

# Tracs Limited

# Evergreen

## Inspection report

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Date of inspection visit:  
07 March 2016  
09 March 2016

Date of publication:  
29 April 2016

## 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

The inspection took place on 7 and 9 March 2016 and was unannounced. We last inspected the service in May 2014 and found it was compliant with all the regulations we looked at.

The service is registered to provide care for up to eight people with a learning disability or an acquired brain injury. Seven people were living there when we visited. There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not available on the first day of our visit and so we returned on a second day to speak with them.

There were systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

There were sufficient numbers of staff to meet people's needs. We saw that pre-employment checks had been carried out for staff. These checks are important and ensure as far as possible that only people with the appropriate skills, experience and character are employed.

There were some improvements needed to the systems of administering medication but we saw that this was usually done safely and that some recent improvements had been implemented.

Staff were appropriately trained and skilled to provide care and support to people. The staff had completed most of the relevant training to make sure that the care provided to people was safe and effective to meet their needs. The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service. We did not find anyone being unlawfully deprived of their liberty.

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. People had access to healthcare professionals when this was required. Most staff were aware of people's needs arising from their medical conditions.

Staff showed kindness and compassion to people who used the service. People told us that staff treated them with dignity and respect. Care had been planned around each person's individual needs. Staff were able to describe how people preferred to be supported and told us how they worked with people to find out what they liked and didn't like.

People knew how to raise complaints and the provider had arrangements in place so that people were listened to and action could be taken to make any necessary improvements.

The registered manager encouraged feedback from people who used the service and their family members, which she used to make improvements to the service, where needed. Systems to monitor and improve the quality of the service were in place and actions were in progress to improve the service people received.

## 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.

Staff could recognise and knew how to report concerns about people's safety.

Staff were recruited safely and there were sufficient staff available to support people safely.

Following some previous medication errors improvements had been made to help ensure people received their medication safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge needed to meet people's specific care needs.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People were supported to maintain their health and eat and drink enough to maintain their well-being.

### Is the service caring?

Good ●

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support.

People's dignity and privacy had been promoted and respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

The management and staff supported to people engage in their chosen educational and leisure activities.

Arrangements were in place to regularly check that people were happy with their care and support. The provider had a system in place to respond to concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

Systems were in place to monitor the quality of the service from day to day and over a period of time.

# Evergreen

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 9 March 2016 and was unannounced. The inspection team comprised of one inspector.

The provider was asked 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. This information was received when we requested it.

We looked at the information we already had about this provider. We reviewed information from the local authority about the service. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

During our inspection we spoke with all of the people who were receiving care at Evergreen. We observed how staff supported people throughout the day. We spoke with four care staff, the registered manager, area manager and four relatives. We also received feedback from two healthcare professionals. We looked at the care records of two people, the medicine management processes and at records about staffing, training and the quality of the service.

# Is the service safe?

## Our findings

We spoke with people who lived at Evergreen about feeling safe and all but one person told us that they felt comfortable and happy living there. One person told us, "All the staff are nice to me, I'm not frightened of anything here." One person said they did not feel safe as they did not get on with another person at the home. This was something the staff team were aware of and we had received notifications from the registered manager when incidents had occurred between the two people. Risk assessments were in place to manage the behaviours and were kept under review. The care staff we spoke with were consistent in the information they told us about how this risk was managed.

People using the service told us that they would feel comfortable complaining or reporting issues to staff as necessary. Information was available about how to report abuse and was discussed at a recent 'residents' meeting. A poster on display included the various telephone numbers of the different agencies who staff and people could contact in the event of abuse occurring or being suspected.

Relatives of people living at the home did not raise any concerns about their safety. One relative told us, "I've no concerns about safety." They also provided an example of the actions staff had taken following a recent accident to help reduce the risk of similar accidents occurring.

People were kept safe from the risk of harm by staff who could recognise the signs of abuse. Staff knew what agencies were involved in safeguarding and knew what to look for if someone was experiencing abuse. Staff we spoke with confirmed they had undertaken very detailed safeguarding of vulnerable adults training and they could tell us about the different types of abuse that could occur. Staff were confident that any concerns raised would be acted on.

Assessments to identify if people were at risk of harm and how this could be reduced had been completed. Staff we spoke with and our observations confirmed that care records contained information which enabled staff to manage the risks associated with people's specific conditions. Staff we spoke with told us how incidents and accidents were reported and we saw examples of where reported incidents had led to actions being implemented to reduce the risk of a repeat incident.

One relative told us, "There are always enough staff, I have never visited when they have seemed short staffed." Another relative told us, "There seems to be enough staff." One relative commented that whilst they thought there were enough staff to keep people safe they were not always enough staff to take a person out as often as they wanted.

The registered manager told us that the usual staff numbers varied between three and four staff during the day depending on the activities and appointments that were planned. We were informed that since a person had moved from the home there had been a reduction in the numbers of staff on duty. An assessment of the staffing needs of the home had been completed by the provider to ensure there were safe staffing levels in place. Whilst staff told us the staffing arrangements were safe we did receive some mixed views about staffing levels. One member of the care staff told us, "It's safe, but we can get people out into the community

more when we have four staff."

There were regular checks of health and safety arrangements within the service, such as on the fire detection system and emergency lighting to make sure it was in good working order. There was an on call rota so that a senior member of staff from within the organisation would always be available to provide advice to staff about how to meet a person's care needs when required. This meant that people could be assured that staff were fully supported and could get advice in the event of a difficult situation occurring.

A member of staff who had been employed since our last inspection confirmed that all the necessary recruitment checks had been completed before they started working with people. We looked at the records of a member of staff who had recently joined the service. These confirmed that the provider had conducted checks, such as identifying if applicants had criminal records, and references from previous employers. This ensured the service employed people who were suitable to support the people who used the service.

We looked at the systems to administer medication. Medicines were stored correctly to ensure they were safe and maintained their effectiveness. People's care records contained details of the medicines they were prescribed and any side effects. Where people were prescribed medicines to be taken on an "as required" basis there were details in their files about when they should be used. Staff told us that medication training involved in-house competency assessments and observations. Some of the staff we spoke with told us they were not yet administering medication as they had not yet completed their training or been assessed as competent.

Records of the administration of medicines were completed by staff to show that prescribed doses had been given to people. However in two instances we saw that the records had not been signed by staff. For one of these instances the medication was not in the blister pack therefore suggesting this medication had been given. In the other instance the registered manager was unable to provide assurance the medication had been given as the medication was in liquid form. We saw that a system to check medication management on a regular basis was in place but these were not yet due for completion and so had not identified the missing signatures.

Prior to our inspection we had been informed by the registered manager of some medication errors that had occurred in the proceeding months and of the actions put in place to address this. We spoke with some staff about the medication errors that had occurred. Staff were aware of these and of the actions that had been put in place to reduce the risk of similar events in future. To help further improve medication practice the registered manager had arranged for a pharmacist to undertake an audit of the medication system. They had made some recommendations for improvement. Whilst this had only been completed a few days prior to our visit we saw that planning to meet the recommendations had commenced.



## Is the service effective?

### Our findings

People were supported to maintain their health and welfare and they confirmed they were happy living at Evergreen. One person told us, "I love living here." People were being supported by some staff who had worked at the home for a number of years and who had got to know people's needs well. One person's relative told us, "The staff have got to know all of [person's name] ins and outs."

Staff told us and records confirmed that they received regular training and supervisions with senior staff to maintain their skills and knowledge. Staff spoke positively about their training. Records of group meetings with people who lived at the home showed they were regularly consulted to check if there were any topics where they felt staff needed to receive additional training. Some people had some specific health needs. Most staff had received training in these areas but not all and this needed to be arranged so that people could be confident all staff could meet their needs. One care staff told us they had requested to have some specific training around a person's health needs and they thought this was being arranged. They told us, "If I ask for training we do get it."

Staff who were new to the care sector had the opportunity to complete the 'Care Certificate'. The care certificate is a nationally recognised induction course which aims to provide staff with a general knowledge of good care practice. One care staff told us, "The induction was really good. If I was unsure of something that would go over it again."

We asked staff if they received regular supervision and they confirmed that supervision was usually regular. Supervision is an important tool which helps to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities.

During our visit we saw staff seeking consent from people for everyday decisions, for example if staff needed to enter their bedrooms or support them with personal care. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). 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. When it was identified that a person lacked mental capacity, we saw that the provider had approached the appropriate authority for approval to support them in a specific way and identify if less restrictive alternatives were available. Decisions about the care people received were made by the people who had the legal right to do so. Staff informed us that they had received some training in DoLS but not all staff were confident in regards to the specific applications made for people and the outcome. During our visit we observed staff continually sought consent from people before they assisted them with day to day tasks and

personal care.

People who used the service told us they had food they enjoyed. One person told us, "The food is good and I get to choose my own meals." Another person told us, "The food is okay here." People had been consulted about the menu. For example, we saw that one person had asked for more opportunity to have the food they enjoyed added to the menu and this had been done. During our visit we saw that staff asked people what they wanted to eat and promptly responded to people's requests for drinks. A weekly menu was in place and this indicated that alternative choices were available based on people's preferences. The menu showed that healthy eating was encouraged by staff and a system was in place to ensure sufficient options of fruit and vegetables were on offer. Staff knew about people's nutritional preferences and needs. Some people were at risk of choking when eating and all of the staff we spoke with were aware of the risk and how it was managed.

People living at Evergreen had a wide range of healthcare needs. People were being supported to attend appointments at community clinics and hospitals or within the home. One person's relative told us that staff were good at picking up on and responding to one person's particular health need. The majority of care staff we spoke with had a good understanding of people's healthcare needs. One care staff was unsure about how to respond to one person's healthcare need but told us there was always other staff on duty who had received training in this area and they told us they would always seek medical advice if they were unsure to promote and protect the person's well being.

Regular monitoring of people's weight was undertaken but the records showed people had experienced some big fluctuations of weight gain and loss. The registered manager told us she had also identified this and had recently purchased some new scales as she was concerned the previous ones were not accurate, as there had been no other obvious signs that the weights had changed.

## Is the service caring?

### Our findings

During our visit we saw and heard staff treating people with compassion and kindness. We observed staff members laughing with people and sitting and interacting with them at breakfast and lunchtime. One person told us, "It's a good place to live, I'm happy here and the staff are all okay." Relatives we spoke with confirmed staff were kind and caring. One relative told us, "The staff are very good."

People said that family and friends were able to visit whenever they wanted to. One relative told us, "I'm always made welcome when I visit, I feel like part of the family."

The home was informal, calm and relaxed. Staff were respectful in the way they spoke about people at the home. We saw that people were comfortable approaching and chatting with staff openly. We heard staff speaking with people in a calm and kind manner; they demonstrated their patience and understanding when supporting people. Staff that we spoke with told us they enjoyed supporting people. One care staff told us, "I love working here as I get the chance to make someone's day." We saw that people were involved in reviews of their care and that their care plans recorded their personal preferences.

Staff were observant and noticed when people needed help. One person wanted to do some drawing but were getting anxious as they could not find their pen. Staff observed this and assisted the person to get their pen which relieved their anxiety.

Throughout our inspection we saw and heard staff working in a way that was respectful of people's privacy and dignity. This included staff knocking on people's bedroom doors and seeking permission before they entered. One person told us, "Staff always knock, they don't just barge in." We saw staff respected people's personal information to help promote their privacy and dignity. People's records were kept in a locked cupboard and staff did not talk about people's personal information in front of other people.

People's independence was encouraged and people were involved in household tasks such as cooking, cleaning their own bedrooms and doing their laundry. One care staff told us, "We try and work on goals for people. For example [person's name] now does her own cup of tea in the morning. Here we do things with people, not for them."

## Is the service responsive?

### Our findings

We found that people benefitted from a service that was meeting their individual needs. Each person had an individual plan of care that detailed their individual needs. . Where possible information about the person's life had been included to ensure staff supporting the person were aware of their life history and the context of any individual behaviours or challenges they displayed. One person had experienced a change in their health condition several weeks prior to our visit. Staff were providing the support the person required but we saw that their care plan had not yet been updated to reflect the changes and the support they may need from staff to stay healthy. Following our visit we received evidence from the registered manager to show that this had been addressed.

During our visit we observed that people were offered choice about what they wanted to do and were enjoying the activities they were engaged in. One person told us they had the opportunity to get involved in gardening and woodwork activities as this was something they enjoyed. One person told us, "I get out when I want to, I do not get bored."

One person's relative told us there were a lot of activities on offer, "They go out a lot, to the pub and bingo, does all of the things [person's name] enjoys." Another relative told us, "[Person's name] has a better social life than I do."

Whilst people had the opportunity to participate in a wide range of activities that they enjoyed some staff told us that staffing levels sometimes had an impact on a particular activity where people who attended needed the support of two staff. They told us that sometimes both people were not able to attend and they had to alternate the weeks in which people could attend. The registered manager told us they tried to ensure there were enough staff available but acknowledged this had not always been possible. They told us they were looking at alternative days and activities to try and reduce the impact on people.

There were established policies in place to support people who wished to raise a complaint. We saw that at a recent 'residents' meeting people had been given information on how to make a complaint and that written information was also on display in the home. One person told us, "I can tell the staff if I am not happy about something here." The provider information return recorded that the registered manager planned to introduce a staff photo board to help people and their families to recognise the staff working in the home. We saw this had been completed when we visited.

Relatives of people who lived at the service confirmed they would feel confident to raise any concerns or complaints directly with staff or the registered manager. One relative told us the registered manager had told them to let them know if they had any concerns. They told us the concerns they had raised had been responded to. Another relative told us, "I have only ever had to raise minor issues and they have all been dealt with."

Records of complaints received had been maintained to include the actions taken to resolve the issues raised. Where appropriate an apology was given.

## Is the service well-led?

### Our findings

The provider had a clear leadership structure which staff understood. Each person at the home had a key worker to help ensure they received continuity of care and each shift was led by a designated member of staff. A registered manager was in post who had worked at the service for a number of years. The registered manager was aware of and was carrying out the requirements of their role. This involved making notifications to the relevant authorities when a significant incident had occurred. The manager demonstrated they were aware of new regulations.

Staff told us and records showed that staff were asked for their views of the service by the registered manager. A care staff told us, "The managers are approachable [registered manager and deputy manager name]. I have spoken to both about concerns and think they have taken action."

Regular staff meetings gave staff the opportunity to comment on any areas they felt would benefit people. Staff we spoke with and minutes of staff meetings showed that complaints received were shared with staff so that practice could be improved. One care staff told us, "We get feedback from any audits, if we are not doing things right then we are told as it is the only way to address it."

A system was in place to help staff feel valued. Each month staff could be nominated as 'employee of the month.' We were informed that people living at the home, their relatives and other staff were all able to make a nomination if they wanted to. Each nominee received a letter from the area manager thanking them for their hard work and the overall winner received a voucher.

Each year the provider sent questionnaires to people living at the home, relatives, the staff team and health care professionals to identify how the service could be improved. Feedback was mainly positive and we saw an action plan had been developed in response to the comments raised. In each report the provider gave an update on the action taken since the last survey. This ensured people could see the impact their feedback had made on service development. One relative told us, "They are good at responding to any suggestions and actions needed."

We found that the provider audited key areas of the home to ensure it was safe and that it was meeting people's needs. The audit was not just records based and also included observations of practice and seeking people's views. The audits identified any actions that needed to be taken. We saw that the registered manager had followed most of these through but that some of the actions due to be completed by the end of February had not yet been completed. This had been identified in a follow up audit by the provider and the registered manager was working towards achieving the outstanding actions. We brought to the registered managers and area managers attention that a previous audit had identified that some staff needed training in some specific health needs and that this had not yet been scheduled.

Before our visit to Evergreen one health care professional raised with us that staff were not ensuring one person's privacy screening to their bedroom window was well maintained. During our visit we saw there was a system of daily visual checks in place and staff were expected to sign to say these had been completed.

Whilst we saw the screening was in good order out of the first seven days in March only one day had these checks recorded as being completed. We brought this to the attention of the registered manager. They told us that following feedback from a health professional they had repaired the privacy screening and regularly checked it was in good order but they would ensure staff recorded they did these checks.

We saw that the provider was actively looking at how it could improve the involvement of people who used their services in the auditing process. The provider's website gave details of a new initiative that was in its early stages of employing 'Quality Checkers.' These would be people who lived in the provider's services who would assist in checking quality. This had not been introduced into the home at the time of the inspection but plans were in place for this to happen.