

# Accomplish Group Limited

## Evergreen

### Inspection report

119 Wake Green Road  
Moseley  
Birmingham  
West Midlands  
B13 9UT

Tel: 01214491016  
Website: [www.accomplish-group.co.uk](http://www.accomplish-group.co.uk)

Date of inspection visit:  
17 May 2019

Date of publication:  
11 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 is a residential care home that provides accommodation and personal care and support to a maximum of eight people who live with an acquired brain injury and / or have mental health needs. At the time of our inspection six people were living at the service and one person was in hospital.

People's experience of using this service:

The registered manager told us, "We are about the individual, every day is different."

People continued to receive safe care. Staff understood their responsibility around safeguarding people and they knew how to recognise abuse.

Risks to people were assessed and managed and known well by staff.

There were enough staff who were appropriately trained and recruited to support people.

People received their medicines as prescribed and systems were in place for the safe administration of medicines.

We saw staff used protective equipment such as gloves and aprons to help protect people from the prevention and control of infection.

Relatives told us their loved ones were supported by staff who had the relevant skills to meet their needs.

Staff told us how they supported people to eat and drink enough to maintain a balanced diet.

People were supported to access other health professionals when needed

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.

We saw staff were kind and caring when interacting with people.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People's support plans included information about their wishes and goals.

Staff identified people's information and communication needs by assessing them and were responsive to people's individual needs.

Complaints received had been investigated and resolved. People and their relatives knew who to contact if they had any complaints.

The provider had quality assurance systems in place and these were used to drive improvement. People's feedback was sought through different methods to meet people's communication needs and this information was used to implement actions and changes.

People, relatives and staff spoke positively about the registered manager.

Rating at last inspection: The service was rated Good overall. Our last report was published on 29 April 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## 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

## 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: The inspection was undertaken by one inspector.

Service and service type: Evergreen 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. It provides a service to adults who live with a learning disability or autistic spectrum disorder and physical disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced. This meant the staff and provider did not know we would be visiting.

What we did: When planning our inspection, we looked at the information we held about the service. This included the Provider Information Return (PIR), notifications received from the provider about deaths, safeguarding alerts and serious injuries, which they are required to send us by law. We assessed the 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. This information helps support our inspections. We also asked stakeholders, such as the local authority safeguarding team and commissioners, for their views of the service.

During the inspection we met all of the people who lived at the home. Some people using the service at Evergreen were not able to fully share with us their experiences of using the service. Therefore, we spent time observing staff member's interactions with people in communal areas. We spoke with the registered

manager, two shift leaders, two support workers and the maintenance person. Following our inspection, we spoke with two relatives and two health professionals. We used this information to form part of our judgement.

We sampled three people's care records to see how their care and treatment was planned and delivered. Other records looked at included one recruitment file to check suitable staff members were recruited and received appropriate training. We also sampled records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Details are in the 'Key Questions' below

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- We saw that people's safety was a priority of staff and a relative told us, "We are really happy with the home, we trust he is safe."
- Staff we spoke with understood their responsibilities to safeguard people from the risk of harm. A member of staff said, "If we see any practices of care not done in the right way, we have to report it and whistle-blow." Whistle-blowing procedures support staff to raise concerns confidentially.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were well assessed and showed clearly how these risks could be minimised. For example, how to support people safely during and after experiencing an epileptic seizure.
- Risk assessments were person centred and any restrictions on people's freedom and choice was minimal. A member of staff explained how best to support a person with a known risk of choking and told us, "[name of person] should be supported to sit upright and at a table."
- People had plans in place to show how they would need to be supported if the home had to be evacuated, for example as a result of a fire.

Staffing and recruitment

- We observed that the service was adequately staffed which ensured staff provided a person-centred approach to care delivery.
- Recruitment at the service was safe with appropriate pre-employment checks in place. Checks with the Disclosure and Barring Service (DBS) were in place to ensure staff were suitable to support people.

Using medicines safely

- Shift leaders took responsibility for administering medicines and we observed they did this with patience and kindness.
- Systems to manage medicines were organised and ensured safe and timely administration of medicines to people. Staff were following safe protocols for the receipt, storage and disposal of medicines.
- Staff competency in relation to medicines was regularly checked. We saw staff being observed by the registered manager when administering medicines.

Preventing and controlling infection

- Staff followed infection control practices and used personal protective equipment, such as gloves and

aprons, to help prevent the spread of infection

- The premises were clean and checks were carried out to ensure people lived in a safe environment.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and accidents. Records we looked at showed us they understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.



# 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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed anyone thinking of making Evergreen their home, before offering them a place. People's needs were continually evaluated to develop support plans for staff to follow.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them. A relative we spoke with told us, "Staff have the right skills and are very capable."
- Staff told us and we saw they were trained to be able to provide effective care. Specialist training was provided to enable staff to meet the individual needs of people using the service. This was confirmed in the review of staff training records.
- New staff received an induction to the service. One staff member told us, "I did an induction for five days and have completed the Care Certificate." The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

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

- We observed a mealtime taking place in the home. People appeared to enjoy their food, and staff provided discreet assistance where required. One person told us, "I like coffee with no milk and no sugar." We observed this was respected.
- Staff had training and were knowledgeable in meeting the needs of people who required adapted diets, for example people at a high risk of choking. People's care plans contained information about their food likes, dislikes and any foods which should be avoided.
- Whilst people's food and fluid intakes were closely monitored one person's food and fluid chart for their individual nutritional intake was not evaluated on a daily basis. This was addressed on the inspection and necessary changes made.

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

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. A health professional told us, "Staff know people really well and their approaches are excellent."

Adapting service, design, decoration to meet people's needs

- Bedrooms were decorated in ways which were individual to each person. A relative told us, "[name of person] has their own comforts and looks upon Evergreen as being their own home."

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.
- 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.
- We observed staff assisting people to make their own decisions throughout the inspection. Staff understood the importance of achieving consent from people prior to providing care and support. One member of staff said, "People can make their own decisions unless it's been assessed as they can't."
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- The registered manager had submitted appropriate applications to the local authority where it considered it necessary to deprive people of their liberty in accordance with the law, and had systems in place to manage this.
- Whilst we did not see people being supported in restrictive ways some staff we spoke with did not consistently know which people had authorised DoLS. The registered manager advised they would address this with staff following our inspection.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Our observations showed people were relaxed in the presence of staff and chatted with them without reservations. One person told us, "I like staff here."
- We observed kind and caring interactions between staff and people throughout our inspection. Staff were not task focused and concentrated on the person they supported. One member of staff said, "It's important to remember that the guys here are not just people we support, they are individuals."
- Staff explained people's individual needs and the things they knew that made them reassured and happy. A member of staff said, "We need to ensure people have a good quality of life."

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

- When people had expressed their views about their preferences these were respected. One person told us, "I like a lie in on a morning."
- Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.
- Staff understood how people communicated and this meant people were involved in making everyday decisions and choices about how they lived their lives.
- People's relatives were involved in decisions about people's care, where this was appropriate. One relative told us, "We are fully involved in dad's care plan and review meetings."
- The providers PIR stated; 'There are no visiting times or days. Family and friends are welcome to visit their loved ones when they wish' A relative confirmed this and said, "No restrictions to visiting."

Respecting and promoting people's privacy, dignity and independence

- We observed people carrying out tasks independently, such as eating and drinking, going out and mobilising. One staff member said, "People help to put the shopping away."
- Staff were able to give examples of how people's dignity and privacy were protected, and our observations reflected this. We saw people were free to decide how and where they spent their time.
- People's right to confidentiality was respected and protected appropriately.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People were supported to be included in their care plans and reviews and the records were in easy-read formats where necessary to enable this.
- People's individual goals and outcomes were recorded. These described what the person wanted from their care and support. For example, attending music therapy and colleges
- Staff identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard and could meet identified needs. The Accessible Information Standard was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. A member of staff told us, "We respect people's religions, sexual beliefs like gender neutral and transgender, you just respect who people want to be."
- People were supported to live full and active lives. On the day of our inspection visit different people had been out to clubs for people with acquired brain injury and shopping. One person told us, "I like going out."
- People were supported to develop and maintain relationships with their families. The registered manager told us some people spend weekends with their relatives.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt comfortable to make a complaint and that it would be taken seriously. One person told us, "I would tell any of the staff."
- The complaints procedure was accessible to meet people's preferred communication style.
- Systems were in place to ensure complaints were acknowledged, investigated and responded to.

End of life care and support

- None of the people using the service at time of our inspection were receiving end of life care. However, people and their families were supported to make decisions about their preferences for end of life care.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in post who provided leadership and support. We found the management team and staff were committed to making a genuine difference to the lives of people living at the service.
- People, their relatives, staff and health professionals told us the registered manager was approachable and the service was well led. One relative said, "[name of registered manager] is fantastic, she makes our lives so much easier."
- We found the registered manager had been open in their approach with us during the inspection in line with the Duty of Candour.

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

- People who used the service received good quality person centred care. A health professional told us, "This service has people's best interests at heart."
- The registered manager had completed audits in relation to the environment, health and safety, medication and accidents and incidents. We saw that where errors had been highlighted, actions had been implemented to improve the quality of the service.
- Any notifications that the registered manager and provider were obliged to make such as those alleging abuse, had been made to the CQC and local authority.
- The latest CQC inspection report rating was on display in the reception area of the service and on their website.

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

- People's views about the service were continually sought through daily interaction with staff, in care planning and reviews. The registered manager said, "We think out of the box to get people's views."
- Staff told us that they felt supported in their role and could speak to the management team if they had any concerns. One staff member told us, "[name of registered manager] is supportive, approachable and listens."

Continuous learning and improving care

- The systems and process in place to monitor the quality of the service ensured the management team considered whether there were emerging patterns or trends which needed to be addressed. Whilst this evidence was all recorded, the service were considering developing a new system to improve the overall oversight of the service.

- We saw that staff meetings had taken place and were used to discuss any areas for improvement in relation to staff practice

#### Working in partnership with others

- The service has established good working relationships with agencies involved in people's care and sharing good practice is continuously being developed.