

Evergreen Care Provider Limited

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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

This inspection took place on 22 November 2016 and was announced. This was the first time the service had been inspected. Evergreen Care Provider Limited provides personal care to people in their own homes. At the time of our inspection the service was supporting 12 people, four of whom were children. Several people they supported had learning disabilities.

There was a registered manager in place who was present during our inspection. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us that they felt safe using the service. Staff received regular refresher safeguarding training and knew how to report allegations or suspicions of poor practice for both adults and children who used the service.

People who needed support with their medicines were supported appropriately. Staff knew how to dispense medicines safely and there were regular observations of practice and checks by senior staff to make sure this was done properly.

People were supported by staff who had the appropriate skills and knowledge they needed to meet their care needs. Staff received regular training to they maintain their knowledge and could support people in line with recognised good practice.

People were supported to eat and drink enough to stay well. Staff knew what foods people enjoyed eating.

People were supported to have their mental and physical healthcare needs met. Records contained clear guidance for staff about how to recognise if a person's health was at risk of deteriorating and how to keep the person and others safe from harm. The registered manager involved and took advice from relevant health professionals when needed.

People said staff were caring and had built up close relationships with the members of staff who supported them. There were enough staff to ensure people were supported by the same members of staff they liked. People were involved in deciding how they wanted their care to be delivered and were supported in line with the Mental Capacity Act 2005. There was clear information and guidance for staff when other people had authority to make decisions on behalf of people who used the service.

People said staff treated them with dignity and respect. There were clear policies and training for staff so they knew how to maintain people's privacy when providing personal care.

Staff were responsive to people's needs and delivered care in line with people's wishes. People were supported to engage in activities they asked to do. People had access to a complaints system and the registered manager responded appropriately to concerns.

There was effective leadership from the registered manager and senior members of staff. People and staff told us the service had improved. The registered manager had a clear vision to provide a caring and passionate service which they shared with staff.

The registered manager assessed and monitored the quality of care people received. Further action was required to ensure quality monitoring processes were reviewed for trends which could affect the quality of the service.

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.

People were protected from the risk of harm by staff who knew how to support their specific conditions and their medication arrangements.

Staff knew how to recognise and report any signs of abuse.

Records contained enough information for staff about how staff were to manage the risks associated with people's specific conditions.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the required skills and knowledge to meet their care needs.

People could choose how they wanted their care provided because staff supported them in line with the Mental Capacity Act 2005.

People were supported to access the support of other health and social care providers when necessary.

Is the service caring?

Good ●

The service was caring.

The registered manager regularly sought the views of the people who used the service. People felt they were listened to.

Staff spoke affectionately about the people they supported. People were supported by the same staff who they liked.

Staff knew how to respect people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who knew how they wanted to be supported. Information for staff about people's personal preferences and how they wanted to receive care was easily accessible for staff.

The provider responded promptly to people's requests to change how their care was provided.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Is the service well-led?

The service was well-led.

There was a registered manager in place who understood their responsibilities.

There were systems in place to monitor the quality of the service however information was not always analysed for trends.

People expressed confidence in the management team and staff enjoyed working at the service.

Good ●

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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.

We conducted a comprehensive announced inspection of this service on 22 November 2016. The registered provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to ensure there were care records available for review had we required them. One inspector carried out this inspection. We were supported by an expert by experience who spoke on the telephone to some people using the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of planning the inspection we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we visited the service's office and spoke with the registered manager, care co-ordinator and one care assistant. We sampled the records, including four people's care plans, three staffing records, complaints and quality monitoring. We reviewed the registered provider's system for monitoring that calls times were in line with people's care needs.

After our visit we spoke with one person who used the service. We also spoke with the relatives of five people

who used the service. We spoke with two members of care staff.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe using the service. A person's relative told us, "The carer we get is really good. They know how to care, how to handle him, and was watching me and having tips for me. It's a big step - I couldn't have trusted someone before - I do now." In response to a recent service user questionnaire, another person had said, "I feel safe around my home and around my carers. No cause for any concern."

Staff we spoke with could demonstrate that they were aware of the types of abuse people could experience and the actions to take should they suspect that someone was being abused. One member of staff said, "I will speak to the manager and the person's social worker." The registered manager told us and staff confirmed that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions to both adult and children safeguarding authorities. We saw that staff received training in the local authority safeguarding guidance when they started to work at the service and regular updates at training events and staff meetings. Staff took the appropriate action if they felt people were experiencing or at risk of abuse.

People were encouraged to have as full a life as possible, whilst remaining safe. Staff we spoke with were knowledgeable about how to protect people from the risks associated with their specific conditions. One member of staff told us, "One person can't walk. Their plan tells me what to do."

The registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment which may have posed a risk to staff or people using the service. The records which we sampled contained details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people. We noted however that this information was not always easy to find in people's care plans and often contained generic phrases such as, 'support to shower,' without providing detail of how these task should be done safely. Staff we spoke with however could describe in detail the actions they took to maintain people's safety when providing personal care and knew how to minimise the risks presented by their specific conditions. We saw that records and guidance for staff was updated when people's conditions changed.

Staff told us and the care manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. This also included checking that staff were suitable to support any children who used the service. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. Our review of three staff recruitment records confirmed this. When necessary the registered manager had requested additional information in order to assess and review if people's work experience and life history were appropriate. These checks had ensured people were supported by staff who were suitable to work with people who used the service.

People who used the service told us that there were enough staff to meet their needs. People told us and the registered manager confirmed that people were usually supported by the same care staff. The registered

manager had ensured there were sufficient suitably trained staff to provide cover when a person's regular staff member was away. They told us, "We always have some staff trained in other people's needs. They have shadowed the regular staff and already been introduced to the client." One member of staff we spoke with said that calls were planned with enough time to get to them on time and would often wait outside a person's home until it was time for them to visit. People received their calls at their chosen times and by the required number of staff identified as necessary in their care plans to keep them safe.

Not all the people who used the service required support with their medicines. Those who did so said they were happy with the service they received. One person told us, "They do prompt me if I forget to take my inhaler, but I have medipacks and take my own medicines." We saw that records contained details of people's medication so that staff were aware of the medication people were taking and able to identify any signs which may indicate people were not taking their medication as they should.

When people required support to take their medication they were administered and prompted by staff who were trained and assessed as competent to do so. The relative of one person told us, "They put the tablet on his bedside table - that's how he likes it." Staff received regular updates in order to maintain their knowledge of people's medicines. One member of staff who helped a person to take their medication, told us, "I've had training in medication and other things which affects people."

Where medicines were prescribed 'as required', there were instructions and information for staff about the person's symptoms and conditions to identify when they should be administered. The registered manager completed regular medication audits and observed practice to ensure people had received their medication as prescribed. They had taken effective action when necessary to correct any errors and prevent them from happening again. People received their medicines safely and when they needed them.

Is the service effective?

Our findings

All the people we spoke with said the service and staff were good at meeting their needs. Staff we spoke with gave us several examples of how people's conditions had improved since they had started using the service. A relative of one person told us, "Without them he wouldn't be independent. I've noticed a great improvement in the tidiness of his flat, and his demeanour - I'm sure it's doing him good." Another relative told us, "His carer just listens, talks and makes him happy. She'll say, 'Wow! We're going to do this'."

People were supported by staff who had the skills and knowledge to meet their individual care needs. Staff told us, and records confirmed that all staff had received induction training when they first started to work at the service. This was based around the 'Care Certificate' which is a nationally recognised training programme and covered the necessary areas of basic skills and good practice. We noted there were examples of lifting equipment around the office which the registered manager told us was used to train staff in safe handling techniques. One member of staff told us, "I've been trained to use a hoist but don't need to yet."

Staff were supported to maintain their core skills and knowledge. Staff told us they received regular training and most were working towards achieving nationally recognised qualifications in social care. One person told us, "If I have some new equipment, the care co-coordinator shows them how to use it. These girls I have now are all competent." One member of staff said, "I've done refresher training. It makes me confident to do the job."

There were details of people's specific needs in relation to their health in their care plans which staff could refer to for guidance. One person who used the service told us, "Staff definitely know what I like, even [Staff name] who's relatively new." The registered manager and team leaders conducted observational audits so they could check that staff were demonstrating they had the knowledge to support people in line with their care plans.

Staff confirmed that they received regular informal and formal supervision from the registered manager. One member of staff told us, "[Supervisions] help me to remember and bring things up for discussion." There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that there were no authorisations in place to deprive anyone who used the service of their liberty. The registered manager told

us they had not found it necessary to make any applications and no one using the service was subject to an authorisation to restrict their liberty.

People told us and records showed that they were regularly involved in commenting on how their care was to be delivered and choosing what they wanted to do. One person told us, "They ask me before they do anything. I have a routine, but they still ask, 'Do you want to get showered now, or after breakfast?'" The registered manager had assessed people's mental capacity when they joined the service to identify if there was any aspects of their care they needed support to make decisions about. When people who used the service were unable to verbalise their views there was guidance for staff about how they expressed their wishes. For example information in one person's care plans stated, "I will look in the direction I want to go." The relative of one person also told us, "He gives signs and body language, and the carer is really good. She knows his sounds and how he claps." When necessary the registered manager had arranged for people to be supported by their relatives and health professionals to express their views and determine they were receiving care in line with their preferences.

When people were felt to lack mental capacity there was guidance for staff about who could legally make decisions on their behalf. This included details of advocates and those with parental responsibility. Records showed that these individuals were regularly approached to comment on the care people were receiving.

Staff were aware of how to support people in line with the MCA. The registered manager told us, "We have to respect people's choices. The care needs to be centred around the person's wishes." One member of staff told us, "I always ask their permission before I help with their medication." This allowed people to choose when and if they wanted to take any medication.

Most of the people who used the service were supported to eat and drink by their families. However those people who required support said they were happy with the assistance they received from staff. Staff we spoke with knew what people liked to eat and drink and these preferences were reflected in people's care records. When necessary the registered manager had taken action to ensure staff were supporting people to eat meals which reflected their cultural heritage and religious needs. One member of staff told us, "[Peron's name] is a big fan of porridge; I make it for them most days." Another person said the care coordinator had visited their home and trained staff in how to cook meals they liked to eat. There were processes in place to monitor people's nutrition when they were felt to be at risk of malnutrition. People were supported to eat and drink sufficient amounts to promote their wellbeing.

People were supported to make use of the services of a variety of mental and physical health professionals. One person told us, "if I can't do a specific task when I'm ill, they ring the GP straightaway. She'll ring and pass them (phone) on to me." The care records of one person showed that the registered manager had involved several health professionals when a person's mental health deteriorated. This had improved the person's wellbeing. There were clear records of communications with other health professionals when people's conditions changes which enabled staff to respond to their latest advice and guidance. This meant that people would receive the appropriate care promptly when needed.

Is the service caring?

Our findings

People who used the service told us that the registered manager and staff were caring. One person told us, "They don't talk over my head - they're really good, and my family say so too." The relative of one person told us, "They get the same carer. That's important." Another relative also told us, "They come to our home on time and make him feel comfortable." Responses from people to a recent provider questionnaire about the service were also positive.

People who used the service told us they were supported by the same staff who they liked and this had enabled them to build up positive relationships. A person's relative told us, "Their relationship is really good. I do watch them. The carer never makes a face or looks uncomfortable [when providing personal care]".

The registered manager had introduced a system to ensure people were supported by regular staff and respected people's right to choose which staff they wanted to be supported by. Staff spoke fondly about the people they supported and took pleasure in making people happy. One member of staff told us, "My clients appreciate me," and said how much the person enjoyed the meals they made for them. Another member of staff told us, "He's very lovely. I prompt him, we talk. It's lovely."

People were supported to comment on the care they received and staff respected their wishes. We saw that there was clear guidance for staff to follow and they told us how they endeavoured to support people in ways which promoted their happiness. When necessary the registered manager had involved relatives and health professionals to help people express their views and comment on the service. There were regular surveys, meetings and telephone calls with the registered manager to include people in reviewing and improving how their care was provided. We saw the registered manager took action when necessary to ensure people's views were acted upon. This helped people to feel valued and included.

The registered manager respected people's right to confidentiality. They encrypted information when they sent us the contact details of some people who used the service. Care records were stored securely in locked cabinets in the registered manager's office and there were no details of people's personal information on display.

People told us that the members of staff respected their privacy and took care to knock and ask permission before entering their home. One person told us, "They wrap me in a towel so I'm decent." Staff we spoke with were aware of and explained how they maintained people's dignity in line with the provider's policy. One member of staff told us, "I won't follow them into the bedroom unless they need me." Another member of staff said, "I will wash them carefully so they are never too exposed."

Is the service responsive?

Our findings

People who used the service said they felt listened to and involved in the service. One person told us, "They help - they fit in with how I'm feeling on the day. If I can dress, I tell them. If I can't, I ask for a bit of help and they say 'no problem'."

Staff knew what support people needed to stay well and would respond promptly when people's needs changed. Staff we spoke with could describe people's specific care needs and the actions they would take if there was a change in their conditions. One member of staff told us how they recognised when a person's mental health was deteriorating and the actions they needed to take in order to calm the person down and prevent them from becoming anxious. Another member of staff we spoke to knew how the people they supported preferred to be addressed and we noted this was in line with the person's care records. They also told us how they had supported a person to eat something they enjoyed as a treat. They told us, "Today they wanted chips so I went to the shop."

There was information available so staff knew what people liked to do. Records contained details of people's personal preferences and what they enjoyed doing. A review of people's daily notes showed staff had supported people to engage in activities which their records had identified they liked, such as going to college. People's call times were regularly reviewed and amended in order to reflect people's preferences. We saw that one person's call times had been changed when they said they wanted to sleep in at weekends. The registered manager told us, "Often people will agree the call times with staff the day before. The staff then ring to let us know the new arrangements." This empowered care staff to respond promptly to people's wishes and changing preferences.

People's care and support was planned in partnership with them. We saw that people and those who supported them had regular reviews of their care and records were regularly updated with information for staff about people's latest needs and wishes. When a person was unable to verbalise their wishes there was clear guidance for staff about how they preferred to communicate and any support they required to help express themselves. The registered manager and care co-ordinator conducted visits to people's homes and made regular telephone calls to people to seek their views of the service. Clear communication records enable the registered manager to review conversations and assess if care was being provided in line with people's care needs and expressed wishes.

People told us they felt comfortable to complain if something was not right. One person we spoke with raised a concern about the service and said they would be contacting the registered manager after our call. Another person told us, "I'm pretty sure there is complaints information, but I never have difficulty contacting the manager anyway. I wouldn't need a leaflet." The registered provider had clear policies and procedures for dealing with complaints although they had not received any formal complaints. We saw that the registered manager took action in response to comments they received about the service through informal processes and direct feedback. They had taken action when people had requested to be supported by staff who shared their cultural heritage and preferred gender. This allowed staff to support people in line with their specific preferences and to communicate with people in their preferred language.

Is the service well-led?

Our findings

All the people who used the service told us they were pleased with the support they received. Comments included; "The office staff are available. They're very approachable, they do try and do their best to make sure we've got the right to carers;" "Staff know their job - the carers and the manager know us really well," and "The manager messed up his own weekend to come down to look after us". Staff we spoke with described a positive and supportive leadership. One member of staff said, "I feel I can always say the truth and give my views."

Staff told us that the registered manager and care co-ordinator were supportive and led the staff team well. They told us they felt valued and listened to. A member of staff told us, "[The care co-ordinator] is a wonderful person, nice personality," and, "When I ask her questions she always answers which makes me prepared and able to support people."

There were systems in place to ensure people were involved in commenting on their care plans. These included an annual survey, home visits and telephone reviews to obtain people's views about the quality of the service they received. Additional systems were in place when necessary to help people express their views. Records showed that people's feedback was positive and praised the leadership of the service. We saw that the registered manager had taken action to ensure the service developed in order to meet people's changing care needs and preferences. People had the opportunity to influence and develop the service they received.

The registered manager had systems for monitoring the quality of the service and ensuring that call times were in line with people's wishes. A review of recent call records showed that calls were conducted as planned and in accordance with people's needs. They maintained records of incidences in order to identify how these could be reduced or prevented from happening to other people. Although this enabled the registered manager to monitor that standards of care were being maintained, we discussed with the registered manager that further action could be taken to review this information for trends and to identify any potential risks to the quality of the service.

The registered manager spoke of their vision to continually improve the service people received. They told us, "We want to respect people's wishes. We wanted to promote a person centred service." One person who used the service told us, "I like the staff in my home - I feel as if it's my own home and not a workplace." The care co-ordinator told us, "We want people to believe they are the only client we have. "Everything we do is for them." This vision was shared by other staff we spoke with.

Staff were regularly involved in reviewing how the service operated and the quality of the care people received. This included regular meetings, supervisions and training events for staff. The care co-ordinator told us, "We want the staff to be flexible and work around the wishes of the people." Records of three recent staff meetings showed they had been well attended and had reviewed peoples' care needs and any actions required to improve the service, such as additional training.

The registered manager had registered the service with the, 'Social Care Commitment.' This is a government led initiative to support social care providers to pursue high standards in all aspects of their service. This enabled them to identify and promote good practice and develop a culture of continual improvement. The registered manager also conducted audits of the service against the health and social care regulations but we noted these had not been updated to reflect the latest regulations. The registered manager told us they would address this promptly.

The registered manager was aware of their responsibilities to the commission and they demonstrated a knowledge of the type of events they were required to notify us of. They were also aware of the need to display their latest ratings and could explain the principles of promoting an open and transparent culture in line with their required duty of candour.