

Evergreen Care Provider Limited

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Inspection report

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Date of inspection visit:
19 June 2019

Date of publication:
27 June 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Evergreen Care Provider Limited provides personal care to people living in their own homes. Support is provided to older people, younger people, people with mental health conditions, people living with dementia, people with sensory impairments, people with learning disabilities and children. CQC regulates the personal care provided. At the time of our inspection visit three adults and one child were in receipt of personal care.

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

People felt safe and remained living in their own homes in line with their wishes. Procedures were in place to protect people from harm and staff understood the risks associated with people's care to keep them safe. Strong emphasis was placed upon continually developing the safety of the service and learn lessons if things went wrong.

Staff were recruited safely. Enough staff were employed to ensure people received all their care calls, from familiar staff at the times agreed. Staff felt valued and received the support and training they needed to be effective in their roles.

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.

Relatives provided positive feedback about the care provided and staff knew people well. People's needs had been assessed before they started using the service and people and those closest to them were involved in planning and agreeing to their care. Care plans contained detailed information to help staff provide personalised care.

People were supported by family members to take their medicines. People's nutritional needs were met, and the management team and staff worked in partnership with health and social care professionals to ensure people received effective care.

People were encouraged to remain independent. People's care and support was provided in a dignified way by respectful staff.

Systems were in place to manage and respond to complaints. People and relatives were happy with the service they received, and the way Evergreen Care Provider Limited was managed. The management team demonstrated commitment to providing high quality care.

Effective systems continually monitored and evaluated the quality and safety of the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-led.

Details are in our well-led findings below.

Evergreen Care Provider Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out the inspection.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. They were also the provider. They are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 13 June and ended on 19 June 2019. We visited the office location on 19 June 2019.

What we did: Prior to the inspection visit we gathered feedback from two people's relatives and two care workers. We looked at the information we held about the service and used this to help us plan our inspection. This included information the provider must notify us about, such as allegations of abuse. We also considered the Provider Information Return. This information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also gathered feedback from commissioners who work to find appropriate care and support services for people and fund the care provided.

During the inspection visit: We spoke with the registered manager and the care co-ordinator. We reviewed two people's care records, to ensure they were reflective of their needs. We reviewed records relating to the management of the service such as quality audits and people's feedback. We reviewed two staff files to check staff had been recruited safely.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm. Regulations were met.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place to protect people from harm.
- Staff completed safeguarding training which helped them to recognise abuse. They understood the importance of reporting concerns to their managers to protect people.
- The registered manager shared information, when required with the local authority and with us (CQC) to ensure allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management

- Peoples relatives confirmed people felt safe with care workers. One said, "Everything is safe. We trust them and have 100% confidence in them."
- Risks associated with people's care, were assessed and detailed risk management plans were in place to inform staff how to manage and reduce risks. For example, where people required help to move safely the number of staff members needed and the equipment used was documented.
- Staff knew how to manage risks. For example, one person at times became anxious and staff knew what techniques to use to reduce the persons level of anxiety.

Staffing and recruitment

- Enough staff were employed to ensure people received all their care calls, from familiar staff at the times agreed. A relative told us, "Staff are extremely punctual, always on time."
- Staff had enough time to provide the support people needed. One said, "We get enough time, we never have to rush."
- Recruitment procedures minimised the risks to people's safety. Staff had not started work at the service until the required checks had been completed to ensure they were suitable to work with people who used the service.

Using medicines safely

- At the time of our visit people staff did not support people to take their medicines. This was because they were supported by family members to do this.

Preventing and controlling infection

- People and their relatives confirmed staff followed good infection control practice in their homes.
- Staff completed infection control training and understood their responsibilities in relation to this, including the use and safe disposal of single use aprons and gloves.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. The registered manager explained if accidents occurred they would be reviewed so appropriate action could be taken to reduce the likelihood of them happening again.
- No accidents had occurred since our last inspection. Strong emphasis was placed upon continually developing the safety of the service to improve outcomes for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and feedback from people's relatives confirmed this. Regulations were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the registered manager before they started using the service. People and those closest to them contributed to their assessment which included their behaviours, mobility, lifestyle choices and required call times.
- Information gathered during assessments was used to develop care plans which helped staff to get to know people and understand their needs.

Ensuring consent to care and treatment in line with law and guidance

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.

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 MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was compliant with the MCA. The registered manager understood the relevant requirements of the Act. No one using the service at the time of our inspection had restrictions on their liberty.
- Staff completed training to help them understand the principles of the MCA. Staff sought people's consent before they provided assistance.
- People were empowered to make their own decisions and were provided with the information they needed to support decision making.

Staff support: induction, training, skills and experience

- People's relatives had confidence in the ability of staff to deliver care effectively. One said, "They know how to move him. (Care coordinator) gives them good training and comes out to check they do things properly."

- Before new staff started working unsupervised they shadowed and worked alongside either the care coordinator or the registered manager who assessed new their competency before they worked independently.
- Staff developed and refreshed their knowledge and skills through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard.
- Staff spoke positively about their training. One said, "We get great training specific to people's needs."
- Staff had opportunities to obtain qualifications in health and social care which helped them to develop their knowledge and skills to benefit people.
- Staff felt supported by the management team. They received individual support through one to one meetings to help guide them with their work and continually improve their practices.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to meet their nutritional needs if this was part of their planned care.
- Peoples dietary requirements and preferences were documented in their care plans. Staff knew what people liked to eat and drink. For example, one person enjoyed eating yogurts.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Relatives made health appointments for people. However, the registered manager confirmed staff could offer this support if it was needed.
- The management team and staff worked in partnership with health and social care professionals such as district nurses to ensure people received effective care.
- Staff monitored people's health and understood their responsibility to obtain further advice or support if they noticed any changes or signs of illness.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care. Regulations were met.

Ensuring people are well treated and supported

- Relatives provided positive feedback about people's care. One said, "They (staff) are lovely caring people and are doing a great job. (Person) really looks forward to seeing them."
- Staff knew people well and knew what was important to people from their perspective.
- Staff knew how people preferred to communicate and communication methods were documented within people's care plans. For example, one person used facial expressions, to make their needs known. This was important because the person was unable to use speech.
- Staff had completed equality and diversity training. They understood the principles of the Equality Act and supported people in a caring way regardless of their disability, race, gender, religion, sexual orientation or cultural backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- Care plans demonstrated the inclusion of people and their relatives.
- The management team regularly visited people and spoke with them via the telephone to discuss their care. When people's needs had changed information had been shared with staff and records were updated.
- Where possible people made day to day decisions about their care and were provided with information in a format they could understand. Providing information in preferred formats for people who have a disability, impairment or sensory loss meets the requirements of the 'Accessible Information Standard' (AIS) which aims to ensure people received the communication support they need.

Respecting and promoting people's privacy, dignity and independence

- Relatives confirmed the provider's aim to support people to remain living own homes in line with their wishes was achieved.
- Staff showed people respect. A relative said, "They (staff) talk in a lovely way, really polite and respectful."
- Staff provided care in a dignified way. One said, "We cover (person) up with towels when we wash them. We also close curtains are close the door."
- Care plans supported people's privacy and dignity and promoted their independence. Plans helped staff understand what people could do for themselves and when they need prompting, or support.
- People's personal information was managed securely in line with data protection law.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery. Regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care from staff who knew them well. For example, staff knew it was important to one person to follow specific routines to help them manage their levels of anxiety.
- Care plans contained information including people's life histories and preferences which supported staff to provide personalised care. Outcomes were clearly recorded, and progress was monitored and regularly reviewed which supported a good quality life. Changes in people's needs were quickly highlighted and changes were made when needed.
- People received their care at the agreed time and for the agreed duration. The service was flexible to meet the needs of both people and their relatives. One relative explained because staff were reliable they continued to live their life how they wished to do so.
- People's individual religious and cultural needs were known and respected by staff. The registered manager confirmed the service would support people to attend places of worship if this was required.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. One relative said, "I would call the manager straight away if I was unhappy about something. They would sort it out."
- A copy of the provider's complaints procedure was provided to people and included information about what they could expect if they raised a concern. Staff understood their responsibility to support people to share any concerns or complaints.
- The management team regularly checked people were happy with the service, so any concerns could be dealt with immediately. No complaints had been received since our last inspection.

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 the last inspection this key question was rated as Good. At this inspection 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. Regulations were met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives confirmed the provider's main aim for the service was achieved. This was because people received good quality care which helped them to remain living in their own homes.
- Relatives were happy with the way the service was managed. Comments included, "Very well run," and, "It's a very good company."
- The registered manager and care coordinator spoke passionately about the service. The registered manager said, "We are committed to making a positive difference. Feedback assures us we do."
- Staff felt supported by their managers. One said, "They (managers) provide good advice and the training they have given me makes me a good carer." Another said, "Communication is good. I can call the manager anytime for support. They always make time for me."
- The registered manager understood their responsibility to be open and honest if things went wrong. The care coordinator said, "If something went wrong we would reflect on it, see what we had missed and make sure it never happened again."

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

- The management team consisted of an experienced registered manager and a care coordinator.
- The registered manager demonstrated good understanding of their regulatory responsibilities and kept their knowledge of legislation and best practice up to date. For example, they attended local manager forums to share best practice.
- Staff understood their roles and were aware of what the provider expected of them. One said, "I enjoy my work, the manager has made it clear what they expect from me."
- Effective systems were used to continually monitor and evaluate the service provided. For example, spot checks of care workers practices took place every three weeks. We reviewed a sample of completed checks which demonstrated staff worked in line with the provider expectations.
- An audit schedule tool was used to ensure audits and checks were completed in line with specified timescales. The care coordinator said, "That way no checks get missed and we can monitor performance and make improvements if we need to."
- The latest CQC inspection rating was available on the provider's website. The display of the rating is a legal requirement, to inform people seeking information about the service of our judgments.

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

characteristics

- Feedback from people and relatives was encouraged through quality questionnaires, meetings and telephone calls. Analysis of recent feedback gathered in March 2019 demonstrated people and relatives thought the service they received was good and improvements were not required.
- Staff attended regular meetings with their managers which gave them the opportunity to discuss any issues of concern and ideas for improvement.
- The service had a website ' to communicate with people, their relatives, staff and the public.

Continuous learning and improving care, working in partnership with others

- The management team and staff were committed to working in partnership with other organisations to improve outcomes for people which meant people received good holistic care.
- People had opportunities to maintain positive links with their community if this was part of their planned care. For example, one person was supported by staff to access a local gymnasium.