

Evergreen Home Support Housing Support Service

63 Nicolson Street
Greenock
PA15 1TJ

Telephone: 01475 791 733

Type of inspection:
Unannounced

Completed on:
22 September 2023

Service provided by:
Evergreen Home Support

Service provider number:
SP2008010161

Service no:
CS2004062168

About the service

Evergreen Home Support is based in Greenock and provides support to people living in their own homes in the Inverclyde area.

The service has been registered with the Care Inspectorate since April 2011.

The service aims include, 'To provide a high quality level of care for all service users based on person centred planning, compassion, dignity and trust.'

At the time of inspection, the service was supporting approximately 30 people with varied support needs across the Inverclyde area.

About the inspection

This was an unannounced inspection which took place on 19, 20, and 21 September 2023. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and six of their family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People using the service experienced compassionate and respectful support.
- Staff knew people well and worked well together to provide consistent care.
- All people using the service had had a personal plan which was regularly updated and reviewed.
- Staff supported people sensitively to retain their skills and maintain their confidence.
- The service had good systems in place for identifying and managing risk.
- Management audits were not always clearly recorded to demonstrate areas for improvement.
- The service had good systems in place for recording and monitoring accidents, incidents, and complaints.
- Staff competency checks needed to be improved to provide evidence of staff development.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, because we found a number of important strengths which had a positive impact on people's experiences and outcomes. Some improvements were required to ensure people consistently had experiences and outcomes which were as positive as possible.

People using the service experienced compassionate and respectful support. Relationships between staff and people were warm and encouraging which reflected trust and confidence in those providing support.

The service was responsive to feedback from people using the service and their families. People told us they felt listened to and that they could contact the office at any time to discuss their care and support. This demonstrated that the service valued people and used their wishes and preferences to shape their support.

Staff knew people well and worked well together to provide consistent care. Staff members shared information about people's needs and preferences to ensure changes and concerns were passed on. Staff told us that the leadership team encouraged contact with the office and that any concerns were acted on quickly. Staff told us they felt confident and happy to contact leaders for advice and guidance at any time. This showed that leaders of the service valued staff knowledge and provided a supportive environment to ensure staff felt confident in their role.

The service worked hard to provide continuity of care. People told us they mostly had regular workers. Service schedules reflected a good level of continuity and the leaders of the service saw continuity as very important to ensuring good quality care. The service had recently made some changes to scheduling to ensure staff had a good balance of working time and time off, which has had some impact on continuity. Leaders were working hard to minimise changes. Leaders monitored the timing and consistency of visits and ensured people were made aware of any changes in advance, though changes were kept to a minimum. This demonstrated that the service was making efforts to protect the wellbeing of their staff whilst seeking to provide continuity of care as much as possible.

The service promoted fairness and equality for people using the service and their staff. Clear policies were in place to ensure staff understood their responsibilities to promote equality. People's views about their service were sought frequently, both formally and informally. The service was not supporting anyone who had restrictive legal arrangements in place, but did have policies in place for working with people who were assessed as lacking capacity. Guardianship and power of attorney documents were obtained when appropriate to ensure people's rights were upheld.

The service used the health and social care standards (HSCS) to promote good quality care. We observed staff demonstrating the principles of the HSCS in their practice. Staff were given training in the standards as part of their induction and were provided with a copy of the standards in their induction pack. This demonstrated that the service aimed to deliver care in line with best practice guidance. We encouraged the service to bring the HSCS into supervision discussions as a means of encouraging staff to continuously reflect on how their practice relates to best practice guidance.

The service supported people to make decisions and choices about their care and support. All people using the service had had a personal plan which was regularly updated and reviewed. The personal plans outlined key details about the person, their history, and their preferences. People told us they were able to make decisions about their care and were asked to contribute to their personal plan. Staff demonstrated a good knowledge of people's health issues, needs and preferences, and were aware of the impact these had on their abilities. Staff supported people sensitively to retain their skills and maintain their confidence. This demonstrated that the service recognised people as experts in their own experiences and sought to promote a sense of identity and independence. The service didn't have a comprehensive service agreement, and we encouraged the manager to develop this to ensure people were fully aware of what they should expect from their support.

The service aimed to support people to achieve their wishes and outcomes by offering flexibility and continuity of care. The leadership team had a good working relationship with commissioners and we were confident that issues or concerns were discussed and escalated as necessary. People told us there was flexibility in their support times to enable them to attend events or appointments as required. Families and friends were encouraged to be involved in personal planning where appropriate, and staff demonstrated good knowledge of what matters to people, their friendships, and social bonds. Continuity of staffing enabled the service to identify changing needs, and communication between staff and leaders was good. This demonstrated commitment to supporting good outcomes for people and communicating changes and risks to maintain wellbeing.

The service had systems in place for identifying and managing risk. All staff had undergone training in adult support and protection (ASP) and clear policies were in place for highlighting concerns to office staff. The service had good relationships with the Health and Social Care Partnership (HSCP) and leaders were confident about seeking professional advice and support when concerns arose. Risk assessments were in place for all people using the service. These were regularly reviewed and updated. People had copies of their personal plans and risk assessments in their homes and were encouraged to be involved in reviewing them. This demonstrated that the service had an open culture in relation to risk assessment and management which recognised people's rights to take risks. We encouraged the service to make use of professional risk assessments, for example, by incorporating advice from occupational therapy into risk assessments, to ensure information was sufficiently detailed, and provided clear and detailed guidance to staff.

The service had safe systems in place for supporting medication use and access to healthcare. Staff demonstrated understanding of people's health needs and knew how to respond to changes. This was enhanced by good continuity of staffing and effective communication between staff. Staff were confident about raising health concerns with the leadership team, family members, or emergency services if appropriate. This demonstrated that the service encouraged people to retain as much control as possible over their health needs whilst adhering to good practice guidance.

The service had a medication policy in place and all staff were required to undertake mandatory medication training. The service was developing its policy in relation to 'administration' of medication which would enable the team to continue supporting people with medication even if they lose capacity. This demonstrated that the service was committed to having safe medication systems in place and developing the skills of the staff team to manage more complex situations safely.

The service had systems in place to ensure high standards of infection prevention and control. All staff undertook Infection Prevention and Control (IPC) training and were trained in Personal Protective Equipment (PPE) use. We noted that the service was not following current IPC guidance which, in some cases, was resulting in over-use of PPE. We encouraged the service to ensure staff were following the most recent guidance. We have made an area for improvement in relation to PPE use. **(See area for improvement 1)**

The service had systems in place to ensure people received the right healthcare at the right time. Personal plans contained a good level of information about people's health needs and wellbeing. Personal plans outlined who was involved in the person's care along with contingency plans which outlined what action should be taken in the event of significant changes. People and their families had been involved in creating these plans. This demonstrated that the service encouraged people to make informed health choices. We encouraged the service to record discussions about Anticipatory Care Planning (ACP) to ensure people were able to share detailed information about their future wishes, if they chose to do so.

Areas for improvement

1. The service should ensure current good practice guidance is followed in relation to use of Personal Protective Equipment (PPE). Staff and people using the service should be informed of current guidance, and any preferences or needs which differ from current guidance should be recorded in the person's personal plan and risk assessment.

This is to ensure care and support is consistent with the Health and Social Care Standards (HCSC) which state:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HCSC 4.11).

How good is our leadership?

4 - Good

We found a number of important strengths in leadership which, taken together, clearly outweighed areas for improvement. We have evaluated this key question as good.

The service had quality assurance systems in place to drive improvement. Staff communicated well with the leadership team to ensure people were receiving the right care and support.

Families told us that the service was responsive to feedback and they were confident any concerns would be taken seriously. The manager of the service demonstrated a good knowledge of the service, what was working well, and where development was still required. There was a good delineation of responsibility within the leadership team which meant everyone was clear about their responsibilities. The service had a good quality development plan in place which was aligned with the aims and objectives of the service. This demonstrated commitment to continuous improvement based on the needs of people using the service. We asked the manager of the service to ensure the development plan demonstrated progress in relation to identified improvement areas.

The manager of the service undertook a range of audits but it was not always clear that these were carried out in a planned way, or that there were specific timed goals for improvement as a result of audits. We asked the manager of the service to ensure any identified improvements were clearly recorded and assigned to the correct person in the organisation to complete associated tasks. We have made an area for improvement in relation to audits. This is to ensure that the service continues to develop and improve in line with current good practice guidance. **(See area for improvement 1)**

The service was committed to listening to feedback from people and their families. The service used a range of approaches including formal reviews, 'check-in' calls, and informal discussions with staff members. People told us they felt confident that their views were taken on board when providing feedback. It was not always clear that informal feedback was recorded and used to drive improvements in the service, though formal processes were good. We asked the service to develop a system for capturing informal feedback to ensure the service can demonstrate how this has been used to drive improvements.

The service supported staff development but should improve systems for monitoring staff practice and recording development needs. All staff had access to regular supervision and staff told us they felt supported in their role. While managers told us they worked alongside staff members to monitor practice, there was no formal system for competency checks. We asked the service to develop this to ensure staff competency was observed and recorded. This was to ensure people could be confident that managers had oversight of practice across a range of areas including medication, moving and handling, use of PPE, and IPC procedures. We have made an area for improvement in relation to this. **(See area for improvement 2)**

The service had good systems in place for recording and monitoring accidents, incidents, and complaints. The manager told us this is of utmost importance to the service and we observed good quality recording and follow-up. This demonstrated commitment to improvement and ensuring people received good quality care. We asked the service to ensure all records were current and signed off when actions were complete. We asked the service to archive older information to ensure clarity and easy access to relevant information.

Areas for improvement

1. The service should develop a system of staff competency checks which should be carried out a minimum of twice annually for all staff members. Competency checks should include, but not be limited to, medication support, infection prevention and control, use of personal protective equipment, and moving and handling. Competency checks should be used to promote staff development and should be completed in addition to regular staff supervision.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

2. To ensure the leadership of the service is able to monitor the quality of relevant paperwork, the service should implement a clear system of regular audits which are recorded and identify achievable goals for improvement. Improvement tasks should be assigned to the relevant person in the organisation with oversight by the service manager.

Quality audits should include, but not be limited to, personal plans, daily recording notes, personnel files, training records, and risk assessments. All documentation pertaining to people using the service including support plans, risk assessments, and reviews should be signed by the person or their representative.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should ensure that medication is managed in a manner that protects the health and wellbeing of service users.

To achieve this, the following should be in place:

Regularly review the medication needs of their service users and document this within their care plans.

Demonstrate that staff follow policy and best practice in relation to the service user's medication needs.

Ensure that staff receive training and refresher training appropriate to the work they perform.

Ensure that managers are involved in the audit of the medication needs of their service users.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 11 December 2019.

Action taken since then

Medication needs were clearly recorded in people's personal plans.

Personal plans were reviewed six monthly or sooner if required.

There was a comprehensive medication policy in place.

Medication training was undertaken by all staff and refreshed annually.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that service users' care plans provide robust detail that have been fully assessed and provide staff with effective guidance on how to provide person centred support.

In order to achieve this the provider must:

Undertake a full assessment of the needs of each person in receipt of support.

Ensure that the care plan fully reflects the needs of each person.

Ensure that the plan is clear and concise.

Ensure that the plan is being effectively monitored and audited.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I am fully involved in assessing my emotional, psychological and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 11 December 2019.

Action taken since then

All service users had a personal plan which was in place within 28 days of commencing support.

Personal plans were completed with involvement of the person and appropriate others.

Personal plans were concise and contained an appropriate level of detail.

Reviews were taking place six monthly.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.