

# Hornby Healthcare Limited

# Evergreen Court

## Inspection report

Saltersgill Avenue  
Saltersgill  
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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 inspection took place on 10 February 2017 and was unannounced. This meant staff and the registered provider did not know that we would be visiting.

Evergreen Court is a bungalow and provides care for up to 17 people. Bedrooms are single in nature and have en suite facilities which consist of a toilet and hand wash basin. There is one large lounge, a small part of which has been sectioned off to create a quieter area for people to sit and a dining room. The service is situated in Saltersgill and is close to shops, pubs, public transport and The James Cook University Hospital. At the time of the inspection 16 people were using the service.

At the last inspection on 7 and 8 October 2015 we found improvements were required. We found that staff needed more training around the implementation of the Mental Capacity Act (MCA) 2005. Staff were not implementing the requirements of this legislation. More detailed information needed to be recorded in people's care records and the systems for assessing and monitoring the service required strengthening.

We found the service in breach of regulations 9 (Person-centred care), 11 (Need for Consent) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service as 'Requires Improvement' overall and three domains required improvement.

Following our last inspection the registered provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the service.

At this inspection we found that the team had worked collaboratively to ensure all of the previous breaches of regulation were addressed.

People and relatives we spoke with told us they felt the service was safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. People's medicines were managed safely. There were enough staff deployed to keep people safe. The registered provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff received mandatory training in a number of areas, which assisted them to support people effectively, and were supported with regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected.

People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health.

People and their relatives spoke positively about the staff at the service, describing them as kind and caring. Staff treated people with dignity and respect. Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. People were supported to be as independent as possible and had access to advocacy services where needed.

People and their relatives told us staff at the service provided personalised care. Care plans were person centred and regularly reviewed to ensure they reflected people's current needs and preferences. People were supported to access activities they enjoyed. Procedures were in place to investigate and respond to complaints.

People and staff spoke positively about the registered manager, saying she supported them and included them in the running of the service. The registered manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

## 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 were knowledgeable in recognising signs of potential abuse and reported any concerns to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place.

People's risks were monitored and managed appropriately with the least restrictive option always considered.

People's medicines were managed safely and audited regularly.

People lived in a clean and well maintained service with environmental risks managed appropriately.

### Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff felt supported by their colleagues and the registered manager and staff worked as a team.

People's consent was sought at all times. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard authorisations.

People were provided with a choice of nutritious food.

People's on-going healthcare needs were managed and monitored effectively, working with healthcare professionals in the community.

### Is the service caring?

Good ●

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

Staff were considerate of people's feeling at all times and always treated people with the greatest respect and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how to meet them.

We saw people were encouraged and supported to take part in a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern.

### Is the service well-led?

Good ●

The service was well-led.

People benefitted from a service which had a strong management team. The registered manager was always looking for ways to improve.

The registered manager consistently reviewed the effectiveness of the service.

People's views were sought and acted upon. Relatives' views were sought.

# Evergreen Court

## 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.

One adult social care inspector completed this unannounced inspection on 10 February 2017.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed 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.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Evergreen Court. We did not receive any feedback.

During the inspection we spoke with seven people who used the service and two relatives. We spoke with the registered manager, deputy manager, two senior carers, four care staff, the cook and a domestic staff member. We looked at five care plans, medicine administration records (MARs) and handover sheets. We also looked at staff files, which included recruitment records.

# Is the service safe?

## Our findings

People and relatives we spoke with told us they felt the service was safe. One person told us, "They are good here and the staff always make sure we get the best care." Another person said, "I'm very content and have found this a good place to live." One relative told us, "I find staff are attentive and constantly make sure people are well cared for, which makes me feel confident that [Person's name] is being looked after properly."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, one person was at risk in relation to food and hydration and the person, staff and external professionals had developed a care plan to help keep them safe. Risk assessments were regularly reviewed to ensure they reflected current risk. Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place. Accidents and incidents were monitored for any trends, and plans were in place to support people in emergency situations.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they would be confident to report any concerns they had. We saw records which confirmed that staff had received safeguarding training during 2016. There had not been any safeguarding incidents since our last inspection but the registered manager told us how these would be investigated, including with referrals to relevant agencies. People were included in discussions about safeguarding. One person told us, "We are here to make sure the people get the best possible care and if I saw anyone being mistreated I would not hesitate to report this to the manager."

People's medicines were managed safely. Staff received training to handle medicines, and medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. Medicines were safely and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them. One person managed their own medicines, and this had been risk assessed.

There were enough staff deployed to keep people safe. There was always a minimum of one senior and four care staff at the service during the day and one senior and a care staff member overnight. The night staff told us that as the majority of people were able to attend to their needs and slept very well having two staff on was sufficient. We reviewed people's needs and confirmed that in the event of fire were sufficiently independent to be able to leave the bungalow and go to the fire point. Also we heard from the staff that in the event of someone having an accident on call arrangements were in place, which meant additional staff could be called. Staff told us sick leave and holidays were always covered. One member of staff said, "We definitely have enough staff."

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of

unsuitable people from working with children and adults.

# Is the service effective?

## Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 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).

At the inspection in October 2015 we found that the registered manager and staff were unclear about the principles of the Mental Capacity Act 2005. There were assessments about the capacity of individual people to make their own major decisions. However the registered manager and staff were forming their own opinion of whether a person had capacity or not. The registered manager was not able to describe the steps they had taken in reaching the decision. Best interest decisions were not fully reflected in care plans. We saw that only 20% of staff had completed training in MCA and DoLS.

At this inspection we found that the registered manager and staff had attended several MCA and DoLS training courses. They had used this learning to inform the way they worked with people who may lack capacity to make decisions. We saw that new mental capacity assessment forms had been introduced and these ensured staff adhered to the requirements of the MCA. Staff had used these forms to make decision specific assessments. Best interest decisions were clearly recorded.

At the time of our inspection six people were subject to a DoLS authorisations and everyone else had capacity to make their own decisions.

Staff received mandatory training in a number of areas to support people effectively. Mandatory training are the courses and updates the registered provider thinks is necessary to support people safely. This included training in areas including health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional training was also provided in areas such as diabetes awareness. Training was regularly refreshed to ensure it reflected current best practice. Staff who administered medication had completed recognised safe handling of medication training and underwent regular competency assessments.

The registered manager monitored and planned training on a training chart, and this showed training was either up-to-date or planned. Staff spoke positively about the training they received. They told us about the NVQs they were completing. Some staff had commenced level 3 NVQs. One member of staff told us, "We always able to go on training and if there is a specific course we want to do the manager will make arrangements for us to go on it."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff said they found these meetings

useful and records confirmed they were encouraged to raise any support needs or issues they had.

People received appropriate assistance to eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat between meals.

The cook told us that the registered provider gave them a very ample budget. They explained that the registered manager expected food to be of a high quality. The cook told us their expenditure was never questioned and this freedom had allowed them to ensure the food was made using fresh products and home-cooked. They told us that they worked with the people who used the service and local healthcare professionals to ensure the menus provided healthy choices.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as speech and language therapists (SALT), dieticians, GPs and consultant psychiatrists in people's care. For example, one person's communication care plan was developed with the SALT team.

People told us about the professionals involved in their care and relatives said they were kept informed about appointments. One relative said, "The staff always let me know what is going on."

# Is the service caring?

## Our findings

People and their relatives were complimentary about the support provided by staff at the service, describing them as kind and caring. One person said "I can't think of anywhere better." Another person said. "I can't think of anything they could do to make the home any better." A relative said, "[Person's name] is so well cared for and so attentive. The staff are wonderful."

Staff treated people with dignity and respect. We saw that staff addressed people by their preferred names and spoke with them in a friendly but professional way at all times. Staff knocked on people's doors and waited for a response before entering their rooms, and took them to quieter areas of the house to discuss private matters. We found the staff were warm and friendly and very respectful. All of the staff talked about the ethos of the service was to make sure the people who used the service were at the centre of the service.

Staff knew the people they were supporting well, and throughout our inspection we saw staff having friendly and meaningful conversations with people. For example, one person at the service was telling us about their interests and staff reminded them they had missed something out. The person laughed, thanked the member of staff and told us more about their interests.

We observed staff routinely using good practice such as getting down to people's level for good eye contact when speaking with them. Staff were also appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort.

The registered manager and staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

People were supported to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

At the time of our inspection no one was receiving end of life care. Care records contained evidence of discussions with people about end of life care so that people could be supported to stay at the service if they wished.

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs.

# Is the service responsive?

## Our findings

At the inspection in October 2015 we saw that some care plans needed more information to help to ensure that the needs of the person were met. For example, we saw that a care plan for one person stated that they suffered from insomnia but this did not state the impact insomnia had on their life, how the person coped with this or the support needed. The care plan for another person who had come into the service for respite care was very brief. The care plan of another person identified that they had lost weight but had not been updated to reflect action staff were taking in respect of the weight loss. Care plans referred to staff assistance but not always state how this was to be done.

At this inspection we found that the staff had worked diligently to ensure each individual's care records contained all the relevant information. We saw that this was detailed, up to date and person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

During our visit we reviewed the care records of five people. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. Care plans provided guidance to staff about people's varied needs and how best to support them. For example one person's care plan discussed their intense religious belief and how to support them to continue to express this in good works and discussions with the staff and people who used the service. We found the care records were well-written. They clearly detailed each person's needs and were very informative.

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

People and their relatives told us staff at the service provided personalised care. One person we spoke with said all of their requests were met. A relative we spoke with praised the person centred care provided at the service and said, "We have no complaints at all, this is a wonderful home ." The registered manager told us how one family continued to use the service for respite although they now lived in Scotland. This they had been told by the family was because the service was 'second to none and their relative always seemed well-cared for and refreshed when they finished the respite'.

People were supported to access activities they enjoyed. People's interests were outlined in their care plans, and staff supported them to access this either by attending events with people or helping them research ways to enjoy their hobbies. For example, one person played the piano and staff encouraged them to use the service's piano. The people we spoke with told us how this person lightened up their day when they played as they were an 'excellent' pianist. Another person told us that they enjoyed visiting a local club either with their family or staff.

Procedures were in place to investigate and respond to complaints. No complaints had been received since our last inspection in October 2015. The complaints policy was displayed in communal areas and minutes of house meetings confirmed people were regularly asked if they had any complaints. People and the relatives told us they knew how to complain and raise issues.

# Is the service well-led?

## Our findings

At the October 2015 inspection we looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The majority of the audits were a question with a tick box and as such they did not pick up on some of the areas that we identified during the inspection. Also, though the registered provider visited the service on a regular basis until September 2015 they had not keep a written record of the visits.

At this inspection we found the registered manager and registered provider had carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of medicines, infection control, care records and health and safety around the building. The audits now provided evidence to demonstrate what action had been taken if a gap in practice was identified and when it was addressed. For example, a December 2017 DoLS audit identified that highlighted that although applications for DoLS had been made the authorisation documents had not been received. The deputy manager had then followed this up with the local authority and received missing DoLS authorisations. The registered provider carried out recorded a monthly 'quality check' to monitor these audits and support the registered manager with any actions needed.

People and staff spoke positively about the service and people said they were proud of where they lived. A relative said, "I cannot praise them enough. It's a home from home and if in the future I need care this is where I will come." Another relative said, "It really feels like I'm visiting [Person's name] own home and not a care home." A member of staff told us, "We are like one big family so try to make all of the residents and families feel as if this is their home."

The service had a registered manager. 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 and staff spoke positively about the registered manager, saying she supported them and included them in the running of the service.

Staff told us they had regular meetings and felt able to discuss the operation of the service and make suggestions about how they could improve the service. A member of staff said, "[The registered manager] involves us in everything. We get regular updates."

Feedback was sought from people through resident and relative meetings, via newsletters and surveys. Feedback from staff was sought in the same way, through regular staff meetings and an annual survey. The results of the most recent survey in 2016 had been compiled and showed that all of those who responded were happy with the service.

Services that provide health and social care to people are required to inform the CQC of important events

that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.