



## Inspection Report on

**Evoo Healthcare Ltd**

**Alexandra Gate Business Centre Ltd  
2 Alexandra Gate  
Ffordd Pengam  
Cardiff  
CF24 2SA**

## **Date Inspection Completed**

18/10/2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk) You must reproduce our material accurately and not use it in a misleading context.*

## About Evoo Healthcare Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Evoo Health Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	13 and 20 April 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

This inspection was carried out to review areas where the service was not meeting legal requirements in April 2023. This is because there were failings in the service which compromised people's care and safety. At this inspection, we found that the service has made positive changes and improvements in these areas. The service provider must ensure that the improvements are sustained and embedded in the service.

Since the last inspection, a new manager has been appointed. The Responsible Individual (RI) has good oversight of the service and completes quality assurance monitoring, but further improvement is required to ensure data is analysed to act upon when needed. There are policies and procedures are up to date for the running of the service and complaints are responded to.

The service values people's opinions and seeks their views to help shape the service for the future. We found people are beginning to benefit from the improvements made since the last inspection. Although there are personal plans in place to inform care staff of the needs of people, further improvement is required.

Currently, care staff are receiving refresher training to increase their knowledge and skill set, which they enjoyed. Most staff are well supported through regular supervisions and spot checks.

## Well-being

People are treated dignity and respect. People describe the care staff as kind and caring. They build good relationships with care staff based on trust and receive continuity most of the time. Although people felt that their needs are being met, the care notes do not always accurately reflect the support provided and calls are not always delivered at the right time. Care staff rotas include sufficient travel time to ensure call times are adhered to, therefore, improved oversight is needed in the management of calls.

People's views are valued. There is a robust complaints process which is dealt with correctly and people told us they felt confident to raise issues. People and their representatives are involved in their reviews to ensure their preferences are known. The RI engages with people and/or their representatives as part of quality assurance monitoring. Improvements are required to ensure quality assurance data is analysed and added to quality assurance reports. The RI must ensure reports are produced regarding the adequacy of resources.

People are safe from harm, but further improvement is required. People's personal plans are in place to ensure their needs and preferences are known. However, we found plans did not contain key care and risk information, which can result in incorrect care and support. Currently, the care staff are being retrained to undertake their roles correctly and understand the needs of people they support. Staff recruitment is safe and robust. All required staff personnel information is gathered, and pre-employment checks are completed prior to employment commencing.

## Care and Support

People mostly have consistent care staff which has enabled them to build a positive relationship with the care staff who support them. People describe the care staff as ‘*Lovely and caring*’ and ‘*They are respectful and make me feel comfortable*’. People told us that they receive the care and support they need but call records show that care staff are not always accurately recording their call times and not staying for the duration of the calls. Staff working rotas show that only recently care staff received travel time in-between calls, which is important to ensure staff are arriving on time and people do not feel rushed. There needs to be improved oversight to ensure people receive the support at the right time. Due to lack of auditing in place, this failed to identify the patterns and trends to be promptly acted upon. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People’s care documentation does not always reflect that people receive support in the way they need it to promote their health and well-being. We noted that people are involved in the assessment of their needs and the review process. Personal plans are in place which is important to inform care staff how to meet people’s needs and the associated risks. Although we found some improvement in this area, further work is needed. We found some key care information in the Local Authority assessment was not reflected in people’s personal plans and risk assessments are inadequate, incorrect, or absent. Inaccurate information can lead to people receiving incorrect care. Reporting and recording processes requires some improvement. We looked at the care records and found that they do not accurately record the care and support people receive in accordance with their personal plan. We found that medication administration charts were not available to view at the time of inspection, as there was a lack of oversight. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

## Leadership and Management

Since the last inspection a new manager has been appointed and they are suitably qualified and registered with the workforce regulator. The RI and the manager are closely working together to ensure the necessary improvements are made. The manager feels supported by the RI and meets on a regular basis to keep well informed. The RI confirmed that they intend to provide formal supervision with the Manager which is recorded.

People can be assured that there is improved management and oversight of the service. Most policies and procedures are now updated for care staff to follow. The RI regularly visits the service to seek the views of people using the service and staff. Some comments included, *"I trust them all and "They look after me."* Since the last inspection, people described the service as improving and the care staff appear better trained and supported. The quality care report is available which shows that the RI is evaluating the quality and safety of the service, but this needs to be further strengthened. The RI assured us that they will produce a report to regularly share with the service provider, reviewing the sufficiency of resources to deliver a safe service. The RI assured us that they intend to strengthen the internal auditing arrangements to ensure all key areas are regularly evaluated for example, call management, care planning, care records, medication, and staff support. This will ensure any patterns or trends are identified and lessons are learnt. This will ensure that there are no missed opportunities and issues are promptly acted upon. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People can be confident to raise concerns. Compliments and comments/ complaints are recorded at the service. People told us that when they contact the service with any concerns, these are mostly acted upon. The manager is actively speaking with people to ensure their voice is heard and issues are resolved. A complaints policy is available. There are many expressions of thanks and gratitude from people receiving a service.

There are good staff recruitment arrangements in place to protect people from harm. We examined a selection of staff personnel files and found that most contained the required information. Staff recruitment is safe and robust, as pre-employment checks including references and DBS certificates are applied for prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people. Improved oversight is needed to ensure staff are suitably qualified and registered with the workforce regulator. Care staff complete safeguarding training to know how to recognise abuse and neglect, including what their responsibilities are to protect people from harm.

People can start to feel assured that the care staff receive support and training to understand their role and the needs of people they support. Since the last inspection, most staff have received supervision and spot checks which is important for support and discuss their professional development. The manager and an external professional provide the training to assess that staff are at the required standard to perform the role. Since the last inspection, over half of the staff team received refresher training in most areas to increase their knowledge and skill set to help understand the people they support. The progress will need to be closely monitored and additional training areas provided. The care staff told us that they value this opportunity. People we spoke with felt that care staff need further training.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
15	The provider is not ensuring there is sufficient, accurate detail within personal plans to show how, on a day-to-day basis, the person needs to receive their care and support.	Achieved
6	The provider is not ensuring that the service is provided with sufficient care, competence and skill as governance and oversight is not clear and effective.	Achieved
12	All policies are not reviewed and updated to reflect current legislation and guidance.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
15	Care staff to be provided with sufficient information that sets out how best to support the person and mitigate risk.	New
8	To have systems and processes in place to effectively monitor, analyse and improve the quality and safety of the service.	New
59	Care records must be accurate and complete. Records must be made available to the regulator on request.	New
22	Improve the management of calls to ensure people's care needs are consistently met and protected from harm.	New
74	The responsible individual to prepare a report at least quarterly to share with the service provider on the adequacy of the resources to continue to deliver a quality and safe service.	New
16	The provider is not ensuring personal plans are updated following a review, and reviews are not consistently completed to identify if personal plans require change.	Achieved

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 27/11/2023