

Evelyn Grace Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 17 October 2017. We gave short notice of the inspection to ensure the registered manager would be available to assist us. This was the first inspection of the service at its current location.

Evelyn Grace Ltd. is a domiciliary care agency which was providing personal care support to 45 people living in their own homes.

The service had a registered manager. 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.'

The service had provided very effective care and support to people, and often to their families as well. An exemplary level of advocacy support was provided to ensure people's specialist healthcare needs were met in a holistic way.

People, relatives and external care and health professionals praised all aspects of the support provided by the management and staff. Staff were viewed as very caring and professional and the service as very responsive to changes in people's needs or wishes.

People and relatives all said people were safe when being supported by the service. Staff understood how to keep people safe. They knew how to report any concerns and were confident these would be addressed by management.

People's rights were protected and staff treated people respectfully and looked after their dignity. People and their representatives were at the centre of planning people's care which was delivered in ways which involved and empowered them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice.

The service was very well led and the management team had effective governance systems in place to monitor its operation. The views of people, relatives and professionals were sought and acted upon to maintain and improve the service.

A robust recruitment process was used to ensure the quality of staff employed. Staff received a thorough induction and training and were supported to develop their knowledge and skills through regular observations and annual appraisal.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People and relatives felt people were safe. People were kept safe by staff who understood how to do this and were aware of the signs of potential abuse.

Risks to people and staff were assessed and appropriate steps put in place to minimise them.

A robust recruitment system was in place to try to ensure staff had the required skills, knowledge and approach.

Is the service effective?

Outstanding 

The service was highly effective.

People and families had benefitted for the service's exemplary advocacy work with external professionals which ensured people's full range of needs were met.

People, families and care/health professionals all praised the effectiveness of the service and the professionalism of staff.

Staff were highly competent in meeting complex healthcare needs and protected people's rights effectively.

Is the service caring?

Good 

The service was caring.

People, relatives and external professionals were very complimentary about the caring approach of staff and management.

People were treated as individuals and their dignity and independence were respected and promoted. They or their representatives were as involved as possible in decision making.

Exemplary end of life care had been provided to a number of people, enabling their wishes to be respected and supported.

Is the service responsive?

The service was responsive.

People, families and external professionals were all highly complementary about the flexibility and responsiveness of the service.

Staff and management provided a highly responsive service which took account of changes in people's needs and wishes.

People's complaints or concerns were heard and addressed effectively.

Good ●

Is the service well-led?

The service was well led.

People, relatives and external professionals all told us the service was well led and praised the approachability and professionalism of the management.

The registered manager had a clear vision and communicated her values and expectations to staff and the people supported.

The management team maintained effective governance of all aspects of the service. The views of people, relatives and professionals were sought as part of the ongoing review of the service.

Good ●

Evelyn Grace Ltd

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.

We have not inspected the service at this location although it had been inspected at its previous location prior to a change of address and service name.

This inspection took place on 17 October 2017 and was announced. The inspection was carried out by one inspector supported by an expert by experience. The expert by experience carried out telephone surveys of a sample of seven people receiving support, three relatives and five staff. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection

The service had submitted a provider information return (PIR), in June 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed all the current information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted representatives of the local authority who funded people supported by the service, for their feedback.

During the inspection we spoke with the registered manager. We examined a sample of four care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including four recent recruitment records, training and supervision records and medicines recording.

Is the service safe?

Our findings

The people and relatives we spoke with were all happy people were safe when being supported by the agency. All fourteen respondents to our written survey also felt the service kept them safe. Everyone was very positive about this. People's comments included, "Amazing care workers, no doubt at all that I am safe in their presence," "Yes I am safe, I am really happy," and, "Very comfortable with the care workers, they are very nice. I was recommended this company. I am glad I came to them." A relative said, "They are good with my relative. They make my relative feel safe. They also make me feel safe."

Staff were aware of how to report any concerns relating to safeguarding. Comments from staff included, "Yes there is a policy, we follow this," "Yes I would report it to the manager," and, "Yes I would report any concerns to the duty manager." Staff were confident the registered manager would act on them. One said, "Yes they would deal with any reports," another commented, "Yes they would, it's a must." Staff had received training on safeguarding vulnerable adults and said this was updated annually. They felt the service protected people from abuse. No safeguarding incidents had arisen since the service was registered.

Potential risks to people were assessed and detailed risk assessments completed where necessary to minimise the chance of harm. Appropriately detailed instructions were provided to staff to enable them to provide support without undue limitations on people's freedom and choice. They clearly identified the circumstances when external medical advice should be sought. They detailed the required hygiene practice to reduce the risk of infection. For example, in the case of a person who was fed via a tube to their stomach, very detailed care instructions were provided. A risk assessment of the home environment was completed to identify potential risks to people or staff. Identified hazards were discussed to agree how they might be minimised.

People and relatives were happy staff arrived for calls on time or they were notified if staff were running late. People understood sometimes emergencies elsewhere meant staff could be delayed. One person said they weren't happy about their call time. It had been explained to them their call time would be adjusted when there was capacity to do so, but as yet this had not proved possible. Other people's comments included, "Timing is very good, I am not often kept waiting. If the care worker cannot come, sometimes the managers come in their place," "On time every day, and they come at a time I also like," and, "They are only on odd occasions late due to an emergency. This does not bother me at all." Relatives were also satisfied about timekeeping. One said, "No issues about timing. If they are ever late, which is rare, they always call. Another commented, "If they are late, they will always ring us."

Staff were generally happy working for the service. One said, "I am happy with everything, I wish all carers had the same treatment as I do." Some staff felt call scheduling sometimes needed more care and they weren't always told if the staff they were on a double call with was off sick. One member of staff raised some issues via the written survey we provided ahead of the inspection. The registered manager had addressed these at the time. Two out of three respondents to our staff survey were happy with all aspects of their employment, role and support.

The service had experienced some turnover of long term staff since the last inspection but had recruited successfully, having just two part time vacancies at the time of this inspection. A specific team of staff had been established to provide consistent care to one area and similar teams were under consideration for other areas covered by the service.

The service had a robust recruitment procedure and carried out the required checks on the suitability of prospective staff to support vulnerable people. The required records were retained to evidence the process, including the result of a criminal records check, full employment history, copies of references and confirmation of identity. The ability of potential staff to communicate clearly with the people they would be supporting was taken seriously. The service also obtained the required information from an external staff agency, on the occasions when they had needed to use them.

People and relatives told us they were happy staff administered people's medicines safely. The service had suitable systems and records where they supported people with their medicines as part of the care provided. Training was provided to staff and they were observed to check competency before carrying this out unsupervised. Where medicines were prescribed by the hospital the administration instructions were photographed for inclusion on the medicines record form to reduce the risk of recording errors. Medicines administration instructions were typed so they could be easily read. Where medicines errors or omissions had occurred they were investigated and any learning used to improve future practice.

Is the service effective?

Our findings

People and relatives praised the effectiveness of the service and its staff very highly. People's comments included, "Oh yes they are wonderful. They look after me really well, they always go the extra mile," "They do everything well and right," "They always do everything properly. They also go the extra mile for us," and "They always make me feel comfortable." People and relatives were happy staff were sufficiently well trained and competent to meet people's needs. People's comments included, "No issues at all with the work done, they are definitely trained." Relative's comments included, "They are trained and skilled," and, "Yes they are really good." People and relative's feedback from our written pre-inspection survey was similarly positive with all respondents happy people were supported by consistent staff who had the skills and knowledge they needed.

The service was also highly valued by external healthcare professionals with whom they had worked. One wrote, "[Name] struck gold when they came across Evelyn Grace and to know the difference you made to this one family I hope fills you with a huge sense of pride and achievement."

The registered manager and staff were extremely skilled in supporting people's healthcare needs, often going over and above people's expectations to ensure their needs were met. The registered manager was especially skilled at advocacy on people's behalf, to ensure their rights and wishes were respected in meeting their healthcare needs. For example, on behalf of one person with a degenerative illness, the registered manager had acted as coordinator and ensured multiple healthcare professionals communicated regarding meeting their needs. This had necessitated co-ordination with speech therapist, dietitian, occupational therapist, physiotherapist, district nursing services and others to create a multi-disciplinary team, where previously each discipline had worked in isolation. Solely as a result of the registered manager's input, the person's wish to remain at home with family as long as possible had been respected, rather than them being hospitalised. This had dramatically improved the person's experience and wellbeing as their illness progressed and meant family had been able to spend much more time with them. The family wrote to express their gratitude to the registered manager for the efforts of her and her staff, "Thanks so much for everything you're doing for [name] (and us) at the moment. We are extremely lucky to have 'super heroes' such as you and [name] helping us out. You have no idea how much of a support all the hard work you put in on [name's] behalf for us means and how grateful we truly are."

The registered manager had advocated extensively on behalf of other people with external healthcare agencies. In another case, this had enabled someone with complex and high risk health needs to remain at home in accordance with their wishes. Liaison with the hospital consultant and the district nurses had led to a co-ordinated care package being devised to make this possible. In other instances, the registered manager had negotiated for staff to go into hospital to assist with personal care for people due to return home, to address their significant anxieties and build or maintain positive relationships with staff for their return home. The registered manager's philosophy was that their care responsibility did not end upon someone's admission to hospital. They often worked with hospital physiotherapists and occupational therapists to ensure effective care plans were established for the person's return to the home environment.

The registered manager related a number of similar instances where the involvement of the service had led to significant enhancement of people's care and lifestyle. It was very clear this was an area of excellent and outstanding practice for the service.

People were highly pleased with the support provided with meals, where this was part of the care plan. One person told us, "I have all the food in, they then make it to how I like it." Another said, "They do prepare the food just like I want it." A third person told us their son prepared a menu and made sure the food was available, then the staff followed this. Staff had also visited people in hospital to help ensure they ate sufficiently to aid their recovery and return home.

To ensure staff had the time to deliver the care plan without rushing people, the service only carried out 15 minute calls when these were part of a wider care package, usually involving multiple daily calls. Any such short calls were only for limited checks or perhaps just to administer medicines. To support people to maintain independence and control, senior staff involved them as much as they were able and wished to be, in planning their care. The service met with the person and where appropriate, their relatives to discuss their needs and agree how they would be met. Staff worked to maintain and support people's existing skills. When someone wanted to change their care plan this was accommodated whenever possible.

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. The service very much worked in accordance with these legal principles. Their advocacy on behalf of people's rights and involvement were exemplary. Feedback from staff indicated they sought people's consent before providing care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of a care agency this must be through applications made to the Court of Protection by the local authority. No one the service supported had legal restrictions on their liberty at the time of inspection.

Staff felt they had been provided with an effective induction, which included working alongside more experienced colleagues until they felt confident to work alone. One member of staff said, "I was very happy with the induction, we always have updates." Staff also received an appropriate training programme which equipped them with the skills and knowledge they needed. One staff member said, "Yes it is really good, we do training papers every six weeks."

Staff completed a rigorous induction based on the nationally recognised 'Care certificate' and their competence in key areas was checked through observation of their practice. Staff were assessed for competence using the equipment they would actually be using. Monitoring was ongoing through regular care observations by senior staff. Staff completed training modules every four weeks on a rolling programme to ensure they remained up to date and knowledgeable. Management and staff communicated regularly by phone and email which provided further opportunities to raise any concerns they wished to.

Staff received ongoing support through monitoring visits, one to one meetings, at least four face to face meetings per year and an annual appraisal. They felt this was a supportive and constructive process. Each staff member was observed at least monthly, sometimes through senior staff working with them on a care visit and any issues were discussed with them.

Is the service caring?

Our findings

People and relatives felt the service and the staff were very caring. One person commented, "The care workers are so nice, kind and caring, they are always on time. They do not keep me waiting, they arrange appointments for me with the GP and hairdressers, they are so organised." A second person said of the care staff, "They are amazing, so gentle, they are wonderful. They are more like friends. I wish all care workers in the country were like the care workers I have." A third person told us, "They are very caring, they are all nice." Relatives were also highly complementary. One relative told us, "They are wonderful." Another said, "Extremely pleased, they are really good care workers, the ladies are ten out of ten." A third commented, "They are absolutely wonderful, they love [name] to bits."

Several positive comments about the care provided by staff were made in response to the service's quality survey. "I cannot thank Evelyn Grace enough for the level of care and consideration shown to [names]. The team bought hope to us at a time when we were literally on our knees and could see no way out. I can only hope that other families have the good fortune to have Evelyn Grace care for their loved ones, thank you". Other relatives commented, "Carers are so in tune with [name's] needs – I feel happy knowing that all of [name's] needs are catered for," "The care given by Evelyn Grace Ltd. has been amazing. With grateful thanks to all concerned," "Fantastic service in every way," and "It makes a refreshing change to use an agency who's staff are so kind and caring. They often go the extra mile in their care of my mother."

It was evident staff treated people as individuals and took account of their views and wishes on a daily basis, responding positively to people's changes of mind on the day. People said in response to our written survey, staff supported them to remain as independent as possible and they would recommend the service to others. In response to the provider' survey one relative wrote, "Mum was at the centre of everything Evelyn Grace did and that was priceless."

People's individual needs were met in a highly person-centred way and the service worked very hard to ensure their wishes were respected. The service had provided exemplary end of life care to a number of people. In doing so they had helped ensure people's views and wishes were prioritised. They had ensured people received the care required from other services, in order to enable them to remain at home as they wished. Support had also been provided to their families.

People felt involved in their care and consulted about their needs. Relatives felt they were involved when appropriate. One person said, "The care workers respect what I want. If I want a shower, they support and check on me, they let me do it for myself." Another person told us, "They have a natural flair to make me feel at ease. They are caring and do not treat me like a baby."

People and relatives were happy the staff worked to maintain people's dignity. All of the people and relatives who responded to our written survey felt people were treated with respect and dignity. One relative responded to the provider's survey stating, "Evelyn Grace gave my mum the care she so desperately needed and at all times respected her dignity." Staff described various ways in which they supported people to maintain their dignity, including "drawing the curtains" and "keeping the client covered." Staff also

described how they talked to the person throughout their support and discussed what they were about to do. This helped to reduce anxiety and meant people knew what was coming. Staff received training on respecting people's dignity and privacy through completing a specific training module, as well as during their Care certificate induction.

Is the service responsive?

Our findings

People and relatives felt care and office staff as well as the service were flexible and responsive to changes in people's needs. People's care was reviewed with them. Where one person had an issue with one of the staff, the management removed them from the team providing their care without delay. One person said, "The managers come when the care workers are unable to come. They also come to see me, asking if I am ok and they check my care plan." Another person told us, "They always want to do what they can for me. The manager does keep in touch with my son." A third person praised the office staff and the registered manager.

Relatives commented positively of the way the service kept in touch with them and kept them informed of any changes in wellbeing. One said, "They keep me up to date at all times." Another told us, "Management always keep in touch with me," and a third stated, "Management are always there for us." Another relative responded to the provider's survey, "[Registered manager] is like no other that I had met before and did all in her power to help, supported by a great team." People and relatives were happy the service usually notified them if staff were delayed and would be late. Call schedules were tested out to identify any potential problems before being operated.

People were happy their care was person centred. For example, they said they valued the fact their care was provided by a regular team of staff. Comments included, "I have the same team coming to see me," "Yes I do have continuity, the same care worker. This is really important to me," and "I have the same care workers." Where there had been changes of staff, people felt this was handled well and were introduced to new staff, which helped them get used to the change. Relatives were equally positive about this. Care plans were supported by and written with regard to, relevant risk assessments.

People's needs and wishes were clearly recorded within care plans which were reviewed regularly with them. Changes to care plans were communicated to relevant staff via text, pending update of the written care plan. Staff felt they were kept up to date but said they also checked things out with people directly and got to know the people they supported. People were offered choices when planning their care and on a day to day basis to match their needs to the care provided.

People felt the service responded promptly to changes in their needs. One respondent to the service's annual quality survey commented, "My care needs have changed a lot over the last two months, and the Agency has responded quickly and efficiently". Another wrote, "The Agency changed my calls times according to my needs."

People were provided with details of the complaints procedure along with the statement of purpose in their home-based care file. People and relatives felt the service always responded positively to any concerns raised and they knew who to contact if they wanted to raise anything. People and relatives had not had cause to make any complaints. One person said, "No complaints whatsoever." Another said, "I do not have any complaints about the company, they are good." No formal complaints had been received since the service registered at the current location in August 2016. Where informal, verbal complaints had been made

these had been addressed effectively in a timely way.

Is the service well-led?

Our findings

People and relatives felt the service was very well run and the information it provided to them was clear and understandable. People's comments included, "It is a good service, I am happy," "They are wonderful, nothing is too much for them," "They are brilliant" and, "They are very good, I am very well looked after." A relative commented simply, "Good people, good company." Another said, "The service is brilliant, we are very happy. They support my relative, they support me as well."

Relative's feedback via the service's quality survey was also very positive. Comments included, "Evelyn Grace have provided a wonderful service for [name] who has dementia. I could not have asked for more caring and competent help," and "Evelyn Grace is a well organised, competent care provider whom I would not hesitate to recommend to others in need of a care agency."

Staff felt the service was well managed and had an open culture. When asked if the registered manager had clear vision and values all were very positive. Their comments included, "They certainly do, it is from the heart," "Absolutely, the owner set up this company after her grandma had bad care," "Absolutely" and "Yes they do." Staff understood her high expectations. They felt well trained and supported and that their views were sought. The registered manager carried out an annual staff survey. Where things were raised these were taken account of. Staff felt that although regular team meetings did not take place, they were kept up to date via email and could call the manager at any time. One staff member said, "The management are always there for us. They are a phone call away." Another member of staff told us additional support was provided by phone or in one to one meetings. A third commented, "They are contactable at all times." Staff felt the manager was approachable and dealt with any issues raised and felt comfortable to report any issues they felt needed to be raised. Staff said their views were sought and valued.

Having successfully established a specific team for one area of the service, the registered manager planned to establish other sub-teams in the future to maximise consistency of care and improve teamwork and communication.

The registered manager and senior team had good governance and monitoring systems to oversee the day-to-day operation of the service and enable effective review. A recording tool was used to address the various aspects of good governance. This identified how each aspect was addressed and provided evidence of the actions taken. Regular reviews of recording systems were also undertaken and recorded in a spreadsheet to enable effective oversight. The registered manager ensured their duty to inform people or their representatives about any instances where things had gone wrong, was met. For example, when a medicines error had occurred, the registered manager had reported it to the family, apologised for the error and explained the action taken to address it.

A service development plan was used with action plans, to address areas identified as requiring improvement. Regular care observations were carried out by the management team as part of ongoing monitoring of staff approach and care delivery. Managers also visited people following care calls to seek their feedback. The management team met weekly to discuss operational issues. They were in day to day

communication via an on-line live chat system as well as holding monthly management meetings. People and relative's views about the service were sought through annual surveys and as part of reviews. People knew who to contact at any time if they had a concern. Action had been taken to address any identified issues.