

# Hornby Healthcare Limited

# Evergreen Court

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We inspected Evergreen Court on 7 and 8 October 2015. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 8 October 2015.

Evergreen Court provides care and support for a maximum number of 17 older people and / or older people living with a dementia. The service provides ground floor accommodation. 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.

The home had a registered manager in place. 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

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also responsible for the management of another service nearby (Lavender Court). They told us that their main base was at Lavender Court but they spent time at Evergreen Court each day. A unit manager was employed to support the registered manager in the running of the service.

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us that staff treated them well. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Appropriate checks of the building, equipment and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as choking, falls and moving and handling. This enabled staff to have the guidance they needed to help people to remain safe.

We saw that staff had received supervision on a regular basis. The registered manager was a little behind with appraisals having completed seven out of 20 appraisals this year. They told us they were to complete appraisals over the next few weeks.

We looked at a chart which detailed training that staff had undertaken during the course of the year. We saw that there were gaps in training for some of the staff. Where gaps in training were identified we were reassured that training was planned and would take place in the very near future. We saw that 55% of staff had undertaken health and safety training and that 55% of staff had undertaken training in fire safety. We saw that 90% of staff had undertaken training in moving and handling and that 20% of staff had undertaken training in food hygiene and 35% had completed infection control training.

Only 20% of staff had received training on the Mental Capacity Act 2005 and DoLS. 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. The registered manager was not able to describe the steps they had taken in reaching the decision about capacity. Best interest decisions were not fully reflected in care plans.

At the time of the inspection, there were some people who used the service who were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

People and staff told us that there were enough staff on duty to meet people's needs. We saw that staff had time to spend with people and chat.

In general safe recruitment and selection procedures were in place. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We found that some improvements could be made. The application form did not ask people for end dates of their employment which means that gaps in employment might not be explored. And the references for two people were not from their last employer.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. However the room temperature in which medicine was stored was on occasions too hot. Storing medicines in higher than recommended temperatures could affect the efficiency of the medicines. The registered manager said that the registered provider was aware of the high temperatures and that they were taking action to rectify the concern.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and

# Summary of findings

interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obese. People were weighed on a regular basis.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Each person had an assessment, which highlighted their needs. Following the assessment care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. We saw that some care plans needed more information to help to ensure that the needs of the person were met.

People's independence was encouraged and they were encouraged to take part in activities. People told us that they were happy with the activities provided by staff at the service.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. However we would question the effectiveness of the auditing system. 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.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

# Summary of findings

## 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 safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

In general records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service. Current recruitment checks did not always ensure that gaps in employment would be explored. And for two of the four recruitment files we checked references had not been obtained from the last employer.

There were arrangements in place to ensure people received medication in a safe way.

Good



### Is the service effective?

The service was not always effective.

The registered manager and staff were unclear about the principles of the Mental Capacity Act 2005. The registered manager was not able to describe the steps they had taken in reaching the decision if the person had capacity or not.

There were some gaps in training; however the office administrator reassured us that where there were gaps, training has been arranged. Staff received supervision and support from unit leader and registered manager.

People were assisted to have a good diet. People said the food was good quality and they had choice. People were supported to maintain good health and had access to healthcare professionals and services.

Requires improvement



### Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Good



### Is the service responsive?

The service was not always responsive.

Care plans were insufficiently detailed to ensure the care needs of people were met.

Requires improvement



# Summary of findings

People had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

People told us they felt confident in speaking to staff if they were concerned or wanted to make a complaint.

## Is the service well-led?

The service was not always well led.

The service had a registered manager who understood the responsibilities of their role. The registered manager was supported by a unit leader.

Improvements could be made in the way the service seeks the views of people who used the service and relatives.

Quality assurance systems were in place but they were not effective as they were just a tick box and did not always pick up on areas in need of improvement.

**Requires improvement**



# 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 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 inspected the service on 7 and 8 October 2015. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 8 October 2015. The inspection team consisted of one social care inspector.

Before the inspection we reviewed all of the information we held about the service.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR) which we received prior to the inspection. 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.

At the time of our inspection visit there were 15 people who used the service. During the inspection we spoke with eight people who used the service and two visitors. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms.

During the visit we spoke with the registered manager, the registered provider, the assistant cook, the unit leader, a senior care assistant and three care assistants. We also communicated via e-mail with the administrator who works at both Evergreen Court and another of the registered provider's services. We also spoke with a visiting health professional. Before the inspection we contacted the local authority to seek their views on the service.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, “I feel safer than I did at home. There are more people about and they say there is safety in numbers. I can hear them all talking which is reassuring.”

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse. Records we looked at during the inspection confirmed that 65% of staff had completed safeguarding training in the last 12 months. The office administrator told us that the percentage of staff who had completed safeguarding training was actually higher than this but before the training chart could be updated to reflect this staff needed to complete a training booklet. Staff we spoke with during the inspection confirmed they had received recent safeguarding training.

We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Staff told us that they felt confident in whistleblowing if they had any worries. The registered provider had a whistleblowing policy and procedure and the registered manager told us that staff were encouraged to speak up if they were concerned about anything.

There were individual risk assessments in place. This enabled staff to have the guidance they needed to help people to remain safe. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis. Risk assessments covered areas such as choking, falls and moving and handling.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the hoists, fire alarm and fire extinguishers.

We saw certificates to confirm that portable appliance testing (PAT) had been undertaken in May 2015. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We saw that the service had an emergency evacuation plan which listed people who used the service, brief information about their mobility and if they needed any equipment such as a hoist to move from one place to another. During the inspection a discussion took place about developing more detailed individual plan for each person who used the service to include areas such as anxiety and mental capacity. This would ensure that staff and emergency services were provided with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices had been undertaken. The most recent practice had taken place in October 2015. We did note that the majority of fire drills took part during the day. We spoke to the unit leader and registered manager and asked that they check that all night staff had taken part in regular drills. Test of the fire alarm were undertaken each week to make sure that it was in safe working order.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents and that these were analysed to identify any patterns or trends and measures put in place to avoid re-occurrence.

The four staff files we looked at showed us that the provider generally operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and

## Is the service safe?

vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We found that some improvements could be made. The application form does not ask people for end dates of their employment which means that gaps in employment might not be explored. And the references for two people were not from their last employer. We pointed this out to the registered manager who said that they would tighten up further on recruitment procedures. The registered manager told us on the second day of the inspection that the registered provider was to change the application form to ensure that all start and end dates of employment were recorded.

At the time of the inspection there were 15 people who used the service. We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that generally during the day and evening there was a senior care assistant or unit leader and three care assistants on duty. On occasions this dropped to a senior care assistant or unit leader and two care staff. The registered manager told us that this was when the number of people who used the service had dropped. Overnight there was one senior care assistant and a care assistant. People who used the service confirmed that staff were available should they need them during the day and through the night. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. For example, staff sat and spoke with people and supported some people to go to the local shops. Staff told us that staffing levels were appropriate to the needs of the people using the service. Staff told us that

the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency. A staff member we spoke with said, "I like working here we have a good team of staff."

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection none of the people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

The service had a medication policy in place, which staff understood and followed. We checked people's Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. There was information available to staff on what each prescribed medication was for and potential side effects. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training. This showed us there were systems in place to ensure medicines were managed safely.

We saw that staff kept a record of the temperature of the fridge and room in which medicines were stored. We saw that on a number of occasions in July, August and September 2015 the room temperature for storing medicines was too high. Storing medicines in higher than recommended temperatures could affect the efficiency of the medicines. The registered manager said that the registered provider was aware of the high temperatures and that they were taking action to rectify the concern.



# Is the service effective?

## Our findings

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 if a person had capacity or not. The registered manager was not able to describe the steps they had taken in reaching the decision. For example one person who used the service had been assessed as not having capacity in relation to their health but they were deemed to have some capacity to make simple choices about what they wanted to eat or wear. The registered manager was unable to describe the steps or questions they had asked the person in reaching each specific decision. Best interest decisions were not fully reflected in care plans. For example the person who used the service who had been assessed as not having capacity in relation to their health did not have a care plan in place which described how best to support this person. We looked at the training chart and saw that only 20% of staff had completed training in MCA and DoLS. The office administrator told us that two sessions for this training had been arranged for 21 October 2015

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager was aware of DoLS to make sure people were not restricted unnecessarily, unless it was in their best interests. They had made DoLS applications to the relevant local authorities in respect of people who needed supervision and support at all times. At the time of this inspection one DoLS applications had been authorised by the local authority and six were pending. This meant the home was working collaboratively with the relevant authorities to ensure people's best interests were protected without compromising their rights.

We looked at a chart which detailed training that staff had undertaken during the course of the year. We saw that there were gaps in training for some of the staff. We saw that 55% of staff had undertaken health and safety training and that 55% of staff had undertaken training in fire safety. We saw that 90% of staff had undertaken training in moving

and handling and that 20% of staff had undertaken training in food hygiene and 35% had completed infection control training. After the inspection the office administrator e-mailed us to advise that where there were gaps in training this had been arranged.

We spoke to a new member of staff. They told us they were going through their induction. They told us that they had been employed to work night shift but to make sure that they were aware of people who used the service and their needs they were working a week on day shift. We spoke to other staff about training. One member of staff said, "The training is good. I did first aid yesterday. I have also done infection control, fire, dementia awareness and health and safety."

We spoke with the registered manager who told us all new staff now completed the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. They also told us how training involved reading the care and support plans of all people who used the service and reading policies and procedures.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. The registered manager showed us records which confirmed that she had completed appraisals for seven of the 20 staff they employed. They told us they were a little behind but would be ensuring that all appraisals would be completed in the next couple of weeks.

We looked at the menu plan. The menus provided a varied selection of meals. The assistant cook told us that alternatives were available at each meal time such as a sandwich, soup, jacket potato or salad. Staff we spoke with were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. We saw that portion

## Is the service effective?

size varied according to choice. Those people who needed help were provided with assistance. We asked people about the dinner provided. One person said, "It was lovely. I had chicken, roast potato cabbage and swede." Another person said, "I really enjoyed it." People told us that the food was always good. One person said, "The food is always tasty and plentiful. We get a good Sunday dinner."

We saw that people were offered a plentiful supply of hot and cold drinks. On the second day of the inspection we saw that snacks were available in the lounge area for people to eat.

The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obese. We saw records to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, "If I'm poorly they just ring the doctor and he visits me here." Another person said, "The doctor comes whenever I need him." People confirmed they had received their annual flu vaccination. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options. During the inspection we spoke with a health professional who was visiting the service to apply some dressings to a person who used the service. We asked the health professional what they thought of the service. They said, "People are always clean and well cared for. I have never had cause for concern. This is a good home."

# Is the service caring?

## Our findings

People we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. One person said, “They {staff} are lovely they always make time to chat with me.” Another person said, “It’s marvellous here. They {staff} are all wonderful. They help me with everything and nothing is too much trouble.” A person on respite care said, “I’ve been here for three weeks and I’m hoping they [staff] let me stay.”

During the inspection we spent time observing staff and people who used the service. On both inspection days there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring and friendly way. We saw that when staff spoke to people who were seated or in wheelchairs they got down to the persons level to make eye contact. This meant that staff showed respect.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, were patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. Staff were discreet when taking people to the toilet or when talking to them about their personal care. Staff took time to talk and listen to people. People who used the service were given time to talk about their families, interests and work life. One person who used the service talked to staff about when they worked at ICI and staff encouraged this conversation. This showed that staff were caring.

Staff told us how they worked in a way that protected people’s privacy and dignity. For example, they told us about the importance of knocking on people’s doors and asking permission to come in before opening the door. One person who used the service told us that staff always respected their privacy and dignity during bathing. They said, “I like to wash myself but they pass me things and they keep me covered to protect my dignity and so that I don’t get a chill.” Another person told us that in their career it had always been very important for them to dress smartly. They told us how they liked to wear trousers,

jacket, shirt, tie and shoes. They told us how staff supported them to dress smartly. This person said, “It is now and always was important for me to dress smartly.” This showed that the staff team was committed to delivering a service that had compassion and respect for people.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

During the inspection we looked in some bedrooms. One person who used the service told us how important it was that they had been able to personalise their own room. They had always enjoyed playing the piano and had been able to bring the piano from home as well as a table they were fond of. We also saw that bedrooms had been personalised with pictures and photographs.

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. One person who used the service was having difficulty getting up from the chair to walk with their zimmer frame. This person became upset and staff very quickly reassured, supported and encouraged the person. We saw that during the day staff and people who used the service had friendly banter and laughed with each other. This meant that the staff team was committed to delivering a service that had compassion and respect for people.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process and action to take should an advocate be needed.

# Is the service responsive?

## Our findings

During our visit we reviewed the care records of three people. Each person had an assessment, which highlighted their needs. Following the assessment care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. 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 life, how the person coped with this or support needed. The care plan for another person who had come into the service for respite care was very brief. This person had limited mobility and care staff were able to tell us how they supported the person but care records did not reflect this. The care plan of another person identified that they had lost weight and a referral to the dietician had been made. The care plan had not been updated to reflect the weight loss, any increased monitoring or other action staff were taking in respect of the weight loss. Care plans referred to staff assistance but not always state how staff were to assist.

In care records we looked at we saw that staff had completed a One Page Profile. This is an introduction to a person that captures important information on a single sheet under three headings. The headings are, what people appreciate about me, what's important to me and how best to support me. One Page Profiles looked at during the inspection contained limited information. The purpose of the one page profile is to give the reader information about how best to support them and provide more person centred care and support. This was pointed out to the registered manager at the time of the inspection who said that these would be updated to include more information.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw records to confirm that at the end of each month there was a monthly review and evaluation of care needs.

Staff and people told us that activities were carried out each day. On the morning of the first day of the inspection some people who used the service played hangman with staff. On that afternoon people enjoyed musical bingo. We saw that musical bingo generated lots of laughter between people who used the service and staff. On both inspection days people who used the service chose some music to play. People and staff danced together. People were smiling and laughing and generally having fun as they danced. On the second day of the inspection one person told us how they had enjoyed a visit to the local shops with staff. Another person told us how they liked to spend time in their bedroom and didn't like to join in the activities and that staff respected this. They said, "I have my radio and television and they [staff] always pop into see me for a chat."

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. We saw that this procedure was displayed on a notice board for people to read. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There have not been any complaints made in the last 12 months. We saw that staff at the service had received many cards of thanks. These were displayed on the wall in the main entrance of the service for people to read.

# Is the service well-led?

## Our findings

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 registered manager was able to show us numerous checks which were carried out on a monthly basis to ensure that the service was run in the best interest of people. These included checks on health and safety, medicines, maintenance, nutrition and weight loss for people who used the service, accidents amongst other areas. Some improvement was required in respect of the services auditing arrangements.

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. For example the medicine audit asks if temperatures were taken of the fridge and room in which medicine was stored. Staff have ticked yes as confirmation of checks completed but it does not pick up on the fact that room temperatures were too hot. The care plan audit looked doesn't identify that some care plans were too brief. The service does not have a separate audit for infection control; however they follow the department of health guidance, Essential steps to safe, clean care. Also other infection control checks have been undertaken in other audits such as the cleaning, environment and laundry audit. The registered provider needs to make sure that infection control is totally covered as we could not see reference to equipment cleanliness or disposal of waste.

Also the systems for assessing the performance of the service did not identify the gaps in staff training and supervision; the gaps in the staff files or that staff were not confident when applying the requirements of the Mental Capacity Act 2005.

The unit leader said that they handed out surveys to visiting relatives on a monthly basis to seek their views. The results of surveys had not been analysed or a report of findings developed. As such there wasn't an action plan detailing how improvements were to be made. There wasn't a survey for people who used the service. The registered manager and unit leader acknowledged that this was maybe not the best way of seeking people's views.

They told us that new surveys were in the pipeline and they were to be sent out to everyone in the near future. They told us they would make sure the findings were analysed and a report and action plan produced.

The registered provider visited the service on a regular basis, however did not keep a written record of such visits until September 2015. The registered manager told us that a written record of the visit and action plan would be completed as a minimum monthly.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place for the management and leadership of the service. The registered manager was also responsible for the management of another service nearby (Lavender Court). They told us that their main base was at Lavender Court but how they spent time at Evergreen Court each day. A unit manager was employed to support the registered manager in the running of the service. The staff we spoke with said they felt the registered manager and unit leader was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "X [the unit leader] is really good and you always feel listened to."

Staff told us they liked working at the service and that they were kept informed about matters that affected the service. One person said, "I do like working here." They told us that team meetings took place and that were encouraged to share their views. We saw records to confirm that staff meetings had taken place in June and September 2015. Topics of discussion included infection control, the complaints procedure, cleanliness, work load and care practice.

The registered manager told us that when she visited the service she spoke to people who used the service. They told us that they were looking a different way of seeking people's views as meetings for people who used the service were not always well attended. They said they were looking at other ways to seek the views of relatives and visitors.

The registered manager told us that they have strong links within the community with visits from teenage students from local schools and colleges and younger children from

## Is the service well-led?

day nursery. People who used the service were invited to special occasions hosted by schools, colleges and nursery and children often put on concerts for people particularly at times like Christmas.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The information available in care records was insufficient to ensure that people would receive person centred care.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People who use services and others were not protected against the requirements of the MCA 2005. Staff did not understand and work within the requirements of the Mental Capacity Act 2005

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks associated with ineffective monitoring of the service. Effective governance arrangements were not in place.