

Evergreen Care Services Ltd

The Elms

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Elms is a residential care home providing personal and nursing care to up to 29 people. The service also provides support to people who live with dementia. At the time of our inspection there were 28 people using the service. People are accommodated in one adapted building across three floors. There is access to an elevated garden space accessible from the first-floor communal room.

People's experience of using this service and what we found

Processes for identifying and managing risks had not been maintained sufficiently to ensure risks were always effectively assessed, managed, and mitigated.

The provider's quality monitoring system was not always effective in identifying where improvement to the service's processes and systems was required, for example, processes for the assessment and management of risks.

People told us they felt safe knowing the staff were around to help. People said although sometimes they have to wait for help, they were never left unsafe.

People told us they were always treated with kindness and had never been treated badly. People told us they had never seen or heard anyone be abused in any way. People's relatives also confirmed staff treated their relatives and others in a kind and respectful way.

People told us they received support to take their medicines and relatives confirmed their relative's medicines had been reviewed when required.

People told us their bedrooms were cleaned regularly. There were arrangements in place to keep the environment clean and processes in place for effective prevention and control of infection.

We observed staff taking action to reduce risks to people, for example, when supporting them to walk, at mealtimes and when people who lived with dementia became confused or distressed. People's relatives had been informed of any accidents or incidents and told about the action taken to keep their relative safe.

The management team promoted and supported a person-centred approach to care, meaning people's individual preferences and wishes were listened to when delivering support to them.

Staff were provided with the support and leadership they needed to carry out their tasks safely and to work as one team when supporting people's needs.

People and their relatives felt able to raise concerns and had the confidence that these would be addressed. The views of people, their relatives and the staff were sought and used to improve the service. People, their

relatives and the staff told us the registered manager was approachable and helpful.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 May 2022).

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about staffing numbers, the moving and handling of people, medicines administration and visiting arrangements. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with the processes in place for assessing and managing risks and medicines administration. There were also concerns with the provider's quality monitoring and management of those processes, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

The provider took immediate action during the inspection to reduce risks to people.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded, at the last inspection they were inspected, to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Elms on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to assessing and managing risks, medicines and the provider's quality monitoring arrangements at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will

continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Elms

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and 2 Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Elms is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Elms is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 10 relatives to gather their views of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 8 members of staff which included, the deputy manager, team leader, 3 care staff, chef, activities co-ordinator, maintenance person and a member of the housekeeping team. We spoke with the registered manager who is also the nominated individual and spoke with another representative of the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 1 visiting healthcare professional.

We reviewed 4 staff recruitment files, 2 people's care records and 6 people's medicine records. We reviewed records relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We reviewed 7 staffs' medicine competency records and the service's training record. We reviewed cleaning records and maintenance records. We reviewed records related to the management of the service which included a selection of audits and the service improvement plan. We reviewed the provider's policies and procedures related to infection, prevention, and control.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments and associated plans for managing people's health risks had not been maintained and reviewed regularly. This meant not all risk reduction actions had been reviewed to ensure they remained effective and, information related to these was not always up to date for staff or visiting professionals' reference. This included risks assessments related to seizures, textured altered foods and choking, pressure ulcer development, falls and safe ways of moving and handling.
- Safety monitoring processes had not been sufficiently scoped to ensure staff knew how to safely support people in the event of a fire.
- We were not fully assured that people had always received their medicines as prescribed. Medicine stock counts did not always tally with the information and the signatures for administration seen on people's medicine administration records. In some places there were signature gaps and therefore we could not be assured people's medicines had been administered as prescribed.
- Some medicines had been recorded as not available and not administered when they had been in stock. Pain relief patches were not always administered according to the manufacturer's instructions. In such cases a risk assessment was not in place to show how potential risks associated with this had been considered and reduced.

The provider had not done all that is reasonably practicable to mitigate risks which may impact on people. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new system for recording and reviewing people's risk assessments and associated care plans was being prepared for implementation. There had been a delay in completing this, but this was work in progress at the time of the inspection.
- Some control measures were in place to support staffs' knowledge about people's risks and changing needs. Staff had a handover meeting each time they started work and a handover form was provided for reference. However, the information on this form had not always captured all of people's health risks. This was amended during the inspection.
- Action was taken during the inspection to organise fire evacuation training for all staff. Action was also taken to add to the regular cycle of safety checks, the checking of all internal doors to ensure they closed properly to prevent smoke entering a room in the event of a fire.
- People's medicines were reviewed as required by their GP. Six relatives told us there had been reviews of their relatives' medicines which they had been informed about.
- Meetings were held with the staff who administered medicines so any issues and good practice could be

discussed.

Systems and processes to safeguard people from the risk of abuse

- Staff completed training in safeguarding adults which also covered the safeguarding of children who may visit the care home. Staff were aware of what may constitute abuse and knew how to report any concerns.
- Senior staff appropriately shared relevant safeguarding information with agencies who have responsibilities to ensure people are safeguarded, such as local authorities, police, and the Care Quality Commission.
- People told us they felt safe with the staff. One person said, "I feel safe here, never seen or heard anything bad, never been treated badly. Always with kindness and respect." A relative said, "I have never seen any behaviour by any of the staff that I've felt uncomfortable with, either towards my relative or any other residents."

Staffing and recruitment

- The service had experienced challenges with staff retention and recruitment during and since the pandemic. At these times the staff team, including the registered manager, had shared tasks, altered shifts patterns and worked as one team to ensure people were kept safe.
- At the time of the inspection staff recruitment had improved and the service was almost fully staffed. We observed enough staff on duty to meet people's needs. Regular agency staff were used to support staffing at night. One person said, "The lads that come in at night are very good. They respect your dignity and are very kind."
- People told us they sometimes had to wait for care staff to help them, however, they also commented, "When they're short staffed they can't do as much but I'm never unsafe" and "I think it's very good, they go out of their way to help if you are in trouble."
- Staff recruitment records showed safe and thorough recruitment practice had been followed. Clearance had been sought from the Disclosure and Barring Service (DBS) before staff started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. At the time of the inspection there were no added conditions related to DoLS authorisations.
- We observed staff asking for and gaining people's permission before delivering care or support.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to receive visitors and go out with visitors. The care home had a visitor booking system in place. There were times during the day that staff preferred visitors to visit. However, if these times did not suit visitors, then visiting could be arranged at other times during the day. The registered manager said, "We would never turn a visitor away."
- Comments by relatives about this included, "I'm having to juggle a job and my own family with fitting in with their time slots for visiting, but if I contact them, they try to be as flexible as possible" and "They do request bookings, but they also say that if you ring them and tell them they will get [relative] ready for us to take them out so there is some flexibility."

Learning lessons when things go wrong

- The registered manager was keen for learning to be taken from any incident or event which did not go to plan. Lessons had been taken from delays in ambulance response times; following falls. Staff had strengthened their links with local healthcare professionals to ensure, for example in one such delay, a person received adequate pain relief.
- Staff had improved the way they imparted information to the emergency services to assist with their emergency triaging processes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and senior staff understood the regulatory requirements and their roles and responsibilities related to risk management. However, the provider's quality monitoring system and processes had not been effective in identifying shortfalls in the management of risks which may impact on people.
- During the inspection we identified shortfalls which the provider had not identified through their own monitoring processes. These related to the evacuation of people in the event of a fire, the review of health related risk assessment and associated care plans and medicines management.

The provider did not have effective assessment and monitoring systems in place to identify and address risks which may impact on people's health and safety. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's service improvement plan was amended during the inspection to include the necessary actions for improvement.
- The registered manager told us they would review their audits to ensure they supported effective quality monitoring.
- A refurbishment program was ongoing and improvements to the environment had been made. This included the review of some floor coverings where cleaning alone was not reducing odours in some areas

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives felt involved and listened to and this contributed towards better outcomes for people. A relative said, "They [staff] do phone me if they have any concerns and we have had a conversation about what to do if [relative] became more ill."
- One person told us they had noticed how staff supported and empowered those around them to maintain their independence, but also provided them with help when needed. We observed this at mealtimes when staff allowed people to eat independently, but when needed, stepped in and provided support.
- There was a person-centred approach to the delivery of people's care. This included when supporting people who lived with dementia, when the person could not verbally express their needs so well. Staff clearly knew people well and knew how to support their wellbeing. One person was unable to express they were in pain, but staff knew they were in pain from the way the person held themselves, so pain relief was

organised. Another person's wellbeing was maintained with doll therapy.

- We observed staff working confidently and communicating with each other in a friendly and helpful way to achieve good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility to be open and honest when things went wrong.
- When falls had taken place relatives had been informed and informed about the action taken to prevent further falls or injury. A relative said, "My relative has had a couple of falls, [relative] walks with a walking aid and has dementia. So, to help with these falls they've [staff] put a mat in place beside [relative] bed and they always inform us straight away if anything like a fall has happened."
- There were processes in place to support staff to feel confident in reporting errors in practice so these could be addressed and reflected on.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were arrangements in place to obtain people's feedback, including their ideas and suggestions on how the service could better meet their preferences and wishes. During a recent 'resident' meeting people had expressed a wish to get out more. The activities co-ordinator was looking at ideas with people to support this.
- New links had been made locally which were supporting people to enjoy the wider community. One person had been invited in for a cup of tea by a local resident when out for a walk with staff and others had visited the local pub.
- The views of people who lived with dementia had been sought by using adapted (pictorial) questionnaires. The information from these was to be collated to further support person centred care.
- The registered manager held staff meetings so they could provide staff with information, but also to provide staff with opportunities to voice suggestions and ideas about how the service was organised. The last meeting had discussed the introduction of a staff champion, provided updates on staff recruitment and dates for in-house moving and handling training.
- During the pandemic relatives had been kept informed of events by telephone calls, emails and the use of social media, however, there were now more opportunities for visitors to meet with staff, face to face, if they wished to. All relatives spoken with told us the registered manager, administrator and staff were all very approachable and helpful. The service also provided people and their relatives with a monthly newsletter.

Working in partnership with others

- The registered manager worked closely with commissioners of care including local hospital staff, to ensure people could access the care home's services when needed.
- There had been improved working arrangements, post pandemic, with community healthcare professionals to support people's medical and nursing needs.
- A visiting healthcare professional told us they had not received any concerns from members of their team who visited people in the care home. They told us staff were knowledgeable and competent.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured risks assessments and associated risk management plans, related to people's health and safety, had been regularly reviewed to ensure the risk management plans in place remained effective and were able to be implemented by the staff.</p> <p>Medicines had not been managed effectively enough to ensure people received their medicines as prescribed.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality monitoring systems and processes were not always effective in assessing and monitoring the health, safety and welfare of service users and others who may be at risk.</p> <p>The systems and processes in place did not always ensure effective control measures were put into place to minimise and mitigate risks to people or others.</p> <p>Regulation 17(1)</p>

