Evergreen Care Trust

Evergreen Care Trust Stamford

Inspection report

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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?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 25 July 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using Evergreen Care Trust receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service was providing personal care for seven people.

There was a registered manager for the service. 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.

This was the first inspection for the service following the registration with the Care Quality Commission.

The provider was dedicated to providing an exceptionally high quality of care for people. They understood that to do this they needed a workforce who had received appropriate training and had the time to deliver safe care. People told us that the care was outstanding and that it met and exceeded their expectations.

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 supported this practice. Where people did not have capacity to make decisions the provider worked with others to make decisions in their best interest. We saw that this had enabled people to continue to live in their own homes.

The provider had engaged with educational institutions to provide high quality training for the staff. They had also identified where gaps in the training did not support staff and were working with the educational institutes to develop training to specifically support staff to provide care to people in their own homes.

There were enough staff to meet people's needs and safe recruitment practices were followed. The rotas ensured that staff had time to travel between people's home and to provide care in a calm unrushed manner. Staff had time to get to know the people they supported and rotas ensured that people received their care from a small group of staff who knew their needs.

People received an assessment before they started to use the service so that the registered manager could be sure that the service could meet their needs in line with best practice guidance. Care plans accurately recorded the care people needed and people had been included in developing their care plans. Staff ensured that people had access to their preferred activity when they left and had the ability to refer people to the provider's wellbeing and befriending services.

Risks to people were identified and care was planned to keep people safe. Medicines were safely stored and people received their medicines in a timely fashion. Staff understood how to keep people safe from the risk of infection and protective equipment was available for them. People were supported to maintain a healthy weight and encouraged to drink plenty of fluid. If needed their food and fluid intake was monitored and action was taken when concerns were raised.

The provider had proactively engaged with a number of NHS and local authority initiatives to look at how care could be provided more seamlessly across agencies to provide a better level of support to people and avoid hospital admissions. In addition the provider had helped to set up two social care organisations, one so that people could network and make contacts and one so that the charity sector had a united voice when responding to NHS and local authority initiatives.

As well as providing a high quality of care to people the provider was also clear that it needed to look after and develop their staff. They had a number of systems in place to ensure that people enjoyed a good work life balance and that their contribution to the organisation was recognised. There were systems in place to monitor the quality of care provided and people using the service and their relatives were encouraged to raise any complaint or concerns.

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.

Staff had received training in how to keep people safe from abuse and knew how to report concerns.

Risks to people had been identified and care was planned to keep people safe. Incidents were analysed and the learning shared amongst staff.

The provider ensured that staff had time to arrive at calls on time and that they had time to spend with people.

Medicines were safely managed

People were safeguarded from the risk of infection.

Is the service effective?

Good

The service was exceptionally effective.

The provider engaged with training providers to ensure that staff received high quality training which supported them to provide safe care in line with best practice.

The provider proactively sought to engage with health and social care agencies to provide integrated seamless care to people.

People were supported to have access to food and drink.

Staff had received training in the mental capacity act and supported people to make decisions and with decisions made in their best interest to continue to live independently in the community.

Is the service caring?

Good

The service was caring.

Staff had time to get to know people and their care needs.

Care plans recorded how people's privacy was to be maintained.

People were able to make decisions about their lives.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in planning their care. They were supported to take undertake activities they enjoyed.

No one at the service was currently receiving end of live care. However, the provider had plans in place to start identifying people and links to the local hospice charity for support.

People knew how to complain and the provider took complaints seriously and completed through investigations.

Is the service well-led?

Outstanding

The service was exceptionally well led.

The provider had developed a clear understanding of the high quality of care they wanted to provide and that they wanted to be a caring organisation for staff to work for.

The provider was proactive about engaging with other organisations and supported organisations who provided care older people. They drove improvements in how organisations worked together to provide people with seamless care as they worked across organisational boundaries.

Systems were in place to monitor the quality of care provided and the views of people using the service were gathered.

Evergreen Care Trust Stamford

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.

This inspection took place on 25 and 26 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. It included visiting the office and telephone calls to people who used the service. We visited the office location on 25 July 2018 to see the manager and office staff; and to review care records and policies and procedures.

In preparation for our visit we reviewed information that we held about the service. This included the action plan completed by the provider following our last inspection. As well as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies including the local authority contracting and safeguarding teams. We also used information the provider sent us in the Provider Information Return. This is 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 spoke with the registered manager, the manager and two care workers. We also spoke with two people who used the service and two of their relatives.

We looked at a range of documents and written records including four people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

We found that people were safeguarded from situations in which they may experience abuse. Records showed that care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff could describe the different types of abuse that they needed to look out for including self-neglect. They told us that they would discuss any concerns they had with the individual and if needed raise the concern with the office staff.

A relative told us how concerns had been raised about a person living with dementia accessing their bank account and the possibility of them being scammed. The relative told us how supportive the provider had been in working with the local authority to keep the person and their finances safe. The relative told us, "It was like they all put their arms around [Name]. They are vital in our lives."

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Records showed that people's home environment was assessed for dangers to themselves or staff providing care to them. In addition, people's ability to move around the home and outside was assessed and if needed care was planned to keep people safe. A member of staff told us how they had identified concerns about a person's ability to access the community and find their way home safely. They worked with the family and had a meeting with all the agencies involved in supporting the person. The outcome for the person was positive with them still able to access the community independently but with safeguards in place to protect their finances and a tracker to monitor where they were.

Furthermore, the provider had identified the latest best practice around this area and had put a Herbert protocol in place for the person. The Herbert protocol is a national scheme introduced by the police which encourages care agencies and family members to gather on a form important information, including a photograph which would be needed if the person went missing. Staff had also looked at the reasons that the person wanted to access the community and found that they were lonely. They had referred the person to their own befriending service and so the person now had a visitor each week to support their social needs.

The service was still being developed and plans were in place to gradually grow the service. However, the registered manager was clear that this could only happen after they had recruited and trained high-quality staff. In the meantime, the registered manager told us that they had carefully established how many care staff and other members of staff needed to be on duty. They said that they had taken into account the number of people currently using the service and the care each person needed to receive. They were clear that they would only agree to provide care to new people if they felt they could meet their needs without being rushed. A person using the service told us, "They are very very good. They always turn up on time and stay as long as they are meant to." A relative told us that they knew they could rely on the service. They said, "There has never been an occasion when they have been late or failed to turn up.

Calls were scheduled to allow staff to complete all the care the care required in a calm manner. A member of staff told us, "You get 15 minutes between every call, so you never feel rushed if calls run over and you can

push to 10 minutes over if needed. You also have time so you never arrive rushed and we get paid for travel time." They told us that the scheduling of the calls allowed them time to chat with people and that this was important as it was how they got to know people and their needs. Staff told us that the provider looked after them and would always ask if they had the time to care for another person. They also said that the registered manager would monitor how many shifts they worked and would raise the issue if they felt staff were taking on too much work. This was because they wanted staff to be at their best when providing care for people and not over tired.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment. For example, we saw people had completed application forms and the registered manager had completed structured interviews. Any gaps in people's employment history had been identified and investigated. The required checks had been completed to ensure that staff were safe to work with people who used the service.

We found that suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. Staff had received training in the safe handling and administration of medicines and had completed medicine administration while being observed to check that they followed all the rules. Care plans contained information on the support people needed in relation to their medicines, allergies were clearly recorded.

A member of staff told us how concerns were raised about the ability of a person living with dementia to manage medicines safely. After identifying that the person had made a mistake when taking their medicines independently, staff had completed an assessment of the person's mental capacity to manage their medicines independently. In addition they discussed the situation with the person's GP, family and the pharmacy and all had agreed that the person was no longer safely able to manage their medicines. A member of staff returned unused medicines to the pharmacy for destruction and medicine was now securely stored so the person was no longer able to access it independently.

Medicine audits were completed. If any errors or concerns were found action was taken to rectify the concern and to review if more training was needed for the member of staff. Concerns were also discussed at the team meetings and staff had recently been provided with a prompt card to support good practice when administering medicines.

Staff had received training in how to work to reduce the risk of passing infections from people to people. We found that suitable measures were in place to prevent and control infection. Example of this were staff using protective equipment such as gloves and aprons which were disposed of immediately after use and washing hands before and after providing care and preparing food. Staff told us that there was a good supply of protective equipment and they could pop into the office and replace their stock whenever needed.

We found that the registered manager had established suitable arrangements to enable lessons to be learned and improvements made if things went wrong. This included the registered manager and office staff carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent a recurrence. Any learning was shared with staff at team meetings.

Good

Is the service effective?

Our findings

Suitable arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. This allowed the registered manager to ensure that staff had the skills needed to provide safe care. If necessary, training was provided to cover any areas where staff skills were not in line with people's needs.

At present all the policies for the service were under review to ensure that they all related to the latest best practice and guidance. The registered manager told us how they would have meetings with all the staff when the policies had been updated to talk through any changes that staff needed to be aware of. The policies were kept in the staff room so staff were able to access if needed. Staff told us that they were expected to review the policies and needed to sign to say that they had read them. They told us if they had any concerns about how care should be delivered while out in the community they would ring the office and speak to the supervisory staff.

The provider had engaged with the local college, the local university and Skills for Health to develop a course specific to providing care in the community. They told us they had done this as working independently in the community required a skill set that staff in care homes did not need and was not covered by the common training currently available. They told us that developing this programme was important as it would help them train a work force that was fit for purpose.

The registered manager was keen to ensure that staff were able to develop their skills and grow. All the staff we spoke with told us how supportive the registered manager was and that this support encouraged them to continue to learn and develop. One member of staff told us how they were now completing a level three qualification and this was because of the support and encouragement they had received from all the registered manager and office staff. The registered manager told us how they had supported people to develop and had links with the Lincolnshire Talent Academy. This is an umbrella body made up of health and care organisations within the county. The Academy delivers proactive services to aid recruitment and skills development of our current and future workforce, whilst also ensuring the portability and integration of skills across the health and care system.

Records showed that new care staff had received introductory training before they provided people with care. In addition, staff had also received on-going refresher training to keep their knowledge and skills up to date. The training was developed around three terms a year and covered areas such as food safety, first aid and living with dementia.

New staff were under a six month probationary period. They needed to achieve the care certificate within the first three months of working for the service and should have or be working towards a level two in a nationally recognised qualification. The care certificate is a national set of standards which support staff to have the basic skills needed to provide safe care. Staff told us how as part of their induction they had worked with and experienced member of staff and visited people so they could be introduced to people before they provided any care.

Staff told us they were pleased with the level of training and support that they received from the provider. A member of staff told us that the provider would always put the people's needs first and if staff needed extra training this was provided. If needed one to one training was available if a member of staff was struggling with anything.

Staff told us that they received spot checks. This was where the registered manager or a member of the office staff would visit people while they received care to ensure staff were working in line with their training and the provider's policies. In addition, staff had regular individual meetings with their line manager so that they could discuss their work and any concerns that they had.

Some people needed help with preparing a meal. Staff told us that they would prepare whatever the person requested. In addition, staff monitored the food in the refrigerators to ensure that it remained in date and was safe for people to eat. Staff kept an eye on people's physical appearance and raised concerns with the office if they were worried about a person. A member of staff told us how they had become concerned about a person and had encouraged them to weigh themselves.

Care plans noted people's support needs around food. For example, one care plan noted that while the person may tell staff that they had eaten a breakfast, but may not have done so. It explained that staff needed to check to see if there was a used plate or bowl around that they could use to confirm if the person had eaten.

No one currently using the service needed their food mashed or pureed. However, staff we spoke with knew to monitor people to see if they were eating safely without coughing or choking. Some people had fluid charts in place. This was to monitor that they were drinking enough fluid to maintain their health. A member of staff told us that they would spend time coaxing and prompting people to drink more.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. The provider was part of the local neighbourhood team. The team consists of health and social care professionals who met once a week to discuss any concerns they had about people they were caring for. The aim was to avoid hospital admissions and to keep people healthy and able to stay in their own homes, and for the teams who care for people to work together to provide joined up care. To support this the provider was working with NHS and local authority staff to develop core care plans that all the agencies involved in providing care to the person could use.

Staff told us about an example of where this joined up working had enabled them to access NHS mental health funding to provide more care and support to a person. This increased level of support meant the person was able to stay in their own home instead of them needing to move into a care home.

People were supported to live healthier lives by receiving on-going healthcare support. Staff monitored people's health and raised any concerns they had with people and their families. If required they liaised with healthcare professionals and other agencies supporting people to keep them healthy. An example of this was a when a member of staff identified that a person was not taking their medicines. They raised this with the care agency who looked after the person's medicines.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 lacked the ability to take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff had received training in the MCA and understood that it was about supporting people to be able to make decisions. They facilitated this by simplifying decisions for people by offering people choices and letting them make their own minds up without taking their independence away. Staff were aware that they needed to assume that everyone was able to make a decision unless there was some evidence that they needed support. Care plans recorded where people had made arrangements for other people to make decisions on their behalf and who staff needed to involve in the decision making process. People who are have been given the legal responsibility to make decisions for others are called power of attorney. Relatives told us that they had been included in the decision making process when appropriate. One relative said, "If there are any concerns they will ring and check with us."

A member of staff told us about when they had supported one person who was unable to make decisions about complex issues. They had identified that their living arrangements were not of a suitable standard. They had liaised with the person and involved their power of attorney to make improvements such as having a new carpet. These improvements had supported the person to continue living in their own home. They had also contacted the person's power of attorney and had invited them down for a meeting as they were not fully aware of the person's current level of need.

Good

Is the service caring?

Our findings

People received support from kind and caring staff. The registered manager explained that they had developed the services that they already provided as some of the people they supported with social activities were starting to need more care. They felt that if they provided the care then they could be assured that the people they knew were receiving a service which supported their health and enabled them to stay in their own home for as long as possible. A member of staff told us, "The company is more about the care, and engaging with people rather than completing tasks." A person using the service told us, "They always have time for a chat, they are never in a rush." A relative told us, "They seem to do more than what is planned. They have added in making sure their hearing aids are in."

Staff monitored people's needs not just those relating to healthcare. For example, a member of staff told us how a person had needed their toe nails cutting so they had arranged a referral to the provider's nail care service. Care plans noted where people needed help to look after their pets and that this was important to them as they were the person's constant companion and if they could no longer live at the home the person would find it very distressing to be without them.

The rotas were set so that people received care from a limited number of staff. This ensured that the staff could get to know the person, their needs and their abilities well. This aided staff in monitoring the person and so they were able to identify when people were not their normal self. In addition, staff told us that they ensured all the identified jobs had been completed and anything else that the person needed doing before they left the call. One member of staff told us, "You just scan around for anything that wants doing even if it's not on the list."

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. People were offered everyday choices about what they wanted to eat and if they needed help in that area what clothes they wanted to wear. A member of staff told us how they spend time talking to a person living with dementia. The person was aware of their diagnosis and was worried about the future. The member of staff reassured them that they were there to look after them as their dementia progressed.

Care staff told us about how they supported people to retain their independence. For example, a member of staff told us how they had noticed a person was struggling to find items in their kitchen. They had contacted the office and asked if they could arrange for they person to have some signs on their cupboards. This enabled them to maintain their independence and reduced their stress.

People's privacy, dignity and independence were respected and promoted. People were prompted to use whatever aids they had in the home as this supported their independence and their ability to remain a home. For example, care plans recorded that people were prompted to put on their lifelines. This meant that if they fell they would be able to contact someone to help them.

Care staff we spoke with had received training in privacy and dignity. They could tell us how they worked

when proving personal care to keep the person covered and to encourage them to provide as much of their own care as possible. Care plans contained information on how staff were to gain access to the house. For some people, staff needed to wait until they opened the door, others had processes in place which allowed staff to enter the house without the person having to go to the door. Having this information recorded in the care plan meant staff never overstepped the boundaries people had set. One person told us, "They always knock."

Suitable arrangements had been made to ensure that private information was kept confidential. People's care plans were stored in their home and staff ensured that they left them where people wanted them to be. In addition, computer records were password protected so that they could only be accessed by authorised members of staff. Staff were aware of the need to keep information confidential.

Good

Is the service responsive?

Our findings

We found that people received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Care plans contained the information needed for staff to provide safe effective care and had been regularly reviewed. People had been involved in planning their care and care was tailored to people's individual needs. One relative told us, "We sat and discussed what care was needed, we had two meetings and since then the care has been reviewed. It's a very supportive two-way process." A person using the service said, "They come and talk to me about my [care] plan."

Staff we spoke with confirmed that they had read people's care plans and were able to describe the care that people needed. When needed information was passed to staff to ensure that all staff knew any changes in people's needs. When a new person started to use the service, staff were required to visit the office to get a verbal handover of people's needs. If staff had any concerns about people they would contact the office so that the issue could be shared with all the staff that provided care for the person. This ensured that any changes were monitored and action could be taken if needed.

The care plans we reviewed contained information about people's ability to communicate and if they had any special requirements in how information was presented to them. The registered manager was aware of the accessible information standards and were looking at ways information could be presented to help people living with dementia or other people with specific communicating needs access the information independently.

Staff told us how when caring for people they spent time getting to know what was important to them. For example, who their friends and family were and what dates were significant to them. They could then engage the people about the events in their lives which were important for them. For example, ensuring birthdays and anniversaries were mentioned. Staff also found out about what people liked to do during the day and ensured that anything they needed for the activities such as knitting needles, the paper and the television remote were left within their reach.

During the summer months the provider hosted a number of tea party and put on transport for people so that they could socialise with others. In addition, the provider had a service which supported people's wellbeing with social activities. If needed people could be referred into this service if there was a specific activity they wanted to undertake. Where staff identified that people may be lonely they could refer them to the provider's befriending service who would arrange for a volunteer with similar interests to visit them.

Suitable provision had been made so that people could be supported at the end of their life to have a comfortable, dignified and pain-free death. The registered manager told us that at present there was no one who was at the end of their life. However, they were working with the local neighbourhood team to help identify people who may be approaching the end of their lives with a Supportive and Palliative Care Indicators Tool (SPICT). This would enable the provider to work with people to get the right care and support in place and to support their relatives. The local Hospice also attended the neighbourhood team

meetings and was there to offer advice and support if needed.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. A person using the service said, "I've no complaint's." People received information on how to make a complaint and the subject was discussed with them when they first started to use the service. The registered manager had investigated and responded to any concerns or complaints that had been made. For example, we saw that a complaint had been made about fees and the complaint had been resolved to the satisfaction of all concerned.

Outstanding ☆

Is the service well-led?

Our findings

The provider is a registered charity and is governed by a board of trustees. The registered manager explained that the service is based on a 'Whole Person Care' model. This puts the need of the person at the centre of any care that is planned, and looks not just at their health and social care needs but at their emotional needs as well. The move into providing care for people in their own home was a natural progression from the other services both voluntary and paid that the provider has developed. These included a befriending service, advocacy and a wellbeing service. The provider has core values of Respect, Justice, Service and Training Partnership, Generosity, Quality and Stewardship. They give 10% their income to other local charities or projects that support the same group of people. One of the projects that they have supported for a number of years has been a local dementia support group to replace a service withdrawn due to cuts.

The provider has also become part of a NHS Vanguard. There are 50 vanguards across the country and they are looking at developing new ways of providing care which supports better integrations of healthcare, social care and care providers. They regularly attend the board meetings to discuss ways that paid and voluntary carers can support people's needs and help them remain I their own homes. The provider had engaged with the NHS local neighbourhood community team and have weekly meetings where they can discuss the needs of the people they care for and identify how other services can be used to support the person. In addition to the discussions about people's individual care needs the registered manager also works with the network to see how care providers can work together to give the person seamless care when needed.

In addition, the provider has set up two other networks that supported older people in the community. In January 2011 they set up the Southwest (Lincolnshire) care network. The purpose of the network was to connect, support and encourage organisations who were providing care for people and to open channels of communication. There is a monthly lunch meeting with speakers and this gives people time to network and find out what new initiatives are being developed. There are over 100 people registered as part of this network.

In August 2016 the provider set up the South West Lincs care consortium. This was set up as they had identified that charities were not fully engaged by the local authority when looking at which services to provide and withdraw. There were 13 organisations who were part of the consortium and they aimed to be a united body so that there was a voice on what they could contribute to the local care environment.

The people using the service and relatives that we spoke with were all complementary about the care they received. No one raised any concerns and praised the registered manager and staff. People felt that this was a service that they could rely on and that staff always had time for them.

The provider had systems in place to monitor the quality of care people received. They audited the care plans and medication records to ensure that they had all been completed accurately. If any concerns were identified action was taken to stop similar accidents occurring in the future. For example, records showed

further training had been arranged when needed and information about incidents were shared with staff so that they could all learn and grow from errors. The registered persons had taken a number of steps to ensure the service's ability to comply with regulatory requirements. There was a registered manager in post and they had ensured they had told us about events in the service they were required to tell us about by law.

We found that people who lived in the service and their relatives had been engaged and involved in making improvements. The registered manager and office staff kept in continuous contact with people receiving care and their relatives to identify if they had any concerns over the care they received. The registered manager had identified the need for a survey to be completed to formally gather the views of people receiving care. They had developed a survey where the answers could be indicated with a happy face and a sad face to make the survey accessible to people with restricted communication skills. Plans were in place to send the survey out in August 2018.

The registered manager was clear in that the quality of care provided depended upon the quality of staff employed, the training and support they received and their ability to balance their work and lives so that they were happy and healthy. To achieve this the staff were offered guaranteed hours with training and travel time being paid and a person available. In return the contract staff signed clearly identified that the provider was setting a high standard for the work they were required to do.

Staff told us that they felt lucky to work for the provider and that the level of support that they received supported them provide high quality care. Staff worked three or four days each week, and they told us this enabled them to achieve a good work life balance and received their rotas in advance so they could plan events around when they would be working. The registered manager was recruiting bank staff so that they did not have to rely on current staff for cover when people were sick or on holiday. This reduced the stress on staff to cover gaps it the rota. Staff told us that they appreciated the things the registered manager did for them. For example, during the hot weather the registered manager sent a text to all staff informing them that there were bottles of cold water in the fridge if they wanted any to take on their rounds.

Staff told us that they had regular staff meetings to update them on any changes they needed to know about. A member of staff said, "Here they want you to do your best. I don't feel under pressure. Here they want me to be the best I can be." The registered manager showed that they cared for staff and wanted them to be part of any achievements. An example of this was when provider won an award for going the extra mile in winter. When it snowed staff walked to their visits and everyone goth their care call. Staff names were put in a hat and one pull one out. This person went with the registered manager to receive the award.

As well as working with other health and social care services the registered manager ensured that they created and maintained ties with the local community. They had quarterly meetings with the church and other local organisations and put on tea parties in the summer and at Christmas. For two of these tea parties they partnered with local schools and students mixed with the people receiving care. The service was supported by the Friends of Evergreen who raised money for the organisation all of which went to supporting the free services the provider offered to people. These included volunteer led, Advocacy, Befriending, Clean Team Operations, Chaplaincy & Listening service, Hand and Nail care, Hospital to Home service and Friendship Lunch Clubs.