

Mentaur Limited

# Evergreen House

## Inspection report

59 Chantry Road  
Kempston  
Bedford  
Bedfordshire  
MK42 7QU

Tel: 01234854823  
Website: [www.mentauruk.com](http://www.mentauruk.com)

Date of inspection visit:  
14 August 2018  
15 August 2018

Date of publication:  
07 September 2018

## 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

This inspection was carried out on 14 August 2018 and was unannounced. At their last inspection on 5 November 2015, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards.

Evergreen House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Evergreen House provides accommodation for up to six people with learning disabilities. The home is not registered to provide nursing care. At the time of the inspection there were six people living there.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager who was in the process of becoming registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People knew the management team and relatives told us the service was well run. There was a quality assurance process to help maintain and improve the service provided. People were regularly out in the community and the management team engaged with external agencies to help drive improvement.

People felt safe and staff knew how to respond to abuse. Risks were assessed and mitigated. However, staff training in regard to fire safety needed to be developed. This was carried out following the inspection. Medicines were managed safely and infection control was promoted.

People were supported by enough staff but recruitment processes needed to be more robust. Staff had opportunities for training and received supervision.

People managed their own nutrition with support from staff and the service worked in accordance with the principles of the Mental Capacity Act. People had access to health and social care professionals when needed.

People were treated with dignity, respect and kindness. The staff treated the service as it was people's home. People were involved in planning and deciding their care and staff knew them well.

People received care that met their needs and support plans enabled the staff to support people appropriately. People enjoyed a range of activities that suited their hobbies, preferences and interests while promoting independence. There was a complaint's process that people and relatives knew how to use.

## 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 felt safe and staff knew how to respond to abuse.

Risks were assessed and mitigated. However, staff training in regard to fire safety needed to be developed. This was carried out following the inspection.

Medicines were managed safely and infection control was promoted.

People were supported by enough staff but recruitment processes needed to be more robust.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had opportunities for training and received supervision.

People managed their own nutrition with support from staff.

The service worked in accordance with the principles of the Mental Capacity Act.

People had access to health and social care professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity, respect and kindness.

The staff treated the service as it was people's home.

People were involved in planning and deciding their care and staff knew them well.

### Is the service responsive?

Good 

The service was responsive.

People received care that met their needs.

People's support plans enabled the staff to support people appropriately.

People enjoyed a range of activities that suited their hobbies, preferences and interests while promoting independence.

There was a complaint's process that people and relatives knew how to use.

### Is the service well-led?

Good 

The service was well led.

People knew the management team and relatives told us the service was well run.

There was a quality assurance process to help maintain and improve the service provided.

People were regularly out in the community and the management team engaged with external agencies to help drive improvement.

# Evergreen House

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by one inspector.

During the inspection we spoke with one person who used the service, the operations manager, the quality and compliance manager who was previously the registered manager and the newly appointed manager. Following the inspection, we received feedback from three relatives and three staff members. We received information from service commissioners and health and social care professionals. We viewed information relating to two people's care and support. We also reviewed records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

# Is the service safe?

## Our findings

Most of the people who were living at the service were unable to tell us if they felt safe living at the service. However, we observed people respond to staff and they were comfortable and happy to see them. Relatives told us that they felt people were safe. We spoke with one person who told us that they felt safe and said, "If I'm worried I'll speak to someone (staff or manager) who can help me."

People were supported by staff who had a clear understanding of how to keep people safe. This included how to recognise and report abuse. Staff received regular training and updates. People were reminded during meetings of what they needed to do if they had experienced abuse.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were in place for areas including behaviour that may challenge others and going out. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. One staff member told us, "People are safe and the service users who are at home get checked up on every hour to make sure they're okay and to know what they are doing or where they are in the house." We noted that there were a low number of incidents. However, all accidents and incidents were reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced.

There were regular checks of fire safety equipment and people were reminded during meetings what they needed to do in the event of a fire. However, although fire drills were completed normally six monthly, they had not included the staff that worked during the night. Staff at night worked alone and we also found that only one of the two employed night staff had received fire training. Although this member of staff had recently attended fire Marshall training, fire safety awareness was due to be updated. We noted that this training omission had been identified in January 2018 but had not yet been addressed. However, we spoke with the night staff member who had not received training or been part of a recent fire drill and we found that they had the appropriate knowledge of how to respond in the event of a fire. Following the inspection, the operations manager sent us a list of actions already taken and those upcoming. This included providing the night staff in particular with updates to their knowledge in relation to people's individual evacuation plans, fire safety and fire procedures. The provider ensured that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety.

People and their relatives and staff told us that there were enough staff available to meet people's needs. One relative said, "There has been issues in the past as regards staffing levels, which I feel has impacted on the service users and staff, thankfully this is now resolved." Another relative told us, "There have been periods of staff shortages but I feel this is common to many similar homes and generally the staff seem happy." A third relative said, "There was a period a number of months ago when staffing numbers were especially challenging; we of course also appreciate the care industry in general suffers from retention issues etc. However, we continued the open and honest dialogue with the manager and raised any particular concerns we had with her. These were always dealt with to our satisfaction. Despite the difficulties, care standards were maintained albeit there was an impact on staff such as [previous manager] who were

frequently having to fulfil shortfalls as well as managing driver shortages, so there is no doubt Mentauro (provider) recognised this to be unsustainable and progressed adverts/interviews to secure new staff." Throughout the course of the inspection we noted that there was a calm atmosphere and that people received their care and support when they needed it and wanted it. Staff told us that there was a team of bank staff who supported the home when needed. The quality and compliance manager told us, "We don't use agency staff, it's not good for our service users as they don't know them. All our bank staff complete the same two-week induction as permanent staff." Staff told us that there were mostly enough staff on duty. However, at times there were staff shortages. One staff member told us that at times there was not enough staff, they said, "Recently there has been shortages of staff so some service users couldn't do all their activity. The manager has tried to call staff from other houses but they're short as well and the bank staff are not reliable as so my manager has to work more hours." Another staff member said, "We don't use agency, we all do extra shifts. We have great teamwork." We reviewed the rotas for the home and found that in most cases shifts were staffed to the expected number and were reduced when people were out, for example, at weekends.

Safe and effective recruitment practices were not consistently followed to ensure that all staff were suitable for working in a care setting. There were checks in place which included written references and criminal record checks. However, we noted that references were not always dated or verified and there was only one reference obtained. We also found that full employment history was not explored for any gaps. This was an area that further development.

People's medicines were managed safely. Medicines were stored safely and administered by trained staff. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were accurate with the records. Control measures were in place to ensure these were managed safely. People received regular reviews to help ensure medicines they were taking were still appropriate for their needs.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We also noted that one person was working towards a food hygiene certificate at college. We noted that the service used the local authority's 'safer food, better business' process in the kitchen and the manager checked to ensure staff were working in accordance with the policy.

Lessons learned were shared at team meetings, supervisions or as needed. We noted that any issues were discussed and remedial actions put into place.



## Is the service effective?

### Our findings

People's relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. One relative said, "My [relative] and I have given two sessions of staff training this year, on autism awareness and use of social stories. We did this on a voluntary basis but were encouraged by the motivation of the staff to develop their skills."

Staff received training to support them to be able to care for people safely. This included training such as moving and handling and safeguarding as well as specific training in relation to Autism. We saw that one of the more recent training sessions had been delivered by a relative to further develop staff knowledge in relation to people's needs and how to enable them to live fulfilled lives. Staff told us that they felt supported and were able to approach the management team for additional support at any time.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management team demonstrated an understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. The appropriate assessments, applications and documentation was in place.

People were given choices all aspects of their lives. There were no set routines at the service, people got up, went to bed, went out, cooked and ate when they wanted to. Staff were there to support them. The previous manager, now the quality and compliance manager told us, "I came in one night as I was on call because a person wanted to go out and the staff were unable to leave the service." A staff member told us, "The service revolves around the service users 100% they are always offered choices and they pick which ones (activities/tasks) they want."

The home was a converted house. There was no lift but people were able to move independently up and down the stairs and around the home. There was a large dining area where we had seen photos of people enjoying meals together and a smaller table in the kitchen if people wanted to sit alone. We were told by staff that one person preferred this as it was quieter. There was a lounge and a large activities room. There was an accessible garden that had recently had new furniture purchased so that it could be enjoyed. A relative told us that their family member's room was kept clean and in a way they liked. They went on to say, "It is going to be painted while [person] is on holiday with us, which is a good example of sensible planning."

People were supported to enjoy a variety of food and their individual likes, dislikes and dietary needs were well known by staff. One person told us that they enjoyed cooking. They said, "I help prepare the vegetables, sometimes I chop the garlic too big and they (staff) help me." Assessments had been undertaken to identify if people were at risk from not eating or drinking enough. At the time of the inspection everyone was able to prepare and cook their meals independently, some with support from staff. People made their own shopping lists following their menu planning with their keyworker and they did their own food shopping. The operations manager told us, "The service although a residential home, is run like supported living. We worked with the commission team and developed a service where people can live independently with the benefits of a care home. Everyone buys their own food and cooks when they want to." One person told us, "I like going shopping." We were also told that when it comes to events such as Christmas, they had a joint menu planning session and they decided what they were having and all shared the cost of the shopping.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, dentist and a chiropodist. Relatives told us that staff helped ensure people went to their appointments.

## Is the service caring?

### Our findings

People and their relatives told us that staff were kind and caring. One person said, "They are kind to me, they help me." A relative told us, "[Person] seems very happy there and has a close relationship with staff members, who seem fond of [person]." Another relative told us, "[Person] comes home most weekends and we go on a family holiday each year together; it is also nice to be able to report that [person] comes home and returns to Evergreen equally as happy so we do feel this is reflective of the homely environment staff have created there for [person] and all other service users."

Staff were calm and friendly with people and we observed them interact with people in a warm and caring way. Staff listened to people and gave people time when it took time for them to verbalise what they were communicating. Staff were familiar with how people communicated and what gestures people made meant. For example, when a person was shouting and sounding distressed. Staff respected people and supported them with dignity. We noted that there was a clear emphasis that this was home for people and they had created a family atmosphere.

Reviews of people's care involved people and relatives too where appropriate. One relative told us, "I have found the home to approach us as a family if they need advice or support to manage [person's] autism and we have a communication book that goes back and forth with messages. The reports for [their] annual review are positive and comprehensive and the manager and I meet every three months or so to review progress. Sometimes things we agree seem to slip a little and sometimes information is not relayed to us, such as when [their] key worker changed, but I don't feel this is deliberate." Plans detailed ways in which staff could try to encourage people's involvement by offering choices and supporting them to live independently where possible. One relative suggested a notice board of staff to help ensure they could easily identify staff.

People were encouraged to maintain relationships in whatever form they took. This included with family members and friends. We also noted that there was an opportunity for people to attend a new dating event to help develop potential new relationships. One person's keyworker had completed the paperwork for the event with the person and made sure that they were aware of what it entailed. They told us that the person was looking forward to the possibly of meeting someone new.

People's records were stored in a lockable cupboard in the office to promote confidentiality for people who used the service.

Relatives and friends of people who used the service were encouraged to visit at any time. We noted that they were invited to events, training and also got involved in decorating the Christmas tree to help the service win the provider's annual Christmas tree competition. A relative told us, "The homely atmosphere we always feel when we collect and return [relative] was reflected once again in a lovely party put on last weekend to say goodbye to [previous manager], and to welcome [new manager]. The majority of staff and parents were present. Similar parties also always occur at Christmas, for example and are a good opportunity for parents to interact also."

## Is the service responsive?

### Our findings

People's care plans were detailed and person centred. They included information that enabled staff to promote independence where people were able and provide care in a way people preferred. Goals and plans were included and there was a monthly progress update for these plans. A relative told us, "We are extremely pleased and happy with [relative's] continuing progress and personal development. We genuinely see [them] increasingly settled, content and achieving increasing levels of independence. [Their] speech and language continues to develop and [person] is far more able to make [their] needs known which has doubtless been aided by staff supporting [them]. [Person] has always been a pretty content young [person] and [they] increasingly tries new things, which is wonderful!"

During the inspection we observed staff being prompt in supporting people and responding to their needs in a way that confirmed they knew people well. This included ensuring a person was accompanied to the bus stop on time and supporting with personal care at a time that suited them. People went out when they wanted and spent their day how they chose. We noted that a person wanted to go to the park and they were supported to go to the park. A relative said, "[Person's] teeth cleaning is rather variable and depends on the tenacity of the staff member that day as [person] is not keen and needs lots of encouragement. When [person] comes for an overnight stay, [their] bag is packed well. I recently spent a morning with [the previous manager], reorganizing [person's] room and sorting through clothes. [The previous manager] was able to tell me what clothes [they] liked wearing and seemed to have a very good understanding of [their] needs." A person who used the service that staff and the manager supported them when needed. They said, "[The manager] helped me with the cup of tea situation." We noted that the ethos of the home was to support people to be independent with appropriate guidance, support and risk management.

The service did not provide nursing care and the manager told us that they had not yet needed to provide end of life care for people. The management team told us that had prepared for it by developing a policy but going forward they needed to ensure staff had received training and people had their wishes documented in their support plans.

People were supported to participate in activities in and outside of the home which reflected hobbies, interests and preferences. We saw people enjoyed trips to the seaside, holidays, walks and shopping. One person had an interest in a particular cartoon character and the staff ensured they had an opportunity to meet this character at a local shopping centre. People and relatives told us that staff supported people to do things that they enjoyed. One person said, "I go to the park, and shopping, I like that, I go swimming, it's a healthy activity." People attended day centres and days out with family members. One person told us they were looking forward to the event that they had with family members this coming weekend. They also told us about their plans to book their annual holiday which the manager was helping them with. We saw that there were fridge magnets displayed of all the places people and staff had visited. Some included photos. Staff knew what people enjoyed and facilitated this. We saw some people had worked in charity shops and others went to college. We saw that one person had enjoyed the library but staff noticed this increased their anxiety. To resolve this while still ensuring the person could enjoy their love of books, they now visited a book shop which had a café and they found that this suited the person better. People had individual

monthly activity plans which they devised at their monthly one to one meetings so they knew what they had coming up.

There had been no recent complaints received. Complaints and minor concerns raised previously had been fully investigated. However, the service would benefit of maintaining a record of the response to the complainant. People and relatives told us that they knew how to raise concerns but had not needed to. One person said, "I would talk to them (staff)." A relative told us, "I find staff approachable and keen to resolve differences if they arise." Another relative told us, "When there have been concerns raised in connection with [relative's] care or other parties these have been listened to and carefully and sensitively managed and addressed." In people's bedroom complaints process was in a pictorial format to help people understand how to make a complaint and people were reminded during meetings to help ensure they understood the complaints process should they need to use it.

## Is the service well-led?

### Our findings

There had been a recent management change at the service. The registered manager had left the service to work in a quality role for the provider the previous week. The previous registered manager was well known throughout the home and people told us they liked her. However, the new manager who had only taken over at the home the day before the inspection, was also known to the service from a previous role and had received a two-week handover from the previous manager. We noted that they provided support to people and knew people well. One person said, "I like him, he's been here with us before. He helps me." The new manager had started the registration process with the Commission.

Staff were positive about the manager and the running of the home. One staff member said, "I think the home is ran well for the service users as their need are met most of the time and they are always happy with the house and staff." Relatives were also positive about how the service was run. One relative said, "[The previous manager] has been very flexible, for example helping [relative] prepare [their] favourite foods as a starter for our family Christmas supper with [person's] siblings and partners, on Christmas Eve. This was lovely for [person] to be able to be a host for once, and meant a lot to us all. The new home manager [name] has worked at the home and has always been equally positive, enthusiastic and kind: we feel optimistic for the future." Another relative told us, "As you will likely be aware, [previous manager] has been the fairly long-standing manager, and we have always had a very open and honest dialogue with her so our personal experience is of a professional, transparent and efficient manager and service. Communication has been excellent, timely and responsive e.g. promptly and effectively addressing any concerns raised. As the very new incoming manager, [name] incidentally our [relative's] key worker a few years ago, we also have every confidence he will take forward the high standards set by [previous manager] for herself and the Evergreen House staff."

The relative went on to say, "We would at this point also wish to acknowledge [operations manager] who has always made himself accessible to us at such times and has routinely attended each of [relative's] annual reviews albeit we appreciate that this will more likely be [previous manager], in her new role (as quality and compliance manager) going forwards, which will of course be a helpful link in itself."

[Manager] is also extremely compassionate, with an efficient style, so we have no doubt he will continue to ensure a very positive care regime for all vulnerable service users as well as ensuring support for their families and the staff who work there.

There were quality assurance systems in place. These included health and safety checks, medicines audits and spot checks of the environment, records and care delivery. There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about changes to the home and future plans. For example, the need to include more detailed information to be recorded on food and fluid records. There was also a communication book which staff read when coming on duty. This had a record of feedback and updates so staff were informed. Shift planners were in place for each day. This helped staff be aware of their role for the day, upcoming appointments and ensured safety checks were completed. The manager checked these areas through the

day.

There had been a survey completed in 2017 and we saw that the feedback on those held at the home were positive. The responses were collated and then they produced an overview of feedback. We noted that some suggestions from the survey had been addressed through keyworker meetings but this had not been linked to survey responses. There was not yet an action plan to cover any improvements or suggestions. The operations manager told us that this was due to be completed. We discussed the benefit of responding to this feedback in a timely fashion so that people always felt that they were listened to and potentially including the actions on a service improvement plan which captured all the actions arising from surveys, meetings and audits.

There had previously been regular regional and quality manager visits and they had completed audits to ensure the home was working well. We saw that actions arising from these visits were shared with the home manager. However, due to changes to the management team this had not been happening so regularly but with the new management team in place there were plans for these to become more frequent. The operations manager told us that due to the service being stable and there being no issues, it had not needed the regular intervention and support as it had previously. There were manager meetings every two months where the managers for the provider's services all got together for updates, advice and support.

The previous manager had signed up with the manager's forum for the local authority and stated that this had been beneficial and so there were plans for the new manager to sign up too. The previous manager, now quality and compliance manager, was also a member of skills for care to help ensure they had up to date knowledge which they could share with services.

The service worked with commissioning groups to help ensure people received the care they needed and wanted. There had been a recent inspection from the local council who funded care at the service. The report was yet to be received.

The provider had a research department who had developed a guidance document for supporting people with autism. This was nationally recognised and the operations manager told us that it provided clear guidance and expectations for staff for their role.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.