

# Treehome Limited

# Evergreen

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Evergreen is a care home providing personal care for up to 8 people. At the time of the inspection 6 people were living at the home.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

Staff communicated with people in ways that met their needs. They focused on ensuring people lived a fulfilling and meaningful life. People were supported to achieve their aspirations and goals. Medicines were stored and administered safely. Infection prevention and control practices reflected current guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care

People received care from staff who were kind and compassionate. The staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse.

People received person-centred care. Thorough assessments of people's needs were carried out following a multi-disciplinary team approach. The staff were skilled in supporting people when they experienced distress which may lead to risk for the person or others. People were encouraged to access activities in the community and attended social events.

### Right Culture

People, relatives and staff were regularly asked to provide feedback on the care provided. Their views were listened to and acted upon. The provider and managers were passionate about continuous improvements and invested in their staff. This created an open, honest culture where staff felt valued.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. They were working to best practice guidance for supporting people with a learning disability and/or autistic people. The registered manager continuously monitored the home with in-house checks carried out. These checks identified areas for improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 25 August 2017). At this inspection the home was rated good.

#### Why we inspected

We undertook this focused inspection due to the length of time since the last inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Evergreen

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one Inspector.

#### Service and service type

Evergreen is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

Before the inspection we reviewed all of the information available to us, including any information of concern and notifications. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

Not everyone was able to tell us about the care and support they received, we spoke with 3 people and we spent time observing people and their interactions with staff and others. We spoke with 3 staff, the deputy and the operations director. We looked at a range of records during this inspection. This included people's care records, risk assessments, maintenance records, health and safety checks and medicine records. We looked at a variety of records relating to the overall governance system of the home, which included audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected by an effective safeguarding system. Where concerns had been raised about people's safety and welfare this had been recorded, action was taken to keep people safe, and information was shared with the staff to ensure continuity of care.
- The registered manager worked closely with the local authority safeguarding team and other professionals to ensure people were safe.
- We asked people if they felt safe living at the home. One person told us, "Safe yes". Another person told us, "Yes, I do feel safe". We spoke with staff and asked them if they felt people were safe. One staff member told us, "Yes, we speak a lot about safeguarding in meetings and handovers."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions. The staff told us they encouraged people to live freely. They carried out risk assessments and were aware of people's triggers, which led to them feeling distressed. The staff used de-escalation techniques and spent time with people when they were distressed.
- People's care plans recorded what risks were relevant to individuals and measures staff should take to minimise such risks.
- Robust checks were completed to identify what maintenance work was needed, along with health and safety checks. Plans were in place to renovate the downstairs bathroom. This had been taken out of use due to damage to the floor. Health and safety checks had identified this.
- Fire safety measures were in place. This included Personal Emergency Evacuation Plans (PEEPs) which were completed for each individual and provided details about the persons support needs and how these should be met in an emergency.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. At the time of the inspection no persons had an authorised DoLS in place. Some people had been assessed and were waiting for a decision to be made. A DoLS tracker was in place to monitor each stage of the process.

#### Staffing and recruitment

- There were enough staff to safely care for people. The staff told us people's needs were met throughout the day and night, as well as being able to spend meaningful time with individuals.
- The staff described working as a close team to help cover the rota. Agency staff were used when needed. The agency staff were familiar with the home and cared for the same people, to help with the continuity of care.
- Some people had been assessed as requiring one-to-one support and we observed this taking place.
- The registered manager ensured staff were recruited safely in line with the provider's policies and procedures. This included asking for references and making checks with the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People's medicines were managed in a safe manner. Staff were trained in medicines management and were assessed as competent.
- People's medicine administration records were fully completed and well managed, supporting safe medicines practices. Protocols were in place to help manage those medicines administered to people on an as and when basis, such as paracetamol.
- The home ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Medicines were stored safely in people's rooms or within a locked cupboard in the office. Daily stock checks were undertaken by the staff. They counted people's medicines and kept a running total. No controlled medicines were being administered.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

There were no restrictions on people welcoming visitors to their home and the provider was following currently published visiting guidance by the Department of Health and Social Care.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated appropriately. Analysis of falls and incidents was carried out regularly, any trends identified were acted upon. The senior leadership team had access to the data and regularly reviewed reports of the falls and incidents.
- The management team had learnt lessons when things had gone wrong. These were shared with staff to help minimise any future risks.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the home was positive and supportive. The staff encouraged people to pursue hobbies and interests. One person enjoyed going to the local shops each day with the staff. Another person told us they had enjoyed going to a local park, where they enjoyed a picnic.
- We looked at the home's evidence folder, which showed photos of people enjoying taking part in person centred interests. One person enjoyed splashing around in the swimming pool in the garden and another person enjoyed playing skittles.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a clear understanding of people's needs and maintained oversight of the home. Along with managing Evergreen they also managed 3 of the provider's other homes. They divided their time between the 4 homes. A deputy manager was in post full time who supported them.
- The registered manager and the deputy communicated the provider's values to staff who knew how to apply them in their day-to-day work. Staff were clear about their roles and how to deliver a high quality service.
- A quality assurance system was in place to monitor all aspects of the home. This included people's care, the environment, care records, medicines and health and safety checks. As part of the governance system in place, walk arounds took place by the deputy or registered manager. Records were kept of their findings.
- An area director visited the home regularly. They carried out their own audits of the home. Where areas of improvement had been identified, an action plan was in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- It was evident the staff knew people well. A keyworker system was in place, which meant each person had a named carer. The key worker role provided a source of support to people. The staff spent time engaging with people, checking they were happy and if they had any concerns.
- The provider empowered people to meet up and mix with other people that lived in the provider's other homes. Social events took place such as parties, BBQ's and an Easter party.

- The staff held 'talk time' with people every few days or when they felt people needed this. This provided another opportunity to discuss how people were feeling. The time was also used as a debrief when people were upset or if they had displayed some behaviours.
- The provider had a 'your say forum' for the staff. This was attended regionally by the deputy manager. The staff were able to raise any issues or suggestions to the deputy. They then took this forward to the forum and discussed this as their representative. The meetings were held at the provider's head office away from the workplace.
- Weekly meetings were held with people, to help them plan their menu choices for the week ahead. This provided an opportunity for staff to engage with people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Continuous learning and improving care. Working in partnership with others

- The provider understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The management team understood their responsibilities about informing people and their families, the Care Quality Commission and other agencies when incidents occurred within the home.
- The home had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.
- Staff proactively learned from others and shared their own practices to support a culture of improvement. They engaged with stakeholders to improve care and support for people using the wider system. They supported people to have a voice about their own care.
- The registered manager had a clear vision for the direction of the home, which demonstrated ambition and a desire for people to achieve the best outcomes possible.