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Evergreen Residential Home

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

Evergreen Residential Home provides residential care and accommodation for up to 16 older people who require support in older age. The service is on two floors, with access to the upper floor by a chair lift or stairs. On the day of the inspection there were 14 people living at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service overall remained Good.

Why the service is rated Good:

People and their families without exception, told us they received excellent care from kind, compassionate, and caring staff, telling us, "I have peace of mind about mum's care, it's excellent", "This is my home and it feels just like home" and "They all love him and it shows".

People mattered. There was a strong culture of ensuring people were at the heart of the service. People were helped to express their views to enable the service to be delivered in line with their wishes and preferences.

People valued their relationships with staff, and displayed love and affectation towards them. Staff knew people and their families well and spoke with fondness about the people they cared for. The atmosphere of the service was homely, with people, families and staff describing it as a "family".

People were empowered to retain their independence and practical action was taken to relivieve people's distress. People were cared for at the end of their life, by compassionate staff who not only supported them to be comfortable but showed empathy towards their family too. People's privacy and dignity was promoted.

People told us they felt safe living at the service, one person told us "I feel safe because I never feel on my own". People were protected from avoidable harm or abuse because staff had received training and knew how to protect people. Staff had been recruited safely to ensure they were suitable to work with vulnerable people. Risks associated with people's care were effectively managed to help ensure they were protected and their freedom respected. People told us there were enough staff to care for them and they received their medicines on time.

People told us staff had the skills and experience to meet their individual needs. Staff told us they felt supported and training to help ensure people's needs were met safely and effectively. Staffs' own areas of interest were promoted to help benefit the staff team and cascade knowledge.

People were protected by infection control procedures and lived in an environment which was clean and free from odour. Safety checks were carried out to help ensure the safety of the environment. Staff had

received training in subjects such as fire and moving and handling in order to help people to be safe.

People's consent to care was sought and people's human rights were protected by a service which followed legislation. Staff received training and understood how to lawfully care for people when they lacked the mental capacity to make decisions for themselves.

People told us the meals were nice, comments included "There's always plenty to drink and eat" and "It's lovely food here". People's nutritional needs were assessed and reviewed to help ensure people benefited from a balanced diet. People were supported to maintain their health and wellbeing being by accessing external health care professionals.

People received individualised care. People' care needs were documented and reviewed with them to help ensure the care they received met with their needs and aspirations. People's families were kept updated and informed of their loved ones care. People knew how and who to complain to. People's complaints were used positively to help improve the on-going quality of the service.

People and their families were encouraged and empowered to share their views about the service in order to maintain the ongoing quality and delivery. Families had helped in the recruitment of new staff to help provide a relative's perspective. The provider had auditing systems in place to assess the ongoing quality of service. The provider had an open and transparent philosophy demonstrating the principles of the Duty of Candour. The Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong.

People, staff and families without exception were highly complimentary of the management of the service. The provider promoted a culture of warmth and compassion for people and this ethos was demonstrated by all who worked within the service.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Evergreen Residential Home

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 checked 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.

We visited the care home unannounced on 20 and 21 April 2017. The inspection team consisted of one adult social care inspector and an expert by experience - this is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the 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 also reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law.

During our inspection we observed how people spent their day, as well as people's lunch time experience. We spoke with six people who lived at the service, two relatives, four members of care staff and the care manager. We also spoke with the registered provider who was also the registered manager.

We looked at seven records which related to people's individual care needs and records about people's medicines. We also reviewed documentation relating to the management of the service. These included auditing records, compliments, complaints, accident and incident reports, recruitment records, training records, and equipment and servicing records.

After our inspection we contacted a GP practice, Healthwatch Plymouth, and the local authority quality and improvement team (QAIT) for their views about the service.

Good

Is the service safe?

Our findings

The service continued to keep people safe. People told us they felt safe living at the service, commenting "I feel safe because everybody is very friendly", and "There's always someone around to help me". One relative told us, "I know mum is safe because the staff are excellent".

People were protected from abuse because staff had completed training and had an understanding of safeguarding procedures. Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

People were supported to manage risks associated with their care to ensure they were protected and their freedom supported. For example, one person had been encouraged to enjoy their passion for sea swimming. Risks associated with people's health care were also managed, for example processes were in place to help prevent the deterioration of people's skin. Risk assessments were in place and reviewed to help staff meet people's needs safely.

People told us there was enough staff to meet their individual needs and respond to their requests. One person commented, "The staff are always calling in to see me, and if I need the toilet I just use my call bell and they come running". The provider altered staffing in line with people's changing care needs which meant staff did not have to rush in their duties, enabling care to be delivered at people's own pace.

People told us they received their medicines on time. People's medicines were managed and stored safely, and staff received training and a review of their ongoing competency. Pro-active action was taken by the provider to regularly review medication, for example, when it was recognised that tablet medicine was no longer suitable for some people because of swallowing difficulties. This demonstrated people's individual needs were recognised and their medicine changed when required. The provider had checks in place which helped assess medicine management processes within the service and helped to identify when improvements were needed.

People lived in a service which was clean and free from odour. Staff, had received training about infection control practices and were seen to put their training into practice during our inspection. For example, by wearing gloves and aprons when carrying out personal care.

People lived in an environment which was assessed for its safety. Fire checks were carried out and people were asked on a monthly basis if they felt confident about what to do in the event of a fire. People had personal emergency evacuation plans (PEEPs) in place which meant emergency services would know what how to correctly support people should they need to leave the building.

Staff received training to help keep people safe, such as fire and manual handling. People's moving and handling equipment was serviced in line with manufacturing guidelines.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. People told us staff had the skills, knowledge and experience to care for them.

New staff completed an induction when they joined the service, this helped them to get to know the people living at the service, as well as introducing them to the provider's ethos and to their policies and procedures. A new member of staff confirmed they had been well supported during their two week induction period telling us "I have no regrets coming here to work, I am very happy". The provider was aware of the Care Certificate and was implementing the Care Certificate when staff had no previous experience in the health and social care sector. The Care Certificate is the new minimum standards that should be covered as part of induction training of new care staff.

Staff undertook training in order to meet people's individual needs, such as dementia care. The provider had detailed within their PIR that over the next twelve months they would be training up staff as 'care champions' to study an area of interest and to help cascade information and knowledge to their colleagues. Staff received one to one supervision to make sure they were delivering high quality care and to ensure ongoing support, development and training opportunities were discussed.

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and associated DoLS. People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training and had an understanding of the legislative frameworks.

People's consent to care and treatment was recorded in their care records; this included their consent to photographs being taken and to their medical details being shared with external health and social care professionals. People's consent to care was reviewed on a monthly basis and any changes were noted and necessary action taken. For example, one person had become unwell since they had provided their consent. So the provider had worked with the person's daughter and with the person to ensure their care plan was still reflective of their individual needs.

People told us the meals were nice, their comments included "The food is so nice, you'd have a job to complain about it", and "The food is ok, I enjoy it". A relative told us, "Mum looks well, so I know she enjoys the food. She often tells me how good it is".

People's likes and dislikes were recorded to help ensure the menu reflected people's individual preferences. People's nutritional needs were detailed within their care plans and were up to date and reflective of their

current needs. People who required adapted equipment were provided with it to help retain their independence. For example, one person had a plate guard and used specialist cutlery. People's weight was monitored when required so pro-active action could be taken, however people's care plans had not always been updated when a change of weight had occurred, however this was not seen to have had a negative impact on people's care. The provider was receptive to our feedback and told us care plans would now be updated on a monthly basis.

People's care records showed they were supported to maintain good health, and had access to external health and social care professionals. One person's care records showed how they had been effectively supported with eye difficulties.

Good

Is the service caring?

Our findings

The service continued to caring. People described the caring approach as "You won't find anywhere better than here" and "This is my home and it feels just like home".

Families were also highly complimentary of the care their loved ones received, telling us "They all love him and it shows", "It was an oasis in the desert when I found them [(the service])" and "I have peace of mind about mum's care, it's excellent".

People had taken time to send cards and letters of thanks in appreciation of the care they or their loved ones had or were currently receiving at the service, some of which read "Thank you for the major part you play in the support of Dad's care. Your friendship and kindness is really appreciated", "You all make such a difference to [person's name] thanks so much", and "We have been privileged that he has been cared for by excellent carers, best care, my sincere thank you to each and all".

People valued their relationships with staff, and displayed love and affectation towards them telling us, "I get on well with all the staff, they are so caring", and "I know everybody's name that works here".

People mattered. There was a strong culture of ensuring people were at kept at the heart of the service, encouraged and helped to express their views. For example, people's views had been captured on a tree which had been designed and displayed on the dining wall. Each leaf of the tree represented a person's view. Comments such as; "We are asked what we would like to do" and "Staff listen to me", demonstrated the provider had been creative in wanting to gather people's views in order to tailor their care and the service to what people wanted it to be. One person told us they enjoyed kippers, so the provider had remembered this and purchased them, the person replied "I couldn't fault this home". The provider also explained there were plans to create a virtual "Wish cloud" which would be used as another opportunity for people to express what they wanted as well as their aspirations for the future. People's ambitions would be written down and then used by staff to help people achieve their desires.

Staff knew people and their families well and spoke with fondness about the people they cared for commenting, "I make sure they get everything they want", "We try to make them laugh" and "It's the little things that make a difference".

The atmosphere of the service was homely, with people, families and staff describing it as a "family". One member of staff told us, "It's a really lovely home, family orientated. It's like that because if it's loving environment".

The provider kept in touch with families who were not able to visit regularly by sending emails and text messages. The provider explained one relative had been concerned that her loved one had been unhappy, so the provider had taken time to share a photograph of them enjoying themselves that day, and emailed it to them. The relative expressed their thanks in a message telling the provider that to see the photograph, had put their mind at rest.

Staff went the extra mile for people. For example, one person's watch was too big for their wrist which had been causing the person concern. So a member of staff took immediate action to put an extra hole in the watch strap so that it sat more comfortably on the person's wrist. The person thanked the member of staff, and showed through her large smile how grateful they were. One relative told us the staff welcomed in their loved one's friends and provided them with tea and biscuits when they visited, they explained to us "Because that's what would have happened at home".

People's privacy and dignity was promoted. People were cared for at the end of their life, by compassionate staff who not only supported them to be comfortable but showed empathy towards their family too. One relative told us how grateful she had been to the provider and to the staff for not only looking after their loved one but of the support they had been shown too. This relative also spoke emotionally to us of the kindness shown by staff as they had taken time to provide an extra bed in their loved ones bedroom should they wish to stay at any time.

An end of life care champion had been appointed within the staff team to help ensure best practice was adopted and carried out at all times. This included working within the principles of accredited hospice training to achieve exceptional end of life care for people.

The provider's PIR detailed that although people already had end of life care plans in place to provide guidance and direction for staff about how to meet people's needs and wishes, they wanted people and/or their families to be more involved in creating improved personalised care plans. This demonstrated the provider was fully committed to ensuring they provided people with outstanding end of life care.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People received a pre-assessment of their health and social care needs prior to living at the service. This helped to ensure people's individual needs could be met and were known by staff prior to the person arriving. People and/or their families were encouraged to come and view the service at any time to ensure it met with their expectations. The provider explained the importance of their pre-assessment process in also helping to determine if the environment was suitable for the person, such as their ability to use stairs.

People had care plans in place which provided guidance and direction to staff about how to meet their individual needs. People's care plans were reviewed with them and/ or with their family to ensure they were reflective of their current care needs, wishes and preferences.

People were complimentary of the care they received and told us it was personalised to their needs. People's independence was promoted, the provider told us of one person who had recently stayed at the service but was determined to live on their own in the future. So staff had empowered the person to do as much for them self as possible, which had resulted in the person leaving the service and moving into their own home. One person enjoyed washing up so the person was encouraged to do this.

People told us there were social activities to participate in, however some people told us they wanted more to do. One person told us, "They don't have much going on, but if they do I try to join in." People had opportunities to raise their views about social activities informally or formally, such as during residents' meetings or one to one review of their care plans, however the provider explained feedback was always limited. The provider was receptive to our feedback and told us they would try and find new ways of encouraging people to express their opinions regarding social activities so new activities could be introduced.

People were encouraged to personalise their bedrooms with their own belongings and people and families were able to request improvements or changes. For example, one person had recently had a new carpet and a set of new blinds. This had been done to create an environment similar to what the person's own home had been. People's religious needs were respected, with one person telling us, "I find great peace going to my Jehovah Witness meetings twice a week".

People knew who and how to complain. The provider/registered manager, who was present in the service on a day to day basis, had an open door policy and welcomed people, families and external professionals to speak with her informally about any concerns they may have. The provider had a complaints policy which was used to formalise the process of investigating and responding to complaints; however since our last inspection no complaints had been received.

Good

Is the service well-led?

Our findings

The service continued to be well-led. People, staff and families without exception were highly complimentary of the management of the service commenting "This home is excellent" and "I like all the staff and the managers".

The provider promoted a positive culture of inclusiveness between staff and people, with an emphasis on ensuring an atmosphere for people of "love" and of "family". Words displayed on entering the service read "Our residents do not live in our work place, we work in their home" this was the ethos of the service and was reflected within the leadership. People, staff and families confirmed this by telling us "It's like an extended family", and "Their ethos is so upheld by the rest of their staff".

People and their families were encouraged and empowered to share their views about the service in order to maintain the ongoing quality and delivery. This included families and people participating in the recruitment of new staff.

People's views and opinions were captured to develop the service in line with what people wanted. People and staff voted for their team member of the month, an idea which had arisen from people's feedback to praise and value staff.

The provider had auditing systems in place to assess the ongoing quality of service, for example checks were carried out in respect of the environment, staff working practice and of people's care records. The provider learnt from previous mistakes and had an open and transparent philosophy demonstrating the principles of the Duty of Candour. The provider was aware of their legal responsibilities and informed the Commission when required of serious incidents and/or safeguarding concerns.