Care Quality Commission

Evolving Care Limited

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Inspection report

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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?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

We undertook an announced inspection on 10 April 2015. We gave the registered manager 48 hours notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care to people who live in their own homes and this was the provider's first inspection since they registered with us. At the time of our inspection 29 people received care and support services in their own homes. Services provided are for children and adults who may have a range of needs which include mental health, physical disability or sensory impairment.

There was a registered manager in post at the time of our inspection who had returned to have a daily oversight of the management of the service provision. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The arrangements in place to monitor and improve the quality of the service provided had not consistently been effective in identifying areas requiring improvement. These arrangements needed to be strengthened further so that people could be confident the service was well led. This included further establishing opportunities for people to contribute their views about the service.

Although people and their relatives had no specific concerns about how risks to their health or wellbeing were being managed; the arrangements did require strengthening. This is because the risk assessments to meet people's individual needs which included risks associated with fragile skin, eating and drinking and any equipment required were not detailed. This meant staff did not have all the written guidance they needed to support people safely.

The registered manager had been responsive to the improvements that had been identified and had begun to take action to make sure they could provide a care service to people in certain geographical areas. They were also recruiting new care staff to ensure there were sufficient care staff particularly in the evenings.

People told us that they felt safe with the staff who supported them in their own homes. Care staff had received training on how to keep people safe from harm and knew what to look out for and the procedures to follow, if they felt that someone was at risk from abuse.

When people needed support with their prescribed medicines they received this from care staff who were trained to do this in the right way for each person.

Care staff had been recruited following checks about their suitability to provide care and support to people who lived in their own homes. They had been provided with an induction into the service and on-going training and support to enable them to do their job well and carry out their roles effectively.

People told us they received care and support at the agreed times, and were provided with choices when they were assisted by staff so that they received care in a way they preferred.

People told us they were always asked for their consent before care staff assisted them with their care and support. When people did not have the capacity to consent to their care and support the provider had arrangements in place to ensure the staff worked within the guidance of the law so that people's rights were upheld.

For people who needed assistance at meal times, care staff provided this to enable people's dietary needs to be met and this was recorded in their daily notes. People were supported to access healthcare professionals when this was required.

People told us that they had developed good relationships with care staff who supported them in their homes. They said care staff were kind and caring towards them and respected their privacy and dignity.

People knew their complaints would be listened to and action taken to resolve any issues. Records showed the provider made improvement to the service in response to complaints.

Summary of findings

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 consistently safe.

There was a risk to people's welfare as care staff did not have access to detailed written guidance to reduce individual risks to people's wellbeing and safety.

People were protected from abuse and harm because care staff understood their responsibilities in protecting people from the risks of abuse.

People received their medicine when they needed it because there were suitable arrangements in place and staff knew how to manage medicines safely.

People said there were sufficient care staff and that they did not experience missed calls and if care staff were held up they would be contacted.

Requires improvement

Is the service effective?
The service was effective.

People told us they thought care staff were knowledgeable about their needs and care staff told us they felt supported in their caring roles.

When people did not have the capacity to consent to their care and support the provider had arrangements in place to make sure decisions were made in each person's best interests.

People who needed support with meals said care staff prepared food in a way they liked and ensured sufficient food and drink was available until the next visit.

Good

Is the service caring?
The service was caring.

People told us that care staff were kind and caring and they had developed trusting relationship's with staff who they knew well.

People confirmed that they were involved in making decisions about their care on a daily basis and their privacy and dignity was respected whilst promoting people's independence.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed before their care started and their needs were met by care staff who asked them about their personal preferences and knew them well.

Good

Summary of findings

People were able to raise complaints and these were handled in line with the provider's complaints procedure to people's satisfaction.

Is the service well-led?
The service was not consistently well led.

Requires improvement

People could not always be confident in how the service was led because the arrangements to check and monitor aspects of the service needed to be strengthened.

People who used the service and their relatives told us they were happy with the quality of the care they currently received.

Care staff told us they felt supported by the registered manager and were confident to report any concerns they had.

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 was planned to check 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.

This was an announced inspection which took place on 13 January 2015 by two inspectors. The provider was given 48 hours notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the services provided at the agency. The local authority are responsible for monitoring the quality and funding for people who use the service and had completed a visit to the service in March 2015. The registered manager was undertaking work to progress the improvement actions required following the local authority's visit.

We spoke with six people who used the service, three relatives, and two care staff by telephone. On the day of this inspection we spoke with two care staff, the senior care co-ordinator and the registered manager.

We looked at the care records for six people including medicine records, three staff recruitment files, training records and other records relevant to the quality monitoring of the service.

Requires improvement

Is the service safe?

Our findings

We looked at how individual risks to people were identified and effectively managed. Although people told us they felt involved in the assessment of their needs and the management of risks we saw care and risk assessment documentation to be general and not consistently centred on the person. For example, in one person's records we saw there was an expectation that care staff would be monitoring the risk posed to the person of not eating sufficiently as the person needed support in meeting their nutritional needs. However, there was a lack of written information available about how care staff should manage this risk. Another person's fragile skin posed a risk but there was no written guidance to show how staff monitored the person's skin in practice so that the risk to the person was managed and reduced. While, we found that care staff understood the risks to people's care; there was a lack of specific detail in people's care records to show how individual risks to people would be managed so that people were protected from the potential risk of harm. The registered manager told us they would make improvements so that people's care was provided by care staff who had access to clear guidance about how to protect people's welfare and safety from the individual risks that had been identified in their care records.

People told us they felt safe with the care staff who came into their home and the way care was provided. One person told us they felt safe because they received care from care staff they knew and trusted. Another person said, "I feel safe when the (care staff) help me and they always look after me very well." A further person told us how staff asked them if they needed anything before they left and made sure their homes were secure to ensure their safety. This person told us, "They (care staff) make sure my door is locked properly for me."

Care staff understood their responsibilities to keep people safe and protect them from harm or abuse. They were able to explain to us the various forms of abuse which people were at risk of, who they would report this to and which external agencies they could contact about their concerns if they felt it necessary. One care staff member told us, "I would contact the office straightaway if someone was at risk of being abused. I am confident the manager would deal with it but if they did not I would report it." Another care staff member explained, "I would report anything to [the registered manager] and I am sure she would respond to it."

The registered manager was aware of their responsibilities in the protection of people who used the service from the risk of harm and abuse. They told us they made sure care staff had received training in how to safeguard adults from abuse and knew the procedures to follow when an allegation of harm or abuse was raised. This included referring it to the relevant local authority and notifying the Care Quality Commission.

Environmental risks within people's homes had been assessed so that risks to care staff and people who used the service were reduced. We saw these risk assessments considered the safety aspects within a person's home, such as, whether there were any trip hazards so that avoidable accidents were reduced. The registered manager also had arrangements in place for reporting and reviewing accidents and incidents to make sure action was taken to protect people's welfare and safety.

Some people needed support when taking their medicines and told us care staff helped them with this. They told us they received their medicines at a time when they needed it. One person said, "They [care staff] prompt me to take my tablets when they call." Where people needed support there was a procedure to support them to take their medicines safely. Care staff told us they prioritised their calls to ensure they were present to support people with medicines. People spoken with confirmed care staff were consistently at their homes at regular times to enable them to be supported with their medicines. Completed medicine records showed people had been given their medicines as prescribed. The registered manager had recently developed a procedure to check medicine records to make sure there were no mistakes and staff had administered medicines correctly. However, we saw some of the checks did not clearly indicate whether any improvements were needed or not and were not always dated and signed to show when they were checked and by whom.

We looked at the arrangements the registered manager had in place to assure themselves that only care staff suitable to provide care and support to people in their homes were selected and recruited. Care staff told us they had completed an application form and were interviewed before they commenced their employment. We saw care

Is the service safe?

staff records confirmed this and that the required checks had been completed. For example, a Disclosure and Barring Service (DBS) checks had been carried out. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We spoke with people about the staffing levels. Everyone we spoke with told us that they were supported by a regular care staff team on the days and times they had agreed. They said care staff arrived on time but if they were going be a bit late then the office staff telephoned to let them know. A relative told us they were impressed that care staff had apologised for being late when it could not be avoided due to traffic. Care staff spoken with told us that geographical areas had now been taken into account when designating care calls to people's homes which had been an improvement made. We also spoke with care staff about the time they were allocated to provide support and care to people. One care staff member told us, "If someone is ill or we need to stay with a person we tell the office and they arrange for staff to help at our next visit if we need it." Another member of care staff said, "We have enough time to support people with their needs as the calls are for 45 minutes." A further care staff member told us more care staff were needed especially in the evenings. The care staff member had spoken with the senior care co-ordinator about their concerns and action was being taken to recruit further care staff.

We saw from looking at care records and staff rota's that staffing levels were determined by the number of people who used the service and their individual needs. The registered manager further confirmed this was the case and showed us there were systems in place to make sure people received a reliable and safe service. For example, they had identified more care staff were needed and plans were in place to recruit care staff which included staff to support people in the evenings.

Good

Is the service effective?

Our findings

People consistently told us they felt care staff support was good and their needs were met more effectively because of having regular care staff who had the knowledge to provide the care they needed. One person told us, "The staff must have the right training for my needs as I have never had a problem with them not doing what they should. I am very happy with my care." A relative said, "The staff seem to know what they are doing as [my relative] really likes the staff."

Care staff told us they had received an induction when they first started work at the agency which included initial training in subjects specific to their caring roles. They said they had opportunities to shadow experienced care staff so that they were not left to care for people alone when they first started in their roles. This was confirmed by speaking to the registered manager and looking at staff records. One care staff member told us about their induction experience and how supported they felt in their role of providing care to people. They told us, "I was paired up with someone who had worked at the agency for a while and got to know people who receive care. I felt a lot more at ease due to this."

We saw there were arrangements in place so that the registered manager could check care staff had received training and when this needed to be updated. Care staff we spoke with told us that they had to complete a range of training before they were allowed to work on their own in people's homes. They said that, where people had more complex needs, they had to complete additional training to ensure they had the skills required to support the individual. One care staff member told us, "We're not allowed to use equipment, like a hoist, or assist with complex care until we have done training and been assessed as competent." We saw that moving and handling equipment, such as a bed was available at the office base to provide training to staff as needed. Care staff confirmed they had been given training with this equipment when they supported people that used these aids to enable them to support people effectively.

Care staff told us they felt supported by the registered manager and the senior care coordinator who they felt were working to make improvements. Care staff explained that they had received spot checks and staff meetings had now taken place. These provided care staff with the opportunities to improve work practices and provide effective care on an on-going basis. One care staff member told us, "We get spot checks regularly now." Another care staff member explained, "I get support from other carers, the management and group meetings."

People told us that care staff obtained their consent before they supported them. One person told us, "They always ask whether I am happy for them to help me in some way before they do." A relative told us, "They (staff) never do something she doesn't want them to do." Care staff gave examples of how they obtained people's consent before they provided care and support. One member of care staff explained, "I always ask them if it is alright for me to help them and I always let them decide what they want to wear."

Care staff spoken with understood the principles of the Mental Capacity 2005 (MCA) and how this may affect the people they supported. One care staff member told us, "If someone does not have capacity to make a decision then this is made in their best interests by others, such as, relatives." The recording of people's capacity to consent and make decisions was not always clearly documented in some of the care records we looked at. The registered manager was reviewing documentation to ensure it was clear where people did or did not have the mental capacity to give their consent and make specific decisions.

We spoke with care staff about how their specific role in supported people to eat and drink because this differed depending on the support the person required. Care staff told us they found out people's likes and dislikes and prepared food according to people's choices. People we spoke with confirmed care staff asked about preferences when preparing meals. One person told us, "They make me tea and toast in the morning for breakfast." A relative described to us how care staff made sure their family member could access their meals so that they were able to eat these more independently due to the person's reduced physical abilities. We were told care staff visited people when expected to make them something to eat and drink and we saw care records described the meals and drinks which had been prepared for people. Care staff spoken with said they made sure people had access to a hot or cold drink before they left. One care staff member told us, "I leave drinks for people and any snacks they want as some people may not see another person during the day." Care staff had received training in food safety and were aware of safe food handling practices.

Good

Is the service effective?

All the people we spoke with managed their own healthcare or relatives supported them with this but were confident if they needed any support to contact a doctor care staff who visited them would help them. Care staff spoken with told us they would contact the doctor if they visited a person and they were ill, after discussing it with them. Another person said that staff observed nurses practices to ensure if they needed to provide any support with their on-going health needs care staff would have the knowledge to do this. Care staff told us that they monitored people's needs and changes were reviewed with people's involvement. We were given examples of how care staff had stayed with people. The registered manager or senior care co-ordinator had extended the length of the visit to meet people's needs so that people were supported at all times with their health needs.

Good

Is the service caring?

Our findings

People spoken with told us they had good relationships with the care staff who were kind, caring and considerate towards them. One person told us, “Overall I am very pleased with the carers and their manner, they treat me very well, they are very respectful.” Another person said, “They (care staff) are very caring, nothing is too much trouble.” A relative told us, “They (care staff) are very caring, [my relative] likes them and they are happy and jolly. They always sit down and have a chat with her.”

When we spoke with care staff they showed that they genuinely cared about the people they supported and the work that they did. One care staff member told us how they went the extra mile to make a difference to a person’s day. They told us they would put nail varnish on a person’s finger nails for them as the person enjoyed this. They said, “Little things like this make someone’s day.” This was supported by the comments we received from people who used the service who we spoke with as they provided examples where care staff showed they cared. One relative described to us how care staff would inform them if their family member needed to see the nurse. They told us, “They (care staff) are exceptionally caring in that way.”

Everyone spoken with knew the care staff who visited them by name and confirmed regular staff visited them. One person told us, “[Care staff member] are more like friends and we have a laugh which brightens up the day. She is great.” Care staff also told us they provided care to the same people on a regular basis and this helped to develop good relationships with the people they supported and relatives. One care staff member told us, “I love my job and enjoy working with people. It’s nice to see them smiling when you leave.” Another care staff member said, “I like the job because I enjoy caring for people.”

People told us they felt involved in their own care. One person told us, “They [registered manager and senior care coordinator] came to see me and we talked about everything I needed help with.” A relative said, “They (care staff) know what they have to do and they have slowly got into the pattern of how we like things to be done.” Care staff explained how they gave people choices and involved them in making decisions about their care. One care staff member said, “I let them make decisions for themselves, such as what to wear, I show them the clothes and ask them what they would like.”

When we spoke with people they confirmed to us that care staff were polite and respectful towards them. One person told us, “They (care staff) are always pleasant and polite to me.” Another person said, “They (care staff) listen to me and are never short with me.” We asked care staff how they promoted people’s privacy and dignity whilst providing care and support. One care staff member described to us how they ensured people were warm enough, comfortable and had suitable clothes on. They also told us they made sure people had cover on different parts of their body while they assisted people with their personal care so that people’s dignity was respected. Care staff also told us how they promoted people’s own levels of independence. For example, where people were able to do some of their own personal washing and dressing care staff enabled people to do this. One person confirmed this as they told us, “I can still do some things for myself but it is good they (care staff) are there if I need them.”

Good

Is the service responsive?

Our findings

People we spoke with told us they received care and support based on what they needed and in a way that they liked. One person told us, "I am really happy with how (care staff) help me; it's excellent so far so good." A relative said, "It's the first time we have had (care staff) and now we have five of the best (care staff) you could wish for. We have times [my relative] really likes, perfect cannot fault them."

The registered manager explained that people's care and support needs were always assessed prior to their care service starting. People and care staff spoken with confirmed this was the case. Care staff said they tried to provide care that met the expectations of the person receiving the service. They said they always asked them or their relative how they preferred things to be done and at what times. These discussions with care staff helped people to feel in control of decisions about their care and shaped how support was delivered. One person confirmed this, "I am in total control of what care I want and if I need this changed in anyway. It is entirely up to me."

People spoken with gave us examples of how at different times staff had responded to their needs. One person described how they were impressed by the way a care staff member had stayed with them until an ambulance arrived. This person said, "They (care staff) did not have to but did and I really appreciated this."

We saw care records were being updated and a new system had been put into place where care staff could access a brief overview of people's support needs on their work mobile telephones. The care staff spoken with said this was a good system as they could see people's needs at a glance. Care staff showed us they were knowledgeable about the needs of people they supported. They told us they provided care to the same people on a regular basis which had been an improvement which had been made recently so were familiar with people's preferences and the ways they liked to be cared for. Care staff also told us they spoke with people and their relatives on a regular basis and any changes which were identified to them would be communicated back to the office to the registered manager and or senior care co-ordinator. This process enabled any changes in a person's needs were planned for and met. One care staff member told us, "Things are dealt with quickly; it's got a lot better as there is someone always on the end of the phone when I call the office."

People told us they had no complaints about the service they were currently receiving. People said if they did have any complaints they were confident that if they spoke with staff who provided their care or contacted the office do they would do what they could to make things better. For example, a relative told us they had spoken with the senior care co-ordinator about some issues with the times of their family members care and the issues were resolved.

There were arrangements were in place to investigate and respond to people's concerns and complaints. We saw that complaints received had been investigated and responded to appropriately. The complaints were about the times of people's calls. This was an area the registered manager had made improvements in with support from the senior care co-ordinator. People could therefore feel confident their concerns and complaints would be listened to and used to inform and improve care staff practices.

Requires improvement

Is the service well-led?

Our findings

There have been some recent management changes at the service as the person who was managing the service on a daily basis had left the employment of the provider and the registered manager had returned to manage and have a closer oversight of the service. The registered manager told us they found improvements were needed. They had recently recruited a senior care co-ordinator who was supporting them in driving through the improvements needed for the benefit of the people who used the service.

The registered manager acknowledged that there had been a lack of effective systems in place to monitor the service performance and key activities of the service to make sure that they were delivered as planned. However, since the registered manager had returned to have a closer oversight of the service they showed us they had an insight into the reasons why the service needed to be improved. For example, the registered manager with the support of the senior care co-ordinator had taken a number of steps to help improve standards within the service. We saw action had been taken so that people had care records which reflected their care needs. However, there was a lack of detailed individual risk assessments with guidance for care staff to follow so that risks to people's welfare and safety were promoted. We also saw action had been taken to make sure medicine records were now checked so that any discrepancies were investigated in a timely way. However, further work was needed to ensure medicine checks had details of whether improvements were required or not, signed and dated. This showed whilst some work had been completed further work was required which we identified at the time of this inspection.

The registered manager acknowledged the checking and monitoring arrangements needed to be strengthened further to identify any shortfalls and going forward plans put in place for improvement to make sure people received consistent standards of care. They showed us they were responsive to the improvements needed and told us, "We are almost there." The registered manager also showed us they were responsive to the views of professionals and used these to ensure improvements were made for the benefit of people who used the service. For example, they were taking steps to progress the actions they needed to take in order to make the required improvements to the service which had been identified by the local authority when they visited in March 2015.

We looked at how the provider enabled people who used the service to give feedback on the quality of the service they received. The registered manager had yet to develop consistent systems to listen to people and use feedback from people's experiences to improve the service, such as, asking people to complete satisfaction questionnaires. However, they had started to visit people in their own homes to meet people and gain an insight into how they were finding the care they received. Some people we spoke with confirmed the registered manager had visited them and talked about the care they received.

The registered manager had recently improved care staff opportunities to contribute to the running of the service, such as, through regular staff meetings. There had been two recent care staff meetings since the registered manager had returned and records confirmed that care staff had opportunities to discuss how the service could improve. For example, making sure people's daily records were completed to show staff were monitoring people's care needs.

We found that the registered manager was improving support systems for care staff. Care staff told us they felt the registered manager and senior care co-ordinator were trying to make improvements to the way the service was run and were approachable. For example, the registered manager had made a decision that they were no longer able to cover some areas that were not so local to the office. This showed the registered manager had considered staff availability, their welfare and people's needs and safety when they assessed staffing arrangements. One care staff member said, "We do have support. There is always someone we can go to if we need help and advice." Another care staff member confirmed that if they needed support outside of business hours they could telephone the person on call. Care staff also understood their responsibilities to report if necessary any concerns they had about the conduct of another colleague. They knew they could use the providers whistle blowing procedures in order to do this.

The registered manager told us that one of the key challenges as the service provision developed was staff retention and recruitment. Some care staff spoken with

Requires improvement

Is the service well-led?

told us there was a shortage of care staff to do some calls particularly in the evenings and more staff were needed. One care staff member said they had discussed their concerns about staffing with the senior care co-ordinator and they felt reassured that improvements would be made. Care staff told us they had trust in the registered manager.

They felt they had listened to their concerns and were recruiting new care staff so that calls could be shared amongst a larger group of care staff in the future that promoted the wellbeing of care staff and benefitted people who used the service.