Treehome Limited

Evergreen

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?	Good

Summary of findings

Overall summary

The inspection took place on 1 August 2017 and was unannounced. The service was last inspected in March 2015 and met with legal requirements at that time.

Evergreen is acting to provide accommodation and personal care for up to eight people with mental health needs, autism and/or a learning disability. On the day of the visit, there were eight people at the home.

There was an acting manager in post. They had been in the role for two and a half months. They had put in an application with us to apply to be 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 acting providers, they are 'acting 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.

People were protected because the staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. There were systems in place to support staff and people to stay safe. New staff were only employed after they had been through a thorough recruitment process. Risks to people were assessed and identified. Action was then taken to keep people safe. These actions were kept to a minimum and were undertaken in ways that did not impact unnecessarily on people and their independence.

People were supported by staff who assisted them with their needs in a way that respected their privacy and encouraged them to be independent. The home had a welcoming and friendly atmosphere. People who wished to were encouraged to keep close contact with family members and people who mattered to them.

There had been a lapse in the regularity of staff supervision for staff whose records we viewed. However the acting manager had put in place a programme of staff supervisions for all of the team to address this shortfall. Staff were now being supervised and formally supported on a regular basis.

Staff had been properly trained and developed to ensure they were aware of people's needs and how to meet them. People were supported with their complex health needs by health professionals. They received the treatment and help they required to maintain optimum health.

People were able to enjoy a wide range of meals and drinks that they chose. People were well supported with their nutritional needs by the staff. The staff team understood how to support people with complex dietary needs.

People received care that was flexible to their needs. Where possible they were involved in reviews of their care needs. This was to help to ensure that staff had up to date information to support them effectively. Care and support plans were individual and promoted people's independence. For some people where it was beneficial, picture formats were used to help them be involved in their care.

The team were positive about the management structure of the service and the organisation. They told us that the acting manager was a caring and supportive manager. They also said they were a very good role model. The acting manager was also very positive about their role and the team that they had taken over managing. Staff said the acting manager was always there for them whenever they needed advice, guidance and support.

To properly monitor the quality of care and daily life there were checking systems in place. These were to ensure the service people received was safe, suitable and personalised to their needs. Audits had picked up some matters that required action, including the shortfall in frequency of staff supervision. The acting manager was acting on these issues. There were also a range of checks and audits in place that ensured the ongoing safety and quality of the home. These had been effective at providing assurance that the service remained good, and that the service was meeting people's needs and the regulations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Evergreen

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.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

This inspection took place on1 August 2017 and was unannounced. The inspection was carried out by one inspector. We met six people who were living in the home. Staff we spoke with included the acting manager, two senior support workers, and support workers.

We observed how staff interacted with the people they supported in all parts of the home. We also used the Short Observational Framework for Inspection (SOFI2). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We checked care records and charts relating for two people and six medicine records. We looked at other information related to the running of and the quality of the service. This included quality assurance checks, training records, staff duty records, meeting information and arrangements for responding to complaints.

Good

Is the service safe?

Our findings

Many of the people who lived at the home were unable to tell us if they felt safe living there. However, we observed how people interacted with staff and we saw that they were comfortable with staff and looked relaxed with them.

The risks of abuse of were minimised because staff were aware of safeguarding policies and procedures. They knew what to do if they suspected that a person was at risk of abuse. All staff said they would report it immediately. The staff we spoke with understood about the different types of abuse that can occur. They knew who to report any concerns to. They also understood their roles and responsibilities in keeping people safe, as well as the actions to take when they were concerned about people. There were also other procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified what to do to reduce the risks that people may experience.
The provider responded promptly and appropriately to any allegation of abuse. There were records relating to when safeguarding alerts had been made. These included copies of alerts made to the local council, notifications made to the Care Quality Commission, and associated records relating to individual referrals.

Medicines were managed safely and staff ensured people were given them at the times that they were needed. We saw the staff on duty gave people their medicines by following a safe procedure. The staff checked they were giving the right person their medicines. They also spoke to each person and explained what they wanted to give them and what it was for. The staff stayed with each person while they took their medicines. The staff who gave out medicines had been on training in medicines management to ensure they were competent to do so. Medicine administration records (MARS) were accurate and up to date and they showed when people were given their medicines or the reasons why they had not had them. Medicine supplies were kept securely and regular checks of the stock were carried out. There were photographs in the MAR file to aid staff identify the person medicines were being administered and these were dated. There was person centred information with people's charts. This was to inform staff how they preferred to take their medicines such as if a person preferred tablets to be crushed or broken in two and taken with jam and a glass of water. When PRN (as required) medicines were administered the reasons for administering them were recorded within the MAR chart.

People were well supported by the staff to stay and feel safe. Care plans contained risk assessments for different areas of people's life. These included showing behaviours that may challenge others as well as agitation, and choking risks. When people did exhibit behaviours such as extreme anger, anxiety or distress they were well supported to stay safe . The plans in place were clear and informative. They set out how to respond to people in a calm way that would help to keep them and other people at the home safe. One person using the service had been assessed as being at high risk of displaying behaviours that may cause distress to other people living at the home. They were receiving one to one support from staff during the day .Staff were monitoring their behaviour. The person's care plan contained information for staff on identified triggers for the behaviour and how to deescalate and resolve the behaviour. This was in order to protect them and other people using the service.

People had their needs met by enough staff to provide them with safe care and support. Staff said the numbers of staff were worked out based on the individual dependencies of each person living at the home . When people required one to one support this was provided. The staff felt there were enough of them on duty all of the time. We saw staff were able to spend plenty of time supporting people and assisting them in an attentive manner. People responded promptly to people when they wanted their help. The manager told us staffing numbers were assessed and could be increased when needed, for example if someone's needs and behaviours changed and they needed more support as a result .We saw there was staffing information that confirmed that staff numbers were worked out based on the needs and numbers of people at the home. This was to ensure there was enough staff to effectively meet people's needs. There were a range of different staff on duty for every shift. Based on what we found the number of staff on duty at any time met peoples' range of needs.

When incidents and accidents happened involving people at the home, changes to their care were implemented when needed. The records showed the manager and staff recorded significant incidents and accidents that had taken place involving people who used the service. We saw that staff recorded what actions had been taken after an incident or accident had happened in the home. The care records had been updated and they reflected any changes to people's care after an incident or occurrence. The manager told us they would use this information as a topic for discussion at staff meetings. This was to ensure sure that staff were up to date with any changes to care plans.

Health and safety risk assessments were undertaken to minimise risks and to keep people safe. Checks were undertaken and actions were carried out when they were required to make sure the premises was safe and suitable. There were checks carried out to ensure sure that firefighting equipment, electrical equipment and heating systems were safe and able to be used. Staff were carrying out routine checks on the day of our visit.

Safe recruitment procedures were in place. We saw that new staff did not start work until all necessary checks had been completed. We spoke with new members of staff who had been recently appointed. They confirmed for us that they did not start work until all necessary checks had been completed. These checks included references, proof of identification and Disclosure and Barring records checks. Disclosure and Barring checks are carried out to help employers to recruit only safe and suitable staff to work with people who may be vulnerable.

Good

Is the service effective?

Our findings

Staff receiving supervision meetings had not always been kept up to date. These are one to one meetings staff have with a supervisor for discussion of their performance. They should be used to ensure staff are supported to provide effective care and support. The three staff files we looked at showed there were some gaps in 2016 when they had not received supervision for over three months. The provider's policy aimed for staff to receive one to one supervision around ever six to eight weeks. The acting manager had identified a previous shortfall in the frequency of staff supervision. For the last three months we saw this had been picked up again for all staff. Staff were having meaningful one to one support from a named supervisor.

Staff said they were well supported and supervised in their day to day work by the acting manager. The staff said the acting manager worked alongside the team regularly. Staff said they gave them guidance and support when they worked with them. This showed that the acting manager was addressing this shortfall to ensure that all staff were being properly supported in their work with people at the home. This further benefited people at the home as it meant they were assisted by staff that were being properly developed and supported.

People were supported by staff who had the skills they needed to provide effective care Staff told us they went on training when it was needed to improve and develop them in their work. Staff said they had attended training in areas such as understanding behaviours that may challenge, autism, learning safe responses to people, fire safety, first aid and the Mental Capacity Act. The staff had access to online training as well to ensure they were safe and competent in their work. All new staff went on an induction programme before they started working with people. This ensured they had the skills and confidence in their work to make sure people received the care they needed. The acting manager told us new staff completed a full induction prior to working directly with people. This included food safety, health and safety, safeguarding, lone working and nutrition.

People were supported by a small consistent team of staff. Our observations of staff and, discussions with them confirmed they had the skills to meet the needs of people and to provide an effective service. Staff told us of a number of examples of how they provided suitable care to people. They told us they supported people when they were anxious and angry in mood. They supported people with their particular mobility needs. They also supported one person who needed extra support to be able to move around the home independently. We saw that staff were knowledgeable about and very aware of the needs of people. They knew how to give them the care and support they required. We saw staff offering people a choice of food and waiting for people to make their individual choices. Staff interacted calmly with people, included them in the conversations, and encouraged people to be independent when eating. For those people who sometimes became agitated and angry in mood. Staff were skilled and calm in manner and stayed with them and supported them until they felt more relaxed.

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 staff at the home were working within the principles of the MCA. The people currently at the home had been assessed as lacking the capacity to make certain decisions. Care plans we looked at showed how people were supported to make decisions. When people were assessed as not having capacity assessments and best interest decisions had been completed. We spoke with the acting manager who confirmed when required, mental capacity and best interest decisions had been completed. Staff we spoke with understood the process to follow when people lacked capacity. This meant that people's rights under the MCA 2005 were protected. There was evidence of best interest meetings in people's care plans in relation to issues such as whether a person should have their medication increased or whether to undergo a medical procedure. Where required, people had access to an Independent Mental Capacity Advocate (IMCA). IMCAs are appointed to represent people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment options.

People were asked for their consent and the provider acted in accordance with their wishes. We also saw that people were offered choices about what they would like for their lunch and what activity they wished to take part in on that day. Staff used a variety of communication aids such as pictures, cards and signs. This was to further support people make decisions about what they wished to do. This showed that staff understood the needs and rights of people they supported.

People were provided with a choice of suitable and nutritious food and drinks. The staff told us they had got to know overtime what meals people liked and disliked. Staff gave people suitable support with their nutritional needs. We saw breakfast and lunch served to people. We saw that staff supported and prompted people who needed extra support in a calm and encouraging way. We heard the staff prompt people to eat their meals in a discrete way. People approached the staff who asked them what they wanted for breakfast and lunch. The staff supported people to assist with making their own lunch. People were also supported to make drinks throughout the morning and in the afternoon between meals.

The staff told us dieticians and other health care professionals gave guidance to ensure that they met the nutritional needs of people. The care plans clearly set out what actions were required to help people to meet their identified nutritional needs. For example, it had been identified if people needed extra support from staff with their meals in case of the risk of choking. It had also been identified when that the person required a soft diet for their health to be maintained. The staff were able to tell us how to effectively assisted the person in the way set out in their care plan. This showed staff understood how to meet the person's nutritional needs. Where people were identified as having complex needs in relation to food and drink, external support and advice had been sought.

Good

Is the service caring?

Our findings

People were supported by caring staff that were sensitive in manner and approach to their complex needs. We saw that people looked relaxed, comfortable and at ease in the company of the staff. People constantly approached the staff to be in their company.

The staff communicated with people in an engaging way. We heard staff talk and sing with someone they were helping with personal care needs. The person they were helping responded very warmly and there was plenty of laughter and warm responses from the person being supported. This showed staff knew how to engage with people who they supported. Staff used very friendly open facial expressions and body language. They also used a gentle and good humoured tone of voice when they spoke with people. People responded positively to the staff and laughed and communicated with them. We saw staff responded to people's body language and verbal communication attentively.

The staff on duty knew and understood each person's needs very well. They understood the importance of respecting people's individual rights and choices. We saw staff communicated with each person in a manner that showed they treated them as an individual. They encouraged people to make choices such as what to eat, what time to get up, and what activities they wanted to undertake that day.

People were supported to be part of the community. We saw one person go out with the support of a member of staff for a drive to the country. We saw that a small group of people went out later in the morning to a duck pond to feed the ducks. There were plenty of photos of people on trips to pubs, coffee shops and other community venues. The staff said it was very important for people to be able to go out for a trip into the community, if possible every day.

We saw information in the care plans about the history of the person and what was important to them so that they were able to live a fulfilling life. This included the names of their important family and friends. The care records we viewed contained guidance and information so that staff were able to provide people with individualised care. We read information in people's care records which set out how people's care needs were met. We also saw that examples of people's preferences were written in their care records such as what time they chose to get up each day, what time they wanted to go to bed, food likes and dislikes, and activities and interests they enjoy.

Good

Is the service responsive?

Our findings

The staff we spoke with had a good understanding of people's needs and knew them well. Staff understood what actions were needed to meet each individual's needs. Staff were aware of peoples preferences and interests and life history before they came to the home. This enabled staff to provide a personalised service.

The staff were able to tell us how the provided people with care that was flexible and met their needs. For example, they told us how they assisted people with physical care needs, emotional needs and their nutritional needs. They said they also supported people to be able to take part in activities in the community. The staff showed in discussion with us they understood people's complex learning disabilities and how they impacted on their life.

All of the plans we looked at contained examples that showed that staff had written them in a person centred way, and that they had been written by staff who knew the people and their needs well. In another care plan it was set out how one person's communication needs affected their behaviour. Staff had documented the link between the person's frustration when not being understood and how this in turn could lead to frustration. The plan provided plenty of detail to guide staff. During our visit we observed staff interacting with the person. They ensured they had understood what the person was saying by repeating them. This ensured the person knew they were being listened to and prevented any frustration. In another care plan for a person who had similar communication difficulties, staff were advised to make eye contact and not ask lots of questions at once as this could cause agitation.

Where people had displayed behaviour that may cause distress to others there was detail on what triggers may impact on the person and their mood For example, one person could become distressed or agitated by noise from other people at the home and by too many people or unknown people. Positive behaviour support plans were in place which gave details of activities could do with the person including reading the newspaper, going for a walk or going out for coffee. The care records also contained detailed guidance to enable staff to support people according to their needs and wishes. The records included pictures to make the records more accessible to the people who they were written about. The care plans showed people and their families or friends were involved in deciding what care and support they wanted to be provided with at the home. The care plans were written in an easy to understand format and had been regularly reviewed and updated to make sure they were still accurate.

There was an easy to follow complaints procedure in place for people to make a complaint about the service. There had been one complaint made in the last twelve months. A senior manager had responded to the person's complaint. It related to the actions of another person at the home. The senior manager wrote to the person and investigated their complaint fully.

The staff told us they also advocated for people to ensure their views were known. They gave us examples of how they acted for people. This included supporting people to have the meals they had chosen. Another example was ensuring that one person who did not like to be in a noisy environment was able to sit somewhere quiet. The staff further explained that each person's care plans contained detailed information

about how they liked to spend their day. They said this was very important information because people could not easily directly express their views verbally if they were not happy about the care and services.

Good

Is the service well-led?

Our findings

The staff spoke positively about the acting manager who they said was very person centred in their approach to running the home, both to them and the people who lived at the home. The acting manager was open and accessible to people who used the service and the staff. They also said they were very much enjoying working at the home and the positive challenges of their new role.

People who lived at the home went to the office to see the acting manager during our visit. The acting manager spent plenty of time with people assisting them with their needs. The acting manager kept up to date with current matters that related to care for people with learning disabilities by attending meetings with other professionals and colleagues who work in the same field in social care. They explained that they always shared information and learning from these meetings with the staff team. They also told us they read online articles and journals about health and social care matters.

The service people received was checked and monitored so that it was suitable and effective. We saw that the manager checked the quality of the care people received on a daily basis by working alongside the staff that supported them. The care people received was quality checked by another manager on a regular basis. Areas of the service also being quality checked and monitored included health and safety, staff training and supervision, meals and people's involvement in the way the home was run. These checks were regularly completed. For example, the medicines people were taking were regularly monitored to make sure people were receiving the care and medicines they needed. In addition, a care plan audit had identified that some care records needed updating. This had now been acted upon, and the care records we viewed were up to date.

The staff had a good understanding of the provider's values and philosophy and we saw that these values underpinned the staff's practices. One of the service's values was making people feel that they were a unique individual and helping them live a full life in the home and the community. The staff we met conveyed their understanding of these values by treating people in a respectful person centred way at all times.

The service had a five star Food Standards Agency (FSA) hygiene rating. Five is the highest rating awarded by the FSA and showed very good hygiene standards were in place for food preparation and cooking. This also showed that the registered manager and provider worked to provide a high quality service.

The staff told us that staff meetings were held regularly and staff said they were easily able to make their views known during meetings. The staff said the acting manager was always open to new ideas and suggestions about the way the home was run and how to meet people's needs. The acting manager and staff also told us these meetings were used as time to talk among each other about people's needs. The staff said because people were not able to verbally make their views it was essential that the team talked in depth about people they at the home .Where required, actions resulting from these were assigned to a member of the team or the acting manager to act upon. Peoples care records had recently been updated after a staff meeting discussion.

Staff completed a staff survey which asked if they were happy working at home and if they had suggestions for improving the service. Staff told us they felt listened to by the organisation and by the acting manager. The provider was actively seeking the views of people who used the service. The manager told us a senior manager visited the home regularly and met people who used the service to find out if they were happy at the home.