Another staff member described how they encouraged a person to walk into the kitchen with them to do what they could to prepare food. The provider explained they had provided a care package for a person who had diverse needs due to their mental health and other medical conditions but their package ended recently as they had become independent and no longer required support. We viewed the person's care records which described what the person's goals were but there was no documentation to evidence how the support staff had assisted the person to achieve their goals. We discussed with the provider how this could be improved for them to document how they are supporting people to reach their goals. The provider sent us an outcome measure which they intended to roll out across the service following our inspection. An outcome measure is a method of measuring the effectiveness of the service for people such as in terms of their wellbeing and goals.

We asked the provider how they were supporting people who had a diverse range of needs. The provider had an Equality and Diversity policy and procedure in place but told us they were not supporting anyone with specific needs related to their culture, sexual orientation or religion at the time of our inspection. We viewed the service's statement of purpose which stated "Evolving Care is non- discriminatory and shall serve all service users regardless of race, nationality, language, religion or beliefs, age, sex or sexual orientation, or social standing, nor is there any discrimination made between service users who pay directly for the service and those who do not."

The service were not aware of anyone they were delivering care to who would benefit from advocacy services. We discussed the possibility of one person who may agree to advocacy or benefit from advocacy. The provider agreed to explore this with the person. The provider was aware advocacy services? were available for people if they needed it.

People's views were being sought by the service. We viewed surveys which had been sent out from November 2017 onwards. There were different surveys for service users their friends and family members. Comments from family members included "The main carer is professional, compassionate and hardworking", "Staff are helpful and friendly" and "Staff are very cheerful".

A letter was sent out to service users explaining their findings from the surveys and improvements they would make. We found an analysis of the comments in a graph format and a summary of the responses and actions to take.

## Is the service responsive?

### Our findings

On the previous inspection on 18, 19, 20, 21 September 2017 and 11 October 2017 the provider was rated requires improvements for this domain. The provider was in breach of regulations 9 Person Centred Care and Regulation 16 Complaints of the Health and Social Care Act Regulations (Regulated Activities) 2014. On this inspection the provider had met the legal requirements and where no longer in breach of these regulations.

We asked people if the service was responsive to their needs and if staff knew their preferences likes and dislikes. One person told us "Yes, they understand my likes and dislikes and I like my 'well done', food". A second person said "Yes, they understand me and I them". Family members we spoke with told us "The likes and dislikes are understood". Another family member said "Yes, treated as an individual". A third family member told us "They understand the do's and don'ts".

The care plans we viewed contained details about people's preferences, likes and dislikes. We found preferences such as whether people preferred a male or female carer, types of foods and drinks and times of calls. We found not everyone's preferences were being followed as seen in the care plan and further improvements were needed to ensure people were receiving their care when the care plan stipulated. This is especially important for people in circumstances where they need specific care tasks to be completed at certain times of the day such as support with their prescribed medicines or to have food/drinks. One person we visited raised a concern about their call times. When we viewed the daily records we could see the person was not always receiving their calls stipulated on the care plan or within the 30 minute window either side of the call. We could see entries in the records when the call time had been over the 30 minute window either side at 10.55am for the morning call and 12.45pm for the lunch time. The morning call had been late as it should have been at 10am as stated in the care plan. This meant the person had their breakfast and lunch calls within two hours of each call.

It is recommended the provider reviews how they ensure care is delivered at the time needed and agreed within each person's plan of care.

The service had provided care for one person who wished to return to employment. We viewed their care records to confirm this and found it stated the person's aspirations were to seek employment, to feel "normal" and to cook and clean for themselves. The care records evidenced when the care staff were visiting the person but they didn't have enough detailed information to evidence how the staff were supporting the person to achieve their aspirations. The provider told us they were keen to implement a new care model which encompassed people's aspirations.

People's care was being reviewed regularly as we could see reviews taking place in the records. People and their members of their family had been involved in making changes. We viewed one re assessment document for one person who had been taken into hospital. Staff had visited the person in hospital to re assess the person and establish if their needs had changed before they commenced the care package on discharge. This is good practice to ensure people's care is adapted when needed or when there's a change.

On the last inspection we found numerous complaints had not been dealt with appropriately. One relative we spoke with said "Service vastly improved since [relative] made a series of complaints starting July 2017. This is down to [name staff member] who is a credit to your organisation [Evolving Care]. Professional and caring. Suggest you make good use of [staff member name] experience".

On this inspection we found the complaints system was more robust and all apart from one complaint had been dealt with by the registered manager/provider. There were nine complaints seen logged since the last inspection. Complaints which had been received were documented in a complaint log and included the outcome of the complaint. There were also copies of any correspondence which had occurred as a result of the complaint. There was also relevant other information to support that action had been taken. For example there was a copy of the live tracking system for carers to show that the carers had been attending to a service user at a later time after a request for a later call had been made.

There was no one receiving end of life care at the time of our inspection but the service had an end of life pathway and policy in place.

## Is the service well-led?

### Our findings

On the previous inspection on 18, 19, 20, 21 September 2017 and 11 October 2017 the provider was rated inadequate for this domain. The provider was in breach of regulation 17 Good Governance of the Health and Social Care Act Regulations (Regulated Activities) 2014. The provider had not ensured they had full oversight of the service and had not implemented enough robust systems and checks to ensure improvements were being made when needed.

On this inspection the provider had met the legal requirements and were no longer in breach of these regulations.

People who used the service were asked about what they thought of the management of the service. People told us "Yes, I have confidence in the office and the manager", "The manager I know the lady [manager's name]. I have met the person who sorts out the rotas for the week. I ring up and see who I've got for the following week". Family members also spoke highly of the management and said "Yes, I am confident in the management and the office staff" and "I have confidence in the manager".

The registered manager had been replaced with a new registered manager who was also the provider. They were based at the Crewe branch and had continued to receive input from an external nurse consultant to drive improvements across the service. In addition to this resource the provider had two qualified nurses completing audits who we met during our inspection.

The provider had implemented new systems of driving improvements since the last inspection. We viewed the new care plan audit tool which involved continually auditing the same care plan until it reached a score of 100 percent quality compliance. Examples of scores we viewed ranged from 50 percent to 90.91 percent.

The care plans contained a new document named a "grab sheet" which was one document containing different aspects of information such as the person's medical conditions and who was commissioning the service. The purpose of the grab sheet was to provide staff with the most important information they needed to know about the person they were delivering care to. We suggested further improvements could be made to include times of people's care calls on this new document. The provider agreed and actioned this during our inspection.

The service had improved by implementing new systems of seeking people's views about the service. We viewed surveys which had been sent out to staff to seek their views. Three anonymous responses were returned which included a concern staff who contact the office to pass on their concerns cannot always rely on the office to respond to the concern. Another staff member commented in the survey they were not supported enough by management.

We received positive comments from staff we spoke with during the inspection. Comments received from staff included "I think I work for a good firm", "Yes, improved enormously in the last 6 months. They have sifted out people who don't pull their weight. Care plans have improved. Always somebody you know on the

other end of the phone", "Personally, I do think they have improved. If you are in a house for 15-20 minutes they check why not 30 minutes as agreed" and "Improved a lot, more information, everything is a lot better".

We discussed with the provider how further improvements were needed to ensure the service was continually improving. They had provided us with monthly statistics each month in relation to safeguarding concerns, incidents and missed care visits. There had been no missed care visits evidenced on this inspection and the provider told us this was due to them tightening up on their systems such as the live electronic care monitoring care system. The provider told us they were committed to continuing to drive improvements to include in areas we identified on this inspection such as in completion and auditing of medication administration forms and in ensuring policies such as the recruitment policy were being followed.

The culture within the service had improved and had become more transparent and open to acknowledging mistakes and seeking to improve. This improvement in the culture was due to strong leadership by the provider. Since the last inspection the provider told us they had also focused on ensuring staff were following policies and procedures and followed the disciplinary process when necessary. There was an open culture to learning and developing new systems to improve practice. This was being driven by the provider and the external nurse consultant who was having input into the service one day per week. The provider confirmed the nurse consultant was continuing to have input into the service one day each week which was sufficient input now that they had implemented more robust quality assurance systems.