

# PhiLori Care Limited

# Evergreen

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Evergreen provides personal care for up to four adults with learning disabilities and/or autism spectrum disorder in Luton. At the time of our inspection there were three people using the service.

This inspection took place on 23 December 2015 and was announced. The provider was given 24 hours' notice of our inspection as we needed to ensure that people would be available to speak with us on the day.

The service had a registered manager. 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.

People using the service were kept safe from risk of harm and the provider had robust risk assessments in place to identify and manage people's complex behavioural needs. People's healthcare needs were met by the service and people were supported to be able to attend appointments with professionals.

# Summary of findings

Medicines were administered by trained staff who had been assessed on their competencies and the service had procedures in place to ensure medicines were stored and managed safely.

People were involved in planning their menus and had a healthy, balanced and varied diet. We found that they were supported to undertake a range of hobbies and activities and the service took a creative and proactive approach to encouraging people to lead full and happy lives.

People were involved in the day to day running of the service and every stage of their care planning. The service routinely included them in all matters affecting the service. People were encouraged to take part in all matters affecting the service, which included the recruitment of new staff and staff training.

Views were sought from people and their relatives and used to continually improve the quality of the support being provided. People were treated with dignity and respect by staff who were knowledgeable about their individual needs.

Staff received a wide and varied range of training and the service took an innovative and person-led approach to

providing staff with the skills, knowledge and experience to undertake their role effectively. Staff had comprehensive knowledge and understanding of the Mental Capacity Act (2008), Deprivation of Liberty Safeguards (DoLS) and how this legislation related to the people using the service.

Staff were caring, knowledgeable and had developed positive relationships with people they supported. Supervisions and performance reviews were held regularly and provided staff with opportunities to contribute to both their own professional development and the development of the service.

People, relatives and staff all provided positive feedback about the way in which the service was managed. The service had robust quality assurance systems in place which identified improvements that needed to be made, and the manager worked closely with the local authority to identify ways in which standards could be improved. Staff were encouraged to participate and develop within an open and supportive culture and understood the visions and values of the service. Staff meetings gave both people and staff the opportunity to share feedback and identify goals and objectives for the service.

# Summary of findings

## 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 was safe.

Staff were trained in safeguarding and understood how to keep people safe from risk of harm.

The service had individualised risk assessments in place which detailed how people could be kept safe from harm.

The service had sufficient numbers of trained staff deployed to ensure people's needs were met.

There were robust recruitment systems in place.

Medicines were managed and stored appropriately.

Good



### Is the service effective?

The service was effective.

Staff received a wide range of training to meet the needs of the people using the service.

The manager and staff had a full and detailed understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to make choices and maintain their independence, and were not unnecessarily restricted of their liberty.

People were supported to access other health and social care services when required.

Outstanding



### Is the service caring?

The service was caring.

Staff were positive, friendly and person-centred. They understood people's individual needs and they respected their choices.

People and their relatives were positive about the quality of the care and support provided.

People's privacy and dignity was observed and staff were warm, respectful and understood people's right to privacy in their own home.

Good



### Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to maintain their independence and pursue their hobbies and interests.

The service encouraged people, relatives and staff to provide feedback and took a proactive approach to managing and responding to any complaints.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

People, their relatives, staff and external professionals were positive about the management of the service and felt that the registered manager was supportive, innovative and fair.

Staff understood the visions and values of the service and these were reinforced in team meetings, supervisions and visible through the service.

The provider had systems to place to identify improvements that needed to be made to the service and took appropriate action to address these.

The service routinely learned from feedback and issues and took prompt and decisive action to remedy these.

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.

The inspection took place on 23 December 2015 and was announced. The provider was given 24 hours' notice of our inspection because there were only three people living in the house and we needed to ensure that somebody would be available.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about

the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the report issued following a recent local authority monitoring visit and details of provider meetings held to discuss concerns raised earlier in the year.

During this inspection, we spoke with three people and two relatives of people who used the service, three members of staff and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments for all three people who used the service. We checked medicines administration records (MAR) and looked at staff training, recruitment and supervision records for four staff. We looked at the service's policies and procedures and their system for handling complaints. We also reviewed information on how the quality of the service was monitored and managed. We reviewed reports from the local authority and spoke with two healthcare professionals involved with the service.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe being supported by the service. One person said, “Yes, I feel safe.” Relatives told us they had no concerns at all over their family member’s safety. One relative told us, “I know they’re safe living here. They take good care of [relative].”

The service had a policy for safeguarding adults from risk of harm, which included details of which external agencies could be contacted, including the local authority and the Care Quality Commission. Staff were able to describe how people were kept safe from risk of harm in the service and had a good understanding of how to raise any concerns. The provider encouraged people using the service to understand the home’s safeguarding policy by issuing an ‘easy-read’ version which supported them to understand who they could talk to in case they needed to report any concerns. Staff were encouraged to raise any safeguarding concerns and we saw that the service had made appropriate referrals to the local safeguarding team following significant incidents. The manager was able to show us action that had been taken in response to a specific incident that might have put somebody at risk of harm, and we saw that extra measures had been put in place to ensure that any future risk was minimised.

Risk assessments were comprehensive and detailed. They covered various aspects of people’s support and were specific to their individual needs. All care plans included general risk assessments for areas such as fire safety, lone working, safe movement around the home, medicines and activities. Where there were specific risks associated with an activity, we saw that the service had created an individual risk assessment which detailed how the person could undertake the activity as safely as possible. For example, where one person had arranged to stay away from the home for a short time, we saw that a risk assessment had been created to identify how the person could complete this safely. The person told us they had been able to spend time away and that it had been a success. Risk assessments were routinely updated following any incidents, successes or challenges. Each assessment was subject to a six monthly review but were often updated more regularly, with details of incidents

being included to help identify why changes had been made. This showed us that the service encouraged a culture of positive risk taking while ensuring people’s safety.

The service enabled staff to help people to manage behaviour that might have a negative effect on others. One member of staff said, “Sometimes it’s difficult for people and we understand that they can show different behaviours. But we know how to help them to calm and settle and what makes them feel better again.” The service had a dedicated section in each care plan entitled ‘reactive management protocols’ which listed in detail which behaviours the person might demonstrate, and how to recognise their likely triggers. The protocols provided staff with distraction, de-escalation and therapeutic techniques which could help to support them through any periods of difficulty. New behaviours were routinely recorded and the protocols were reviewed and updated when these occurred. The manager told us that incidents between people using the service were rare, and that although people were supported to enjoy their home together when desired, their independence was respected and this helped to reduce potential incidents between people.

People we spoke to told us there were enough staff to keep people safe. One person said, “Yes, there are [enough people].” A relative told us that the home was always fully staffed, saying, “They don’t seem to have any problems with getting staff here.” We saw duty rotas which showed us that there were usually three people on duty throughout the day which enabled people to receive dedicated 1:1 support. The manager told us that while they were awaiting a fourth person to move into the service that staffing ratios were higher than usual, but that staffing levels would never drop below three people and that the service was staffed depending on the needs of the people. Rotas were adapted based on people’s activities, appointments and changing needs. The registered manager was involved in actively supporting people and would become a fourth person when required, meaning that people always had enough staff to keep them safe.

Staff were recruited safely to work in the service. The manager told us that people had the opportunity to become involved in recruitment and selection and that their opinion was sought prior to making any appointments. We saw in staff recruitment records that each member of staff had completed an application form,

## Is the service safe?

provided proof of their identity, completed a Disclosure and Barring Service Check (DBS) and provided references from previous employers. New starters were provided with information, including a detailed job description and contract. The manager showed us a book that the service had made which provided all new staff with tips and advice from existing members of the team.

Medicines were managed appropriately and safely, and were only administered by staff that were trained and competent to do so. Training records confirmed that new staff received training and competency assessments before administering any medicines. We checked medicine administration records (MAR) for each person and found

that they were filled out correctly, with no unexplained gaps. The service had systems in place for auditing medicines, checking stock levels and returning any refused or spoiled medicines to the pharmacist.

People were encouraged to take their medicines as independently as possible. For example we saw in one person's care plan that they had requested to self-administer as part of their monthly review. The service had identified the appropriate steps to take to help the person to safely self-administer and had provided them with easy read data sheets which provided them with information about side effects in a format they could understand.



# Is the service effective?

## Our findings

People we spoke with told us that staff knew how to support them and were involved in their training. One person said, “Yes, they (the staff) are very good.” We spoke with a relative who felt that the staff were well trained and very capable when it came to supporting their relative. They told us, “They seem to have all the right training; I’ve never had reason to think otherwise.”

The service took an innovative, person-centred and positive approach to training which enabled staff to deliver a consistently high standard of support. Without exception the staff team praised the quality of the training available and told us it had helped improved the quality of their work. One staff member said, “The training is really insightful, it helps us to understand all aspects of the person and understand better how to support them.” The manager told us that they took a holistic approach to training and supplied a number of specialised courses in addition to the mandatory care certificate. Training records confirmed that staff received training in areas such as person-centred approaches, autism, diet, mental health, epilepsy and key working. These were regularly refreshed and updated and training records confirmed that all staff working in the service were up to date with their training and had undertaken the majority of the courses on offer.

The service also offered workshops around specific areas of learning. For example staff told us that they’d attended workshops in managing aggression, challenging behaviour and autism and that this had helped supplement the training they had already received. One member of staff said, “The workshops are wonderful and some of them are client-based. This gives the people the opportunity to tell us how they want to be supported. This is better than regular training because it’s specific to that person.” The manager confirmed that people who used the service were involved in all aspects of training and had completed some of the courses themselves. For the workshops, they were invited to speak and provide the staff with their own views and experiences to help form the content of the courses. This meant that staff received training that was relevant not only to their role but to the individuals being supported. The registered manager felt that this empowered people to feel involved, provided bespoke and high quality training to staff and helped to promote the provider’s values.

The quality of training provided enabled staff to better deliver support which empowered people and promoted their development. For example we saw that as a result of one of the managing aggression workshops which had been held, the staff had been better equipped to understand how each person could be better supported to manage any sign of aggression or frustration. One staff member said, “It taught me things about [person] I didn’t know before- giving them a voice instead of just teaching generally gives us the opportunity to understand them much better.” They were able to tell us about the measures they’d put in place and changes made to the environment which helped them to better support the person’s individual needs.

Staff were supported to undertake a variety of vocational qualifications. One member of staff had recently completed their level five diploma and another was about to undertake their level seven. All staff had completed or were undertaking levels two and three and told us that the provider was committed to helping them to develop their skills. One member of staff said, “It’s not many places that would show that kind of commitment to their staff. She (registered manager) wants us to stay here so they put a lot into developing us.” The experience, skills and knowledge of staff we spoke with was exceptional, and they were able to demonstrate high level knowledge of policies, procedures, support plans and the statutory requirements of the service. We observed during our time in the service that information was made available to staff through colourful displays which helped to provide them with insights into their working responsibilities. For example each of the key lines of enquiry (KLOEs) was highlighted in the staff office with information on how staff could ensure compliance and excellence within each area.

The staff team were knowledgeable about the people being supported and were able to tell us about their history, background, likes and dislikes and how they preferred to be supported. The staff we spoke to showed a real commitment to people and the overall turnover of staff was low. One member of staff said, “I always knew I wanted to work here and stay with [person], this is like my second home.” A relative told us they were pleased that the team were so consistent. “They’ve all been here a long time and it helps, they know [relative] so well.”

Staff we spoke with told us they had received a full and comprehensive induction into the service. One member of





## Is the service effective?

staff said, “Our induction process is really good- we’re never left alone for the first few weeks and we have a chance to learn from experienced staff.” We saw in staff files that each member of staff had completed an induction which included working alongside other members of the team, completing mandatory training, reading through the provider’s policies and procedures and people’s care plans. The registered manager showed us scrapbooks which had been made for each person, which staff were invited to read as part of their induction. These had been put together by the people themselves and included pictures and details of how they liked to be supported. This helped staff to develop relationships with people during their induction.

The principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) were clearly displayed on the walls of the staff office and provided staff with information on how this applied to their work. 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). Staff told us they were provided separate training in both and were able to explain how they impacted upon people using the service and their statutory obligations under each. People were provided with information on how they could be supported to make decisions and the names of advocacy services that were available if they required any independent support.

People were encouraged to make their own decisions wherever possible. One person told us, “Yes I have choices here.” We spoke with a member of staff who said, “They make their own choices and have power and control over

their own lives. We’re not here to make decisions for them, just help them if they need it.” We saw that care plans included details of how the person made decisions and what kind of support could be provided to help them. For example where somebody needed to budget in order to be able to complete their desired weekly activities we saw that the staff had provided the person with a proposed weekly schedule and then adapted this based on the choices and wishes of the person involved.

People had the choice of whether to spend time in communal areas, their rooms or undertake activities outside of the house. Whenever the staff were undertaking a duty relevant to that person, they ensured that they were included. For example we saw that when one staff member was supporting somebody to handle their finances, they encouraged them to participate and understand what they were doing as much as possible. When staff were writing out daily notes for the person, they were consulted on the content and asked to provide their own feedback as to how they felt the day was going.

People had choices over what they had to eat and drink. One person said, “The food is nice.” Staff we spoke with told us that people planned their own menus and had a variety of healthy and nutritious foods. People were involved at every stage of the process from writing the initial shopping list to carrying out the shopping and then assisting with the food preparation itself. Care plans included a list of what the person did and didn’t like to eat and drink.

People’s healthcare needs were identified by the service and people were supported to attend regular appointments with community nurses, dentists, GPs, chiropodists and other services as required. Staff knew and understood people’s conditions and health needs and were able to tell us how these were being met. Care plans included a comprehensive sensory profile which considered how the person was affected by any sensory sensitivity and how this related to their healthcare requirements. People’s health needs were always under review and updated with any changes as necessary.

# Is the service caring?

## Our findings

People told us that they felt well cared for by the service and the staff team. One person said, “Yes they care about me.” We spoke to a relative who felt that the staff were kind and friendly. “They’re really good and I would have [relative] here otherwise. [Relative] loves the staff, she’s really positive about them.”

People were always at the centre of the service and we found during our observations that staff always treated them with compassion and respect. The interactions we observed were warm and friendly. While staff remained professional at all times, they were able to have laughs and jokes with people and demonstrated that they understood the person’s sense of humour and preferred method of communication. People were given time to answer questions, were referred to by their preferred names and provided with choices throughout the day. Prior to our visit the registered manager had explained the name and role of the Inspector to the people living there and asked their permission for us to enter their house. We spoke with a member of staff who told us, “It’s their home and we always try to be respectful of that.”

We observed that people’s dignity and privacy was always observed by staff. A member of staff was able to tell us about the different ways in which people’s dignity was observed. They said, “We’re only here to support them if they need or want us to. People have time alone and are encouraged to do as much as they can for themselves.” Another member of staff said, “We’re really proud of how they’ve developed their daily living skills, we support them to cook, clean and do everything as independently as possible. We want them to have a life outside of their support and we try and work towards reducing the level of

support we have to provide.” People were only supervised when it was necessary to do so, and while we observed staff encouraging people to participate in tasks around the home, this was never forced upon people. The service displayed pictorial prompts around the house to help people to remember which of their household tasks were due.

Relatives told us they enjoyed visiting the service and felt welcome. One relative said, “Yes, I can come whenever I like.” People told us they got to see and spend time with their family. The staff were knowledgeable about people’s cultural backgrounds and religious beliefs and tried to observe this as much as possible, for example one person had an amended diet because of their cultural background. However staff told us this was their choice and that this was regularly discussed with the person to ensure this still met all of their needs.

People told us they had their own meetings to discuss issues relating to their support. The manager confirmed that people met and that one person usually led these meetings and provided the others with opportunities to speak. She said, “We usually have a staff member there to help but we try and make sure these meetings are theirs and keep our role as minimal as possible.” After the meeting people would feedback and share any items that were discussed with the staff team. We saw surveys that were sent out to people annually which asked them questions about how they were finding their care and support and what improvements they’d like to be made. Where one person had raised concerns about their relationship with some staff, we saw evidence that these issues had been addressed and discussed with the person involved.

# Is the service responsive?

## Our findings

People told us that they knew and understood what was in their care plan. One person said, “Yes they ask me what goes in there. I know what’s in there.” A relative we spoke to told us that they had been given the opportunity to contribute to their family member’s care plan and felt that they were personalised and met the person’s needs. They told us, “They consult us on what’s in there, it’s very detailed.”

Each support plan we looked at was highly individualised and provided a detailed insight into the person and their individual needs. They were written from the perspective of the person and it was evident that they had contributed to every section and been involved in determining the content. For example in people’s social histories and backgrounds we saw that one person had provided information about elements of their past which were sensitive but had helped the staff to understand how to support them compassionately. From speaking to staff and our observations around the service it was evident that staff knew, where appropriate, details of the person’s background, culture, likes, dislikes and how they preferred to be supported.

Each person had a key worker who met with the person monthly to review their care plan, discuss any issues relating to their support and to set monthly goals and objectives. A member of staff told us, “The (key worker) meetings allow us to make sure people are the centre of their own support, what they do is led by them and not us.” Objectives and goals were reviewed at each meeting and we saw evidence that these were being routinely met. For example where one person had requested to learn more about recycling, their key worker had recorded the necessary steps to encourage them to take a more active role in this, provided them with a social story to help them to understand their responsibilities and then recorded any successes or challenges that came with this. This showed us that the service demonstrated a strong commitment to supporting people to develop and meet their personal objectives.

Each care plan was subject to a monthly review which ensured that information was kept up to date. We found

that without exception the care plans were extremely responsive to people’s changing needs and were updated immediately following any incidents, challenges or significant events in a person’s life. Photographs and visual aids were used throughout the plan which helped them to understand and relate to the content of the plan. By looking through them we were able to develop a clear sense of who the person was, how they preferred to be supported and what made them unique and special.

Each person had an activity schedule with an accompanying budget in place. One person said, “I get to do all the things I like to do.” Staff explained that the schedule was determined by the person but wasn’t prescriptive, for example if a special event or activity was found, the person’s schedule could be easily adapted. We saw that people had been supported to undertake a range of voluntary opportunities, leisure activities, hobbies and activities in the home that had been chosen by them. For example one person who had expressed an interest in paranormal subjects had been supported to join a paranormal investigation society and supported to visit the ghost rides at a popular theme park. Another person had been supported to undertake a variety of voluntary positions. The manager told us the person liked to try new things often so they needed to be proactive in ensuring they had a number of opportunities available to them. During our inspection we found that people were active and busy and engaged throughout the day.

The service had a complaints policy in place which detailed how people could make a complaint, who they could complain to and how each complaint would be resolved. People and relatives told us that they knew how to complain and would feel comfortable doing so. Easy read versions of this policy had been provided for people to enable them to understand the process. We looked through records of complaints and found that while there had been fourteen complaints made, the majority of these were not formal complaints and were smaller matters which had been dealt with by the manager. This showed us that people’s concerns were being taken seriously and that if people did have to make a formal complaint, they understood the process and felt they would be listened to.

# Is the service well-led?

## Our findings

People, relatives and staff couldn't praise the management of the service enough. One person we spoke with told us, "Yes, the manager is really nice." A relative said, "[Manager] is always there, I can phone or email her any time. I have a lot of confidence in her; she's confident in what she's doing and is always honest and fair." Feedback from staff was equally positive. One member of staff told us, "I've always felt supported by management. [Manager] is great and really cares about all of us." Another person said, "She's a great manager, really understanding but she'll tell you if there's anything you can do better. She helps us all to improve. This is the best place I've ever worked."

During our inspection we gained a clear sense of the visions and values of the service. The manager told us they were person-centred in everything they did and that they'd opened the service specifically to offer a high quality of care to a small number of people. Staff felt that the local, family values of the service allowed the management to be present often and ensured that the service always retained the same core principles. The manager told us, "We don't want to be a big organisation, just make sure that we're doing everything we can for the people here." Staff echoed these sentiments and told us they were proud to work for a provider which had this ethos. One staff member said, "We all know the values, it's all about the people, always."

The service held regular meetings to enable people to discuss a variety of topics. One member of staff told us, "We meet every month and try and get together as a team, we're usually all there and it's a good opportunity to discuss everything." Topics discussed in these meetings included staffing, safeguarding, complaints, activities and

reviews of records. Each staff member was delegated individual responsibilities and took ownership over different aspects of the service in addition to their key working duties. Meeting minutes confirmed that people using the service were encouraged to attend these meetings and provide input themselves. One member of staff said, "If we're discussing their care then it's important that anything we talk about is done openly and that they're given the chance to give their feedback." Actions and objectives were set at each meeting and then reviewed the following month, for example we saw in one set of minutes that people had asked for dinners to be planned better in advance to help with meeting their budgetary and dietary needs. The following month's minutes showed that the service had implemented new menu boards to help address this.

The manager undertook a monthly monitoring audit around the service which assessed how improvements could be made. These included staff management, client care, medicines, complaints, health and safety and record keeping. Where improvements needed to be made, follow up actions were identified and reviewed. These audits included talking to people to ensure they were happy with the care and support being provided.

The manager was able to tell us about ways they'd improved and developed the service. She said, "We realised there was a gap in some people's knowledge around legislation, so we put reminders and prompts up in the staff office to help people to better understand how it related to their work." The service had received two local authority inspections and the manager was able to tell us about changes that had been made to bring the report from a 'good' standard to 'excellent'.