

Care Management Group Limited

Evergreen

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Evergreen is a supported living service providing care for people with learning disabilities and/or autism spectrum disorder. The service can support up to three people, at the time of inspection two people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People at the service had not always felt safe because the provider had been slow to protect them from the impact of one person's distressed behaviour. Although the person no longer lived at the service people were still affected by the incidents that had occurred.

Concerns raised about the service had not always been recorded as complaints. Where complaints have been recorded the registered manager had met with people using the service to discuss their concerns.

People were involved in deciding and planning the care they received and had regular key worker meetings to discuss their experiences. However, on many occasions people had raised concerns and the registered manager had failed to provide any further support to them or identified this feedback as a complaint.

People were supported to eat and drink enough. People were supported to complete their own shopping each week and encouraged to make their own meals.

People were supported with regular health appointments and referred for specialist support when required. Staff had received induction training and had the skills and knowledge needed to support people. Staff members received regular supervisions with management and attended staff team meetings. Staff felt supported by the registered manager and felt able to discuss any concerns they had with them.

Staff had developed positive and caring relationships with the people they supported. They had time to spend with people and opportunities to listen and talk to them. People were treated with dignity and respect. People's care was personalised and responsive to their needs. Staff were knowledgeable of people's needs and understood the importance of treating them as individuals.

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

This service was registered with us on 07/11/2018 and this is the first inspection.

The last rating for this service was Good (published 24 October 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating. We have found that the provider needs to make improvement. Please see the Responsive and Well-Led sections of this full report.

Enforcement

We have identified breaches in relation to the governance of the service and in the way that complaints and concerns are being managed at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

You can see what action we have asked the provider to take at the end of this full report.

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?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Evergreen

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors completed the inspection.

Service and service type

This service provides care and support to people living in three bedroom 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan

our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with two members of staff including the regional manager and care workers. The registered manager was on annual leave at the time of the inspection.

We reviewed a range of records. This included two people's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with another staff member and one more relative.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- Staff supported people to complete daily cleaning duties. Staff had received infection control training and followed policies in relation to good hygiene and practise.
- People were not supported to follow food safety guidance. We saw that people's food items were not labelled once opened. This meant people were at risk of eating items that were out of date. We discussed this with a member of staff and the regional manager who told us that they would discuss this with staff.

We recommend the provider to review processes to ensure that food is stored safely in line with best practice.

Learning lessons when things go wrong

- The registered manager reviewed incident reports and completed a debrief for staff and people after serious incidents to reduce the impact of future incidents and to help staff manage incidents. One staff member told us "yes we receive a debrief after serious incidents from the manager."

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were knowledgeable in identifying and reporting abuse. One staff member told us "I would report to the manager, and report externally to safeguarding if needed." Another staff member told us, "There are different kinds of abuse like emotional, financial and sexual."
- Staff had access to a safeguarding policy which detailed actions to take if there were any concerns, staff understood the process to report abuse and had attended safeguarding training.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place which were personalised. These detailed possible risks for each person in their daily life and how staff support people to reduce risks while encouraging independence. These were regularly reviewed by the registered manager to ensure they were up to date.
- Staff completed regular health and safety checks of the home and reported any hazards to management. Electrical equipment had been tested to ensure it was safe for people.
- People had personal emergency evacuation plans in place which gave guidance to staff on how to support people in the case of a fire or emergency. People also had personal emergency grab bags in place for each person.

Staffing and recruitment

- People were provided with the level of support to ensure their needs were met. Staff had been recruited through an effective recruitment process that helped to ensure they were safe to work with people. The

service carried out appropriate pre-employment checks on potential staff to ensure that they could work with vulnerable people.

- People told us they had sufficient staff and support to ensure their needs were met. One person told us, "Staff always have enough time for us"

Using medicines safely

- People were supported to take their medicines safely. One person told us, "Yes, the staff always support me with medication, they make sure I get my medication at the right times within my two-hour window, so it is always on time"

- People had detailed medication assessments with guidance for staff to follow, Medicine records were completed accurately.

- Staff had completed medication training and had completed a competency-based assessment before administering medicines. One staff member told us, "I have had medication training and taught how to do it by the manager and I have also been observed when administering."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to access a broad range of healthcare services including dentists, annual health checks, medical appointments and chiropodists. One person had been referred to a dietitian for help to support the person to eat healthier meals. This information had been discussed with the person in key worker sessions and incorporated into the individual's menu planning.
- Where required, information was shared with other agencies such as local authority, behavioural team and hospitals

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

- The service had assessed people's needs and people had a detailed care plan in place which ensured that people's care needs were met. Staff were observed to offer people choice and promote their independence in line with good practise. One staff member told us, "We always offer residents choice and try and enable them to be as independent as possible."

Staff support: induction, training, skills and experience

- Staff received induction training prior to starting work and spent time shadowing other staff. One staff member told us, "We shadowed another staff for a while and could ask any questions we had." Another staff member told us, "Yes I then did an induction and then some shadowing of medication and general care and how the business is run." Staff had completed regular training to ensure they had the skills needed to complete their roles.
- Staff had regular supervisions, meetings with the management team to discuss their work performance, training needs and progress. One staff member told us, "Yes we have 1:1 supervision with the manager, which is useful."

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

- People were supported to eat and drink enough and maintain a balanced diet. They were involved in decisions around what they ate and drank. Staff supported people to prepare meals and encouraged them complete their own weekly food shopping and menu planning. One person told us, "I do all of my own shopping and my support worker will come with me."
- Where risks had been identified, advice had been sought from health care professionals including a dietitian. The was incorporated into the persons' care plan and communicated with them and the staff team.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the court if protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The registered manager had completed detailed mental capacity assessments for people for decisions relating to their care and treatment. Where a person was assessed to lack capacity, a best interest meeting had been held and a record completed.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People told us they were happy with the care and support they received and with the staff who supported them. One person said, "The staff are all amazing, they all have a good skill set." Another person told us, "The staff are brilliant." Relatives told us they felt the staff respected people and provided a high standard of care. One relative told us, "There has been no issues with the staff, they are so good."

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

- Positive and caring relationships had been developed with people. Staff were observed to interact with people in a kind and friendly manner. Staff understood their role was to support people to learn new skills and be involved in all aspects of decision making. One person told us, "I always have choice." Another person told us, "It is up to us what we want to do, staff help source the best things we can do."
- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs. This allowed them to provide a more personalised service. People's care records included information on their likes, dislikes and preferred routines.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to encourage people's independence. We saw one person make their own breakfast, help prepare dinner and also access the community for their weekly shopping trip. Another person accessed the community for a work experience opportunity which they enjoyed.
- People's dignity was respected; personal information was stored securely. One person told us, "For the first time in my life I have felt comfortable and happy." Another person told us "I love this place so much, I love the staff to pieces."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The registered manager was not recording complaints accurately. There were limited complaints recorded and feedback from relatives told us that many more complaints had been made verbally to the registered manager which had not been recorded. One relative told us, "Yes, I made many verbal complaints and asked questions, it was very frustrating."
- A person had told a member of staff that they were struggling to cope with another person's behaviour. The staff member recorded this and subsequently told this person, "It is only verbal, and you are mature enough to deal with it." This response was recorded in a person's records. The registered manager had not identified this concern in any of the service's audits or acted to resolve the concern, nor address the poor response given by staff.
- The provider did not have effective measures in place to manage incidents effectively. This had previously resulted in people being put at risk as a result of distressed behaviour shown by one person who lived at the service. The Provider did seek professional support and implement plans for the person, however these were not always effective. This resulted in people feeling unsafe for several months after concerns were initially raised. Although the person no longer lived at the service, people told us they were still affected by the incident that had taken place
- The provider did not ensure that lessons were learned from these incidents to prevent reoccurrence and reduce the impact of these incidents for other people.

Due to poor management of receiving and acting on complaints people's quality of care was not managed. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was personalized. Each person had a detailed care plan in place which included their choices and preferences as well as their care and support needs.
- However, on one person's professional guidelines for epilepsy it had been recommended that the person should be checked on throughout the night every hour, but there was only one staff at night who worked a sleep-in shift at the service so no checks at night were being completed. The provider told us that this person no longer needed hourly night checks, however this information was not reflected in the person's care records.

We have recommended that the service requests a review of this person's epilepsy needs and guidelines and updates care records to reflect this.

- Staff had a good knowledge of people's routines and preferences. We observed staff offering people choices for meals and daily activities. One person told us, " I meet with staff to talk to them about my care and how I am feeling."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

- People received information they could understand. People living at the service could read however we saw some documents had been adapted into an easy read format. This was to help people understand more complex information relating to their care.
- Accessible information was displayed on notice boards in the service, which included the safeguarding procedure and complaints procedure.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People had opportunities to participate in a range of activities which they enjoyed. People told us about their regular activities which included work experience, visiting the gym, local groups for people with learning disabilities and leisure activities such as swimming and shopping. We observed people to have choice in their daily activities. One person told us, "Yes, I always get choice." Another person told us, "I do lots here. Every week I go to gardening club, kids in action, shopping and the gym twice a week."
- People were supported to maintain relationships with their family and people important to them. We observed one person called their relative and met them for a weekly shopping trip. Another person told us, "I have plenty of friends at my clubs, it is great."

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection, however the service had consulted people about their end of life wishes and recorded this within their care records.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had not taken steps to ensure that risks were recorded appropriately. Staff members and relatives described a high number of incidents of physically challenging behaviour from a person who used to live at the service, some of which needed police support. Incident reports we reviewed were not detailed. One staff member told us, "We had to call the police a lot, around 5-10 times and we had to tell residents to lock themselves in their own room for their own safety." Another staff member told us, "I feel incidents could have been recorded much better, at the time it was so difficult we missed out on information and reports."
- The provider told us that there had only been two incidents where police needed to be called despite consistent feedback from others to the contrary.
- Systems and processes in place did not identify missing incident reports or concerns in relation to how incidents were being managed and the provider had not notified us of all possible significant incidents as required by law.
- Systems and processes to assess if information was up to date, accurate and properly analysed were in place but were not working effectively. Audits undertaken had failed to identify the issues we found at inspection.

Continuous learning and improving care: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Negative feedback from people had been recorded but was not identified by the registered manager in audits to ensure it was evaluated and acted on.

Due to poor governance of the service areas of risk were not identified and mitigated effectively. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and staff told us that there had been a improvement recently in the culture of the service and felt that there was a positive and open culture at the service and the registered manager usually took their feedback seriously and acted on it.
- The registered manager facilitated regular staff meetings where staff could share concerns and feedback and discuss best practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Where some complaints had been recorded the registered manager had met with people using the service to discuss their concerns and issued a letter of apology where required.

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

- The registered manager had developed positive working relationships with both staff members and people. Staff felt supported within their roles and comfortable that the registered manager would act upon any concerns. One staff member told us, "The manager is approachable and will help us with anything if we are stuck." Another staff member told us, "Yes, I feel supported by my manager."
- The provider had completed a quality assurance questionnaire to gain people's feedback on the service provided.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care.
- The service had good links with other resources and organisations such as local learning disability groups within the community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not being recorded or dealt with effectively.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective governance systems and processes were not in place to identify risks and areas requiring improvement