Frank Care Ltd

# The Evergreens

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This unannounced inspection took place on 25 August 2016. It was carried out by one inspector.

The Evergreens provides residential care for up to 25 older people. There were 23 people living in the home at the time of our visit.

There was a registered manager who had been in post for five years. 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.

People had opportunity to engage in activities. There were in-house activities organised by staff which included quizzes, music and games. As well as this external activities and entertainers visited the home. For example caring canines, musician and a local military museum. We saw activities were recorded however there were some gaps in recording the month of our visit. The registered manager told us activities had taken place and it was a recording issue which they would address with staff.

The service was well led. People, relatives and staff told us management were accessible and supportive. There were quality monitoring systems in place. This meant that care and support people received was regularly audited and areas for improvement identified. The registered manager was proactive in monitoring the service and investigated and took actions when there was a risk of the quality of the service being compromised. For example a new supplier had been organised when a previous one had made an error.

Staff were aware of what constitutes abuse and the actions they should take if they suspected abuse. The registered manager regularly checked with staff how they would respond to concerns about practice and had discussions with them. Relevant checks were undertaken before new staff started work. For example checks with the Disclosure and Barring Service (DBS) to ensure they were safe to work with vulnerable adults.

People told us they felt safe living in the home and were confident that staff had the right skills and training to support them appropriately. People were involved in planning their care which commenced with a pre-admission assessment. People's risks were assessed and plans developed to ensure care was provided safely. A variety of risks were assessed which included risk of skin damage and risk of falls. When a risk was identified there was a plan to manage the risk. There were enough staff to support people safely and people told us there were staff when they needed them. The registered manager told us they selected staff who had a positive attitude towards caring.

Medicines were managed safely. Medicine Administration Records (MAR) were signed to indicate that people's prescribed medicine had been given. Medicines were stored securely and at the correct

temperatures. There were regular checks of medicines and MAR to ensure that any errors were identified promptly.

Staff had an understanding of the Mental Capacity Act 2005 (2005) and how it applied to their work. Appropriate mental capacity assessments had been carried out. Where some people were unable to consent to being in a care home appropriate applications for a Deprivation of Liberty Safeguard (DoLs) had been made. Staff were able to explain to us how they provided people with choices and how they encouraged people to make their own decisions. People confirmed staff provided choices and treated them with dignity.

People and their families told us staff were caring. People explained they experienced staff kindness in the simple daily activities, such as knowing their preferred time to get up, supporting them and bringing them a cup of tea. A relative described being welcomed by staff and being made to feel special. Staff knew people well and recognised when they were feeling unwell or anxious.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe. People were supported by sufficient suitably experienced and competent staff.

Medicines were administered and stored correctly.

People had a full assessment which identified any specific risks. There was a care plan which provided guidance how to minimise the risk.

People were at reduced risk from harm and abuse. Staff had received training and were able to tell us how they would recognise abuse and how they would report it.

### Is the service effective?

Good

The service was effective. People were cared for by appropriately trained staff. Staff were encouraged to undertake further learning.

People were provided with choices of what to eat and drink. Checks were made to ensure people had enough to eat and drink.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to healthcare from a range of healthcare professionals.

### Is the service caring?

Good

The service was caring. People were cared for by staff who treated them with kindness and respect.

People had their privacy and dignity respected.

People were involved in decisions about their care.

### Is the service responsive?

Good

The service was responsive. People had personalised plans

which took into account their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

People's views were sought and they had information about how to make a complaint.

## Is the service well-led?

Good

The service was well led. People and staff told us the registered manager was accessible and available.

There were systems in place to monitor the quality of the service and to ensure improvements were on-going.

# The Evergreens

**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 unannounced inspection took place on 25 August 2016; it was carried out by one inspector.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding concerns. We reviewed the notifications that the service had sent to us and contacted the local quality assurance team to obtain their views about the service.

We did not request a Provider Information Return (PIR). A PIR 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. We gathered this information from the provider during the inspection. We asked the provider to tell us anything they thought they did well and any improvements they planned to make.

We spoke with five people and three relatives. We met with eight staff, the registered manager and two directors. We also spoke to a maintenance person, kitchen staff and three care workers. We looked at three care records and three staff files. We saw four weeks of the staffing rota, the staff training records and other information about the management of the service. This included accident and incident reporting, audits and minutes of meetings.

We used the Short Observational Framework for Inspection (SOFI).This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

# Is the service safe?

## Our findings

People told us they felt safe living in the home and one relative explained they could relax knowing their relation was being well cared for. One person told us they could always get help when they needed it and described staff as plentiful. Staffing rota's showed that staffing was consistently provided at the assessed levels. One relative told us there was a steady staff team who had worked in the home for some-time and they felt this contributed to the care and support their relative received which they described as excellent. The registered manager told us they had successfully recruited staff and there were no current vacancies. They explained they had employed one extra member of staff than required which meant there was cover during unexpected absences. They aimed to maintain a consistent staff team. During our inspection one new member of staff was working their first shift.

We saw the provider followed safe recruitment procedures and new staff were subject to pre- employment checks. For example references were obtained and checks made with the Disclosure and Baring Service (DBS) to ensure they were safe to work with vulnerable adults.

The registered manager talked with us about how they ensured they recruited the right staff. For example they told us they showed new staff around the home and observed how they interacted with people. They stressed the importance of candidates having a positive and caring attitude and being interested in people.

People's medicines were stored, administered and recorded safely. People received their medicines when they needed them and at the required times. People who were unable to express when they were in pain had pain expression charts in their care plans to ensure that they received appropriate pain relief when needed. Staff were trained and had a competency assessment to ensure they were safe to administer medicines. There were systems in place to check that medicines had been given to the right person at the right time.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. The registered manager told us they talked with staff during handovers and supervision and would ask questions about safeguarding and whistleblowing. They explained they asked staff what they would do if they saw senior staff cause harm to a person. They felt it was important that staff understood they could report poor practice regardless of who the staff member was. This showed us that there was an open transparent culture within the home where poor practice was unacceptable and staff were encouraged to report any concerns.

People had a full assessment of their needs which included specific risk assessments, such as pressure areas, eating and drinking and mobility. When a risk was identified there was a care plan which provided guidance to staff how to support the person in such a way as to reduce the risk. For example one person was identified as being at high risk of developing a pressure sore. A plan was developed which included guidance on how many staff were needed to support the person as well as personal care, administration of cream and frequency of repositioning. This meant the person's skin remained intact and did not develop a pressure

sore. This showed us that the provider had effective risk assessment processes and care plans which minimised the risks that people faced.

The home employed a maintenance person who was visible within the home and able to deal with any maintenance issues promptly as they arose. They were also responsible for ensuring regular checks were carried out in the environment to maintain the safety of the building and contents. For example fire safety checks and water quality monitoring.

Good

# Is the service effective?

## Our findings

People were positive about the food with comments such as: "I've never left anything, the food is wonderful." "Food is excellent." We observed lunch and saw that people were offered a choice of what to eat and where to sit. Alternatives to the menu were available and one person told us they sometimes asked for something different which was prepared for them. Staff were unhurried and the meals were distributed in an organised way which meant people were not delayed waiting for their meal. People had nutritional assessments so that any concerns were identified and if needed a special diet was provided. Staff had received training in nutrition and there were up to date nutrition charts with people's diets in the kitchen. For example one person could only eat their food in soup format. The registered manager had under taken dysphasia training and told us they were able to assess people and recognised if a person needed referral to a specialist healthcare professional. We saw that when this was required this had happened and people's care plans reflected the advice and recommendations which had been made. This ensured people received effective care.

People received care and support from staff who had the appropriate skills and training. Staff told us the training was good and one told us about first aid training they had completed. They felt it had increased their confidence when supporting people as they felt able to administer first aid if required. People told us staff were good at their work and they had confidence in them. . One relative told us that they could ask staff about the care their relation received. They considered staff responded professionally and knew what they were talking about. The registered manager told us they actively encouraged training. They told us staff were required to complete mandatory training such as infection control and first aid. As well as this further training was identified as part of staff supervision and appraisal. The registered manager told us 95% of the staff had completed vocational training in health and social care; they aimed to achieve 100%. Training records confirmed staff training was updated. One relative told us that they could ask staff about the care their relation received. They considered staff responded professionally and knew what they were talking about.

New staff completed an induction period which was flexible according to their needs and experience. The registered manager told us new staff new to care were enrolled on the Care Certificate which is a nationally recognised set of induction standards for staff new to care work. One new member of staff told us they felt supported from the onset of the recruitment and induction process. All staff received regular supervision and appraisals in line with the supervision and appraisal policy. We saw sessions were recorded and staff told us they felt supported during their supervision. The registered manager told us they also received regular supervision which helped them keep up to date with good practice.

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 by themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA and whether appropriate applications DoLs applications had been made. Staff told us how they supported people to make decisions such as offering alternatives, considering people's prior views and talking with relatives' .One member of staff explained how they supported people to make everyday decisions. For example they talked about one person who was sometimes reluctant to receive care. They described how they supported the person in the least restrictive way such as giving the person time or changing the member of staff .The persons' relation told us their relative had difficulty adjusting to their change of needs however felt staff had involved them in maintaining choices which helped them accept a greater level of support. We saw decision specific mental capacity assessments had been completed where needed and appropriate DoLs applications had been made and were in the process of being assessed.

People had access to a range of healthcare professionals based on their health and social care needs. For example one person had an appointment with the community dentist. We saw further examples of healthcare such as community nurses, GP's and chiropodist. One relative told us that staff were responsive to changing health needs and contacted healthcare professional when needed. They told us it was reassuring as staff kept them informed of their relations health issues. People had a hospital passport which was important information

Good

# Is the service caring?

## Our findings

People and their relatives were consistently positive about the care and support they received from staff. People described staff as very nice, kind and friendly. One person told us "Staff are excellent; they help you all the time." A relative talked about how welcoming staff were to them and their relation. They told us "We have been warmly welcomed from the start." Staff talked about how much they enjoyed working within the home. One staff member told us "I love it here, it is so rewarding I get so much job satisfaction from helping people." Another member of staff told us "I try and make it like family, if I can put a smile on some-ones face- I've done my job." One person clarified how they experienced staff as caring, they told us "It's the little things, they know what I like- they know I get up early, they help me and bring me a cup of tea and they are so friendly all the time."

During our inspection we observed various members of the team interacting and talking with people in an informal and relaxed manner. This included the directors, the registered manager, care staff, kitchen and maintenance staff. There was a sense of community as people recognised staff by their names and engaged in friendly banter and conversation. Some people had built up relationships with each other in the home. One person told us "I sit and chat with my friend." Another person told us "We keep an eye on each other."

We saw the service had adopted a dignity code which highlighted their commitment to ensuring people were supported with dignity. Staff told us how they maintained people's dignity by respecting people's independence and valuing people as individuals. One person told us staff gave them enough time so that they could continue to do things for themselves with staff on hand if they needed it. They told us this was important for them. During our inspection we observed staff knocking on doors before entering. One person confirmed "Staff respect my privacy, I never have to worry." This showed us that people received care and support from staff who respected people's privacy and dignity.

People were involved in making decisions about their care. They were included in a pre-admission assessment which contributed towards identifying the care and support the person needed so that a personalised care plan could be developed with them. One person told us "They asked me right from the start." A relation told us they were involved in decisions about their relatives care and told us that staff listen. They gave an example of changes relating to their relative's personal care needs.

One relative told us they were always made to feel welcome and that they could visit anytime. They told us "There's any excuse for a celebration here-I was invited to lunch-I felt so special, nothings too much trouble."

Good

# Is the service responsive?

## Our findings

People had opportunity to participate in activities. The registered managers told us they took place on a daily basis and were organised by staff each shift. As well as in-house activities outside entertainment or themed activities were organised to take place. For example the day before our inspection the home had received a visit from a local military museum. One person told us a violinist came to the home regularly which they particular enjoyed, another person loved animals and staff told us the person enjoyed visits from caring canines. In house activities included music, exercises, board games, quizzes and nail care. We saw that staff completed activity sheets to confirm an activity had taken place; there were some gaps on the activity sheet for the month of August 2016. We spoke with the registered manager who told us the activities had taken place and it was a recording issue which they would address. We also observed that some people chose to stay in their rooms and it was unclear what activities they had been offered or participated in. The registered people had one to one time with staff during regular checks and people were offered activities. Records did not always reflect the activities or one to one time that people received.

People received personalised care and support based on their individual's preferences, likes and dislikes. Care plans contained detailed information about peoples' preferred daily routines. For example one person told us about their usual morning routine and the time they liked to get ready for bed. We saw this was reflected in their care plan and their daily records showed that the persons preferred routines were supported.

Staff told us there was a key worker system which meant people were allocated to a particular member of staff. A member of staff told us they were key worker to two people. They explained that as a key worker they had opportunity to get to know people well, including people's background, hobbies, and interests. They were knowledgeable about the people they were key worker for. They told us there other responsibilities included to make sure people had what they needed and that their rooms were well kept. One person told us their key worker knew them well and knew if they were having an off day. For example they told us when they are worried or upset their key worker noticed something was wrong. A relative told us "Any changes to my (relation) needs have been managed well." This showed us that people received personalised care from staff who got to know them and were able to recognise when people's care and support needs changed.

The registered manager told us they were proactive in obtaining the views of people and that they approached it in a number of ways. For example they talked with people informally on a day to day basis; they observed people's reactions as well as a more formal process of gaining people's views from an annual questionnaire. They also had a comments book and staff made a note in handover sheets if an issue was raised, these were referred to as listening sheets. The registered manager showed us examples of where they had taken action following feedback. Some people had raised concerns they would not know what to do in the event of a fire. Information had been cascaded to them with prompts on display in their rooms. Other feedback received commented on the gravel driveway which had since been changed. This demonstrated that the provider routinely listened to people's experiences and concerns and made improvements where needed.

The complaints policy was made easily available for people and their families. There was a system for logging complaints which we checked and saw the service had not received any. People were confident they knew how to raise any issues and one person told us "I don't have any reason to complain." A relative told us they were able to talk with staff as issues arose and they were satisfied staff would address them. This showed the service listened to people and their families and took any necessary actions. The provider showed us feedback that had been posted on an online national care home site which contained positive feedback on the service.

Good

# Is the service well-led?

## Our findings

The service was well led. The registered manager was supported by the directors who had an office on-site. This meant the management team were accessible for the registered manager, staff, people and their families. Relatives commented that the management team were continually making improvements to the home and that it was managed well. For example one relative commented on the improvements to the garden and other redecoration within the home. One person told us "This home is very well run."

The provider told us that there were regular meetings of senior staff and at least one director was present at the home during the week.

We saw that when issues arose which could impact the quality of the service the registered manager was proactive in investigating the matter and took actions to resolve the issue and prevent a reoccurrence. This included one incident involving a supplier and another involving the discharge of a person from hospital. On both occasions the registered manager showed that they dealt with situations professionally.

The registered manager had systems in place for regular communication with staff through team meetings and one to one discussions. Minutes from staff meetings were not always recorded although meetings had been ticked to show they had taken place. This meant there was not always a record of what was discussed and any actions that were needed. The registered manager was also in the home on a daily basis and had a working knowledge of what was going on. We saw numerous interactions with people and staff which reflected their knowledge of people and the staff team. The registered manager also carried out spot checks to ensure that people were receiving the right care and support. We saw actions from a spot check had been identified and actions taken. This demonstrated good management and leadership.

There were quality monitoring systems in place which meant that areas for improvement could be identified and rectified in a timely manner. There were general audits which included, building and compliance audits which consisted of, electric appliances, hoists and CQC notifiable events. As well as this there were audits of MAR, people's risk assessments, activity lists and care plans. We saw there was a schedule which indicated the frequency of each individual check and that they were up to date.

The provider understood the requirements of their registration with the Care Quality Commission and had appropriately submitted notifications. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. They had compiled an evidence folder to demonstrate to us that they were meeting the standards required by the CQC.