

Evergreen Home Support Housing Support Service

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Type of inspection:
Unannounced

Completed on:
29 May 2025

Service provided by:
Evergreen Home Support

Service provider number:
SP2008010161

Service no:
CS2004062168

About the service

Evergreen Home Support provides Care at Home and Housing Support to people living in the Inverclyde area.

The office base is in central Greenock. At the time of inspection the service was supporting 48 people.

The service provides a range of services including personal care support and support with domestic tasks.

The registered manager of the service is supported by a deputy manager, care co-ordinator and a team of support workers.

About the inspection

This was an unannounced inspection which took place on 27, 28 and 29 May 2025, between the hours of 09:30 and 18:30. The inspection was carried out by two inspectors 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 nine people using the service and three of their family members.
- Spoke with six staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with two visiting professionals.

We also reviewed responses to Care Inspectorate surveys from six family members and two staff.

Key messages

Managers and staff were very good at developing meaningful relationships with people and their families.

Staff were motivated and committed to providing effective care and support.

Support from small staff teams meant people experienced consistency and could build trusting relationships with their carers.

Personal plans reflected people's needs, preferences and outcomes, and guided staff about how to support people well.

Policies and procedures needed to be updated to reflect current good practice guidance.

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 staff team?	4 - Good
How well is our care and support planned?	5 - Very 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. A number of important strengths contributed to positive experiences for people. Some improvements are required to ensure people have consistently good outcomes.

Effective assessment processes ensured staff had the right information to support people's health and wellbeing. While the service did not play a significant role in managing people's health needs, personal plans contained the relevant information to ensure staff could support people well. Staff understood people's health needs and their contribution to supporting them to maintain good health. Staff recognised signs of changing health and understood their responsibility to share any concerns with managers. Effective systems were in place to share information with external health colleagues. The leadership team had nurtured good relationships with professionals to support this. People and their families told us they felt confident that staff would take appropriate action if they were unwell. This assured us that people had the right support in place, to maintain their health and wellbeing.

People should expect to have support in place to manage their medication safely. The service did not provide support with 'administration' of medication, which meant that people needed to be able to manage their medication, with minimal support or support from family. A medication policy was in place but this did not fully reflect the provider's position on medication and how they would manage changes in people's needs. (See Area for improvement 1). All staff completed medication training at induction and as an annual refresher. We observed staff providing prompting and assistance with medication and were assured that this was done safely. Staff understood that any changes in medication needs should be reported to the leadership team.

Policies and procedures for recording and reporting of accidents and incidents needed to be updated. The service provided person-centred care and communication between staff and management was good. This helped to ensure any accidents, incidents or changes were reported appropriately. Policies did not clearly outline the steps managers should take to record and manage accidents and incidents. There was no defined format for recording of accidents and incidents and the follow-up actions taken. This meant that actions taken might not be consistent or made in line with organisational standards and best practice. (See Area for Improvement 2).

The service was in the process of updating all policies and procedures. We sampled some of the new policies which were more robust and provided clearer guidance, to support effective decision making. These updates were at an early stage at the time of the inspection, and the new policies will need time to be shared with the staff team and embedded in practice.

Areas for improvement

1. To ensure people have the right support to manage their medication, the provider should review their medication policy. The policy should clearly outline how people's medication needs will be assessed and managed by the service, and how the provider will manage changes in medication support needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To keep people safe, the provider should ensure that any accidents or incidents are recorded and investigated in line with organisational policy. The provider's policy should be updated to reflect current best practice guidance, including ensuring that the correct notifications are made to relevant bodies when incidents occur.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our staff team?

4 - Good

We evaluated this key question as good. Several strengths in staffing arrangements supported positive outcomes for people.

Effective systems were in place to schedule support visits. The provider aimed to ensure people had consistent visits from familiar staff. All people referred to the service had a thorough assessment, which supported the leadership team to understand their needs and preferences. This information was used by leaders to match staff skills and knowledge to people's needs. The service had a focus on having small teams of staff supporting people to minimise changes. People and families told us that continuity of staff was good and that staff knew them well. People were encouraged to give feedback about their care through a well-managed review process and regular 'check in' calls. This meant that the service was able to identify whether scheduling was working well for people and if they had the right staff in place to support them. When people's needs were changing and they required additional support, good working relationships with colleagues in the Health and Social Care Partnership (HSCP) meant that adjustments to people's support could be made timeously, to support their changing needs.

People should expect to have enough time at their visits and support from well-trained staff to meet their needs. We could see that staff had enough time to meet people's needs. People told us they did not feel rushed by staff and that staff always took time to chat with them. This helped people to feel valued and involved in their care and support. Staff had good quality training, provided by an external training provider, at induction. All staff were required to undertake annual refresher training. This helped to ensure staff were able to maintain their knowledge and develop their skills. Staff supervision was taking place regularly and supervision minutes reflected good quality discussions taking place, including sharing of positive feedback and discussion about development needs. The provider was in the process of introducing a new eLearning system, to provide additional training to staff. We encouraged the leadership team to consider how this could be used effectively to identify gaps in knowledge or condition-specific training, that will enhance staff knowledge and impact positively on people's experiences. Staff were not required to undertake dementia-specific training. We asked the provider to ensure this training was provided for the team, to ensure all staff have a good understanding of the impact of dementia on people and their families. While all staff had undertaken training in Adult Support and Protection (ASP), we asked that ASP guidance was added to the staff handbook, to support staff practice and decision making.

Staff should expect to have regular opportunities to come together to discuss changes and developments in the service. We could see that team meetings had taken place. These had been carefully recorded in meeting minutes which reflected that staff had been encouraged to give feedback and have involvement in service developments. Team meetings were not scheduled regularly which meant that staff might not have regular opportunities to share their views as a staff-group. The provider had implemented a system of competency observations which were taking place regularly for all staff. Staff were given feedback following these observations to support their development.

We asked the provider to expand the observations, to ensure medication practice, hand-washing, safe use of equipment and quality of recording in daily notes was assessed. This is to ensure leaders have oversight of all aspects of staff practice, to maintain and improve the quality of people's care.

The service had processes in place to manage recruitment safely but some improvements were needed to ensure safe practice. A recruitment policy was in place which aligned with the best practice guidance 'Safer recruitment through better recruitment' (Care Inspectorate, 2023). The provider informed us that this policy will be updated during their review of policies. We identified some gaps in recruitment processes, including how the service assesses and records gaps in employment history, recording of references and use of risk assessments, where references are not from the most recent employer. The provider took action, to resolve these concerns during the inspection. We asked the service to ensure all aspects of safe recruitment guidelines are followed to ensure people are protected from harm. (See area for improvement 1).

Areas for improvement

1. To keep people safe, the provider should ensure that recruitment processes are carried out in line with the guidance 'Safer Recruitment through Better Recruitment' (Care Inspectorate, 2023).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good. Significant strengths in personal planning had a positive impact on people's experiences and outcomes.

People should expect to be involved in planning their care and support. Leaders understood this and had effective processes in place, to ensure people were involved in ways that were meaningful to them. Staff completing assessments were skilled and knowledgeable, and prioritised a person-centred approach to personal planning. The leadership team worked well together, to ensure people's needs and outcomes were recorded appropriately and that any changes or concerns were identified and managed timeously. Personal plans contained enough information to inform all aspects of each person's care and support. Personal plans were concise and accessible for both staff and people using the service. This meant that people's needs, outcomes and preferences were known to the service and well recorded to support good quality care.

Effective processes were in place to review people's care and support regularly. The service maintained a 'review tracker' which ensured people's reviews took place in line with statutory guidance. We sampled minutes from reviews which reflected people's views and input from their loved ones or representatives. Updates from reviews were included in people's personal plans, to reflect changes in their needs or outcomes. The registered manager had oversight of all personal plans and reviews. People understood the standards they should expect from the service and were encouraged to share their views. This meant that people were central to the planning and development of their care and support and understood their rights. While the service always recorded where people had legal orders such as Power of Attorney (POA) in place, they did not always obtain a copy of these documents. We asked the provider to ensure these are obtained by the service to ensure people's legal rights are upheld.

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

This area for improvement was made on 22 September 2023.

Action taken since then

All staff had completed Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE) training, as part of their induction training and annual refresher training.

Discussions about use of PPE were taking place during people's assessment visits to ensure their views about this were understood. The provider ensured all service users were aware of their policy in relation to PPE. Any requests for staff to wear additional PPE due to personal preference were recorded in people's personal plans.

We asked the provider to review the content of their IPC policy as part of their ongoing policy review.

This area for improvement is met.

Previous area for improvement 2

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).

This area for improvement was made on 22 September 2023.

Action taken since then

The service had implemented a system of competency checks which were being completed twice yearly by the service co-ordinator. Staff received feedback following these competency checks and any additional training or development needs were discussed in supervision.

We asked the provider to extend the areas observed during these observations, to include safe use of moving and assisting equipment, quality of daily recording and hand-washing.

This area for improvement is met.

Previous area for improvement 3

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).

This area for improvement was made on 22 September 2023.

Action taken since then

The provider had a system in place to ensure audits were completed across a range of areas including staff supervision, staff training, personal plans, and reviews.

The leadership team were working together to ensure responsibility for audits was shared, with the registered manager having overall responsibility. Personal plans and reviews had been signed by people supported or their representatives.

A quality assurance policy was in place for the service. We asked the service to review and update this policy as part of their ongoing policy review.

This area for improvement is 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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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