

Evergreen Homecare Services Ltd.

Evergreen Care

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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Evergreen Care (formerly known as Surecare Barnet) is a domiciliary care provider based in Barnet, North London and provides personal care to 22 adults and older people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Safe recruitment processes were now in place to ensure staff were suitable to work with vulnerable people. There were enough staff to provide support to people, with people telling us that staff attended their care visits as scheduled, however improvements were needed to the monitoring of care visits at office level.

We have made a recommendation around complaints and concerns procedures as not all people and relatives told us that the concerns reported had been addressed to their satisfaction.

People said they felt safe with the staff when they received care in their own homes. People told us they were treated kindly and compassionately by the staff.

People's needs were assessed and reviewed to ensure care being delivered was up to date and reflective of their needs. People had care plans and risk assessments that provided detailed and personalised guidance for staff on the support and care that they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Infection prevention and control (IPC) systems were in place to reduce people's risk of infection, including COVID-19.

Staff received training suitable for their roles. Staff said they felt well supported.

Systems were in place to monitor the quality and safety of the service. The service worked well in partnership with others to ensure the best outcomes for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 November 2020) and there were

multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service on 15 September 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve how staff were safely recruited and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We have also inspected Effective and Responsive.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Evergreen Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Evergreen Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They supported the inspection by calling people who use the service and their families for feedback on the care they received.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 November 2021 and ended on 30 November 2021. We visited the office location on 18 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

During the inspection

We spoke with 11 members of staff including the nominated individual, company director, registered manager, team leaders, administration staff and care workers.

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

After the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from three professionals who regularly work the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection, the provider had failed to ensure the required checks were carried out to ensure staff were safely recruited. This was a breach of regulation (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Since the last inspection, the provider reviewed and improved their recruitment processes.
- The provider had made checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited.
- We received mostly positive feedback from people and their families when we asked about whether care visits were on time, the consistency of care staff and whether they stayed for the full duration of the care visit. Some people told us, "We get a weekly rota, 95% of the time it is adhered to, with the exception of sickness and the bus etc", "No I don't know who is coming but I know approximately when they are coming, its fine" and "I've asked for regular carers to feel more secure."
- Nobody we spoke with reported any instances of missed calls.
- At the last inspection, an electronic call monitoring system was being rolled out. We found at this inspection, although in use, not all staff were using the system effectively. We also found that the procedures in the office to check compliance with the use of call monitoring was not well established, which meant that there was a risk that missed or late care visits may not be promptly investigated.
- We spoke with the management team about this who advised that they would prioritise ensuring their processes for monitoring care visits was improved and sent evidence after the inspection site visit to show that they were actively taking action on this issue.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe when receiving care. Feedback included, "I think she is safe. This is the third [carer] and she is very experienced, she doesn't just do the minimum, she takes care of her and sits with her", "He's safe, he's happy with them and they look after him" and "Quite safe, they provide the care, they look after me when they're here."
- Staff had completed safeguarding training and spoke confidently about how they would protect people from abuse.
- Staff said they were confident any concerns raised about poor practice and/or people's safety would be

addressed promptly by the registered manager and the provider. Staff knew about whistleblowing procedures and where to report concerns externally, if required.

- Since the last inspection, improvements had been made to ensuring accidents, incidents and safeguarding concerns were reported and monitored. The registered manager kept a log of all incidents and this was reviewed regularly. We found an instance of a completed incident form which posed additional questions around how the incident was managed. We spoke with the management team around ensuring incidents were clearly documented.
- A log of safeguarding incidents was maintained, along with any alerts that had been made to the local authority and notifications to CQC.

Assessing risk, safety monitoring and management

- Each person using the service had risk assessments in place covering areas such as moving and handling, the home environment and health conditions. Where risks were identified, there was detailed information in people's care files to provide guidance on staff supporting people.
- Staff were made aware of potential risks. They told us they had read care plans and associated risk assessments which provided them with clear guidance on how to reduce the risk of harm, and support people safely.
- Where concerns had been identified around people's safety or well-being, for example around mobility equipment, these were promptly reported to the appropriate professionals.

Using medicines safely

- People and their relatives told us they received their medicines on time and as prescribed. A person told us, "They are efficient with that. It's a dosset box, they hand it to me."
- Staff had completed safe medicines administration training before they were able to support people with their medicines. On an ongoing basis, senior staff undertook competency checks with staff to ensure they always followed safe practice.
- Care records documented the medicines support people required any risks associated with their prescribed medicines.
- Medicines Administration Record (MARs) were completed appropriately and regular audits were completed to ensure that medicines were administered as prescribed.
- We noted that some medicines such as prescribed creams or patch medicines were not clearly documented. The registered manager provided assurances that they would review their procedures for these types of medicines.

Preventing and controlling infection

- Staff took appropriate measures to protect themselves and people from the risk of infection.
- Staff had access to enough supplies of personal protective equipment (PPE) and understood their responsibilities to prevent the spread of infection whilst working between people's homes.
- People's relatives told us staff always wore PPE during their care call visits.
- The registered manager told us they had processes in place to monitor regular COVID-19 testing for the staff team. They were also providing guidance to staff around the vaccination programme.
- Most people and their families advised the management team that they preferred care from staff who had been vaccinated against COVID-19.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received individualised care which was centred around their assessed needs, choices and decisions.
- People's needs were continually assessed to ensure as their needs changed, they continued to receive care that met their specific needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs.

Staff support: induction, training, skills and experience

- Newly appointed staff received an induction to the service. They also underwent a period of shadowing senior staff before working alone. They told us, they felt supported in their role and received the training they needed to meet people's individual care needs. One staff told us, "Yes we did three days training online and in the office."
- People and their relatives felt staff had the right skills and knowledge to support people. One relative told us, "One carer is very well trained, they are handling him well." A person told us, "I think the majority of carers that come to me are trained. They ask me questions if they don't know for sure."
- Staff told us they were able to approach the registered manager and management team for support and advice at any time. Staff told us they had regular meetings and one to ones with their line manager.

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

- If required, staff supported people to have access to food and drink that met their needs and preferences which was documented in people's care records.
- Where this type of support was provided, feedback was positive. People told us, "For each meal I say what I need" and "If I want something, they will get it. They always ask me."

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

- The service referred people to health and social care professionals where appropriate to ensure they received the care and support they needed. One professional told us, "They are my go-to agency."
- Care records included clear guidance about people's specific health conditions and how this impacted on their daily living and the support staff might need to provide.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- People's care assessments included information about their capacity to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves.
- Staff had received training on the MCA and were aware of how MCA impacted their work.
- People were involved in making decisions about their care and support. People told us, "I get on well with most of the carers. They say things like "What would you like? Do you want to?" People had signed their care plans and risk assessments where they were able to. Family members and other professionals had also been involved in supporting people to make decisions where required.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At the last inspection, we found that concerns and complaints were not always documented and investigated appropriately. At that inspection, the management team assured us that the processes for investigating complaints and concerns would be improved.
- We reviewed the complaints file and saw that there was one complaint recorded in 2021, which had been investigated and resolved.
- However, from speaking with people and their families, we found that there were still inconsistencies in how the office and management team responded to concerns and complaints with some people and relatives telling us that they had reported concerns such as late visits or issues with care staff to the office team. Some people told us that their concerns had been addressed to their satisfaction with others telling us that had not always been the case.
- Feedback included, "They need to improve their organisation and take [Person] more seriously. When you phone them it's just 'yes okay, but little is actioned" and "[Complaint] was dealt with to our satisfaction."
- We raised this with the management team who advised that they would ensure that all concerns reported to the office, not just formal complaints would be logged and actioned.

We recommend that the provider ensures their complaints and concerns policy and procedure is followed.

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

- Care plans were person centred, up to date and reviewed regularly. They were well written and contained detailed information about people's daily routines and specific care and support needs.
- People and relatives told us that staff were responsive to any concerns or changes in their care needs. People told us, "They usually spot things. For example, I have a bruise on my arm, two of them noticed it, I take blood thinners it could have been that" and "They are aware. Yesterday a carer noticed my feet were swollen, they let me know."

Meeting people's communication needs

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

- The registered manager told us they would ensure information was available in formats which people could understand, if this was required.
- Where possible, where people's first language was not English, the management team tried to match care

staff who spoke the same language.

End of life care and support

- The staff team worked with other professionals to ensure people's wishes were supported for their end of life care. Care plans provided staff with guidance on how to provide appropriate support to people nearing the end of their life.
- We saw many examples of positive feedback from families and professionals who praised the staff and management team for their compassion and caring nature when caring for people at the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Since the last inspection, a new registered manager had been recruited and they had made significant improvements to the procedures in place to ensure care was safely delivered. One staff told us, "It's different since [Registered Manager] came. It's more organised. The office staff changed also. She built a new team. It's absolutely better. much better. We wrote everything from scratch, for example, the care plans." A relative told us, "There has been improvement as time goes on. They do answer and listen, but there's not always evidence they've taken it on board. It's good, its improved."
- At the last inspection, we identified some repeated concerns with the oversight of accidents, incidents and complaints management. At this inspection, the oversight of these areas had improved, although there was some further work to do in ensuring all concerns reported by people and their family members were appropriately logged and investigated.
- The management team were receptive to this feedback and advised that they would prioritise ensuring complaints and concerns and call monitoring were prioritised as an area of improvement.
- We found that improvements had been made to the procedures for ensuring staff were safely recruited, with a dedicated staff member responsible for this in addition to checks completed by the registered manager.
- Care planning had improved significantly, with care plans and risk assessments comprehensive and detailed. The registered manager told us that they had worked hard to improve the standard of care plans and risk assessments.
- Quality assurance systems were in place to monitor the quality and safety of the service. The registered manager was in the process of improving audit systems to make sure they accurately reflected any identified issues and the actions taken to address them.
- The registered manager understood their regulatory requirements. They understood when to inform CQC of events that happened in the service as required by regulation.

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

- Most people and their families provided positive feedback around the care provided by Evergreen Care. Feedback included, "They take care of me very well", "I'm very happy with the company" and "They are friendly, most are bonding. We can communicate as my husband can't talk, they talk to him and joke to him

as my husband still understands."

- Where the minority indicated that there were some concerns with care received, we advised the management team of this and the concerns were investigated with an outcome provided during the inspection.
- Staff said the registered manager empowered them and was always available to give support. Staff told us, "Since [Registered Manager] take over, we have regular staff meetings, we share opinions between office and field. She is very responsive. Very supportive. I learn a lot from her. So many things."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked in partnership with health and social professionals to provide people with the support they needed. We received positive feedback from professionals with one professional advising, "We have a good relationship with Evergreen and all the patients commissioned through them are well looked after and safe."
- People told us they had opportunities to provide feedback through regular spot checks and communication from the office.
- The provider and manager were committed to promoting an inclusive ethos which included providing guidance to staff on how to observe and be respectful to people's cultures or religious beliefs. People were also, if possible, matched with staff who had languages in common. One relative told us this was a positive aspect of the service.
- Staff felt their views about the service were sought and listened to. One staff member told us, "It's been a massive change. [Registered Manager] is approachable and gets me involved in things."
- Staff told us they had regular meeting and received regular communication from the management around changes to policies and procedures. The registered manager showed us that they had implemented a policy of the month which was sent to all staff and then discussed in regular team meetings to ensure the policy was understood and embedded.