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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 

Overall summary

The inspection took place on the 17 February 2015 and was unannounced.

Evergreen Residential Home provides care and accommodation for up to 16 older persons. They do not provide nursing care. There were 16 people living there when we visited.

A registered manager was in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Two other managers were employed to support the day to day running of the service; one to support the management of care and one for the maintenance of the building and equipment.

At the last inspections on 19 May 2014 and 01 September 2014 we told the provider to take action to make improvements in respect of ensuring people's care and treatment was delivered in a way that was safe. We also requested the provider send us an action plan in relation to how they were going to address concerns in relation to the safety and suitability of the premises; supervision and appraisals of staff; involving people in relation to planning their care; ensuring records held on people were accurate and monitoring the quality of the service and

Summary of findings

care people received. The provider told us how they were going to put right these concerns. At this inspection we reviewed the concerns and found they had been addressed.

There was a strong philosophy of care that was disseminated to staff, people and their relatives. During the inspection we observed people who lived there and staff were relaxed in each other's company. People and staff greeted each other warmly. Staff treated people with kindness, compassion and respect. Staff and the managers were always visible and dealt with people's care needs in a timely and positive manner.

People's rights were respected. Staff were knowledgeable about protecting people from abuse. People were in control of their care and had their consent sought at all times. They planned their care with a designated member of staff who was also their keyworker. Where required, people had their ability to consent to their care assessed so their legal right to consent was protected. People, visitors and health and social care professionals spoke highly of the service and the care received. One person told us: "I am very content with my care. I am quite able to do most things and the staff respect this. If I ask staff they are very willing. I have never found them to be anything but polite."

People were cared for by staff that were recruited safely and trained to a high standard to meet people's individual needs. All staff had taken a higher qualification

in care and had their training updated. Staff felt the registered manager supported them to develop personally and professionally to ensure they were effective in meeting people's needs.

People had their health and nutritional needs met. Medicines were administered safely. People received their medicines as prescribed. A range of risk assessments were in place to reduce the likelihood of these affecting people. Care plans were easy to follow with a clear link between any risks to people's health and wellbeing and actions the staff should or could take to reduce them. Efforts were made to ensure people's independence was respected. Staff could follow the care plans to ensure they were delivering care that was agreed, safe and appropriate.

There was a clear system of governance and management in place. Audits took place at all levels to review the service to ensure a high level of safe care was delivered. People were asked about their care and how the service was run to ensure any concerns were addressed quickly. Complaints, concerns and positive comments were reflected on, to drive continuous improvements. Staff felt supported in making suggestions about how the service was run and stated they could approach the managers at any time. Staff and the registered manager all expressed they felt they would sustain the changes which had been made.

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. People said they felt safe living at the service.

Staff were knowledgeable about identifying and how to keep people safe from harm and abuse. Staff felt comfortable raising concerns and felt these would be taken seriously.

People had personalised risk assessments in place to minimise foreseeable risks.

People's medicines were administered safely by staff that were trained to carry out that role.

Staff were recruited safely.

Good



Is the service effective?

The service was effective. People were supported by well trained staff who were able to meet their needs effectively.

People's health and nutritional needs were met.

People were always asked for their consent to their care. Staff were knowledgeable about the requirements under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's rights were protected.

Good



Is the service caring?

The service was caring. People were supported by staff who were kind and caring.

People were treated with respect and had their dignity protected at all times.

People could choose how they wanted their needs met.

People and their visitors were always welcomed. People could maintain their friendships and their visitors could come and go as they desired.

Good



Is the service responsive?

The service was responsive. People were involved in the planning and delivery of their care.

People were involved in making suggestions about how the service was run.

Concerns and complaints were thoroughly investigated and resolved to people's satisfaction. Learning from complaints was used to ensure the service improved.

Good



Is the service well-led?

The service was well-led. People, visitors and staff told us they felt the service was well-led. Everyone identified the service was run by the registered manager and felt they were approachable.

There were clear systems of management oversight in place. Where tasks were delegated to other staff there was a clear line of accountability to the registered manager.

People, staff, visitors and health and social care professionals contributed to any reviews of the service. The registered manager ensured this feedback and regular audits were reflected on to maintain the quality of the service.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 17 February 2015 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person with personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we spoke with the local authority and the district nursing team in order to gain feedback on

the service. This was positive and explained the changes made by the staff since the previous inspection. We also reviewed the information about the service held by CQC. This included past inspection reports and the action we had asked the provider to take in relation to these inspections.

During the inspection, we spoke with all 16 people. We reviewed the care records of five people in depth and spoke with those people in more detail to check their care was well planned and delivered as they desired. We also spoke with four relatives and seven staff. We spent time with the registered manager and another manager during the day. We observed how staff related to people living in the service. We reviewed other documentation while at the home such as medicines records; written policies and practices; maintenance records and records of how the service was ensuring the quality of the care they provided.

Is the service safe?

Our findings

At our last inspection in May 2014 we found a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2010, as the provider had not ensured people were protected in relation to unsafe and unsuitable premises. We saw on this inspection that action had been taken by the registered manager to ensure all the concerns had been addressed.

People told us they felt safe living at Evergreen Residential Home. Without exception people said they felt they were living in a safe environment and had no concern for their belongings. Several people said they had a lockable safe in their bedroom. One person said: “I feel perfectly safe here and have no problems”.

Staff were knowledgeable about how to identify and report concerns about potential abuse. The service had clear policies in respect of safeguarding and whistle-blowing. People and staff felt if there was a concern this would be handled quickly and carefully by the registered manager. One staff member said: “I would not work here if I felt people were at risk” and another said: “I would speak to the management if I had a concern and make them aware. This would be taken seriously.” People and staff identified they would speak to CQC or the local authority if their concerns were not taken seriously.

Staff rotas showed there were sufficient staff to meet people’s needs. People told us staff would drop into see them in their room and we saw staff were always visible in the communal areas supporting people as required. Where necessary, extra staff were brought in to ensure other commitments, such as medical appointments, were met. Staff told us all holiday leave had to be planned and they tended to cover for each other in the event of sickness. When necessary, the registered manager and two other managers covered care duties. The registered manager explained this made it less likely they needed to use temporary staff or staff that did not know the service and people’s needs. Agency staff were not used unless there was a specific arrangement in place. For example, a person required one to one care for a while and was supported by a care agency.

The registered manager had a robust staff recruitment process in place. Staff were recruited through a formal process which ensured all necessary checks were in place. This meant staff were assessed as suitable for the role of caring for the people living at the home.

People’s care records included detailed and regularly updated risk assessments. These were in respect of the risk of falls, pressure areas (Waterlow) and malnutrition. Where appropriate individual risk assessments were completed in respect of other areas that could raise a potential concern, for example, certain health conditions or behaviour. The risk assessments were discussed with the person and allowed people to take an informed view of how they wanted to live their life at the service.

People were supported to live independently and take their own individual risks. This meant possible risks had been assessed and minimised. A new call bell system meant everyone could summon staff help from wherever they were in the service. For example, people going into the garden had a personal alarm they could use if required.

Medicines were managed and stored safely, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines administration records (MARs) were all in place and had been correctly completed. People’s medicines given on an ‘as required’ (PRN) basis were correctly noted with the time and amount given. A staff member said: “If a person constantly requires PRN medications then we will discuss it with the GP so it can be prescribed regularly”. This demonstrated that staff were aware of each person’s medicine needs and were acting appropriately to ensure they were being met. Any concerns were discussed with the person’s GP or the pharmacist. For example, action was taken to ensure the label of one medicine, which did not give clear guidance to staff, was amended via the person’s GP to include the dose and frequency the medicine should be administered.

Is the service effective?

Our findings

At our last inspection in May 2014 we found a breach of Regulation 23 of the Health and Social Care Act (Regulated Activities) Regulations 2010 as there were not suitable plans in place to ensure staff were suitably supervised and appraised to carry out their role to deliver safe and appropriate care. We saw on this inspection that action had been taken by the registered manager to ensure all the concerns had been addressed.

People told us staff were well trained and capable of meeting their needs. One person told us new staff were always supervised. Other people commented: "Yes they know what they are doing", "Yes they are well trained because whatever you want or ask they do it" and, "More so than previously and they are now more experienced".

People were supported by staff with the skills and knowledge necessary to meet their needs. All staff held a higher qualification in care such as National Vocational Qualification or diploma in care. Staff had undertaken core training which was identified by the registered manager as important to ensure the service was effective in meeting people's needs. This training included safeguarding, moving and handling, infection control, food hygiene, MCA and DoLS, fire safety and health and safety. In addition, staff received training to meet service user's specific needs such as dementia care, end of life care, continence care and understanding mental health. A new tracking system had been introduced to ensure training was kept up to date.

All staff told us they felt there was a high level of training. One staff member told us: "If we come up with a training idea and tell the managers, they look for a way for us to do it." Another told us: "the managers are good at supporting [staff] to gain a higher qualification" explaining staff were being encouraged to take lead roles and develop other responsibilities. For example, one of the senior carers had started a management in care qualification. Staff had lead roles in the safe administration of medicine and infection control. These staff were linking to external training and support to ensure only the best practice was promoted in the service.

Training and supervision of staff was linked to maintaining high care standards and values in the home. For example,

staff received regular supervision and appraisal. Observation of practice also took place. One staff member said: "Supervision gives me what I need to work; it also gives me good feedback and areas to improve."

Staff understood the MCA and DoLS and how they applied this in practice. Staff knew what actions they would take if they felt people were being unlawfully deprived of their freedom to keep them safe. For example, preventing a person from leaving the home to maintain their safety. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Everyone in the home was assessed as having capacity to make decisions about their care. This was clearly recorded and adhered to by staff. Staff understood that, should people be assessed as not having the capacity to make a decision, a best interest decision would be required involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. No one in the home was currently restricted. People were observed coming and going as they desired.

People had their nutritional needs met. People could choose where they wanted to eat and could select an alternative dish if required. People had ready access to drinks and snacks when required. One person said: "I sometimes like to have a very light supper and I know I can ask for whatever I want". People were asked the day before what they would like to eat the next day but could change their mind. We also observed the cook offered suggestions to one person at lunch of alternatives they could have as they did not feel like eating what had been ordered. We received a mixed view of the quality of the food but saw people's view of this was regularly reviewed and changes to the menu had been made. One person told us: "Only yesterday the cook asked me for menu suggestions for the future". The registered manager told us: "We will look at this again as it is so important to people that we get this right." The meals were well presented and looked appetising. Everyone said they received enough to eat and those eating in the dining room confirmed the food was hot enough. However several people who chose to eat in their bedrooms said the food was not always hot and was described as "warmish" by one person. We discussed this

Is the service effective?

with the registered manager as we observed food was taken to people's rooms without any covers on. They said they would review this to ensure people's food reached them at the right temperature.

People had their nutritional needs monitored. Where concerns were identified action was taken and clearly recorded. People requiring a special diet were provided for. For example, one person on a diabetic diet had a range of food available which they could have. The person told us: "I have to be careful of not eating too many sweet things so I don't put on too much weight. I am also a diabetic so I know the cook does me special puddings I can eat".

People's health needs were met. Everyone was content staff would react quickly if they were unwell. One person said: "Oh heavens yes" when asked if staff ensured they had

their health needs met and another, "Yes, and a carer will go to the doctor's (the surgery is next door) with you which is very helpful as I can't always remember what the doctor tells me".

People's health needs were clearly recorded and monitored. This was linked to their individual risk assessments and care plan. Information to staff on how to meet individual health needs was clear. For example, the potential side effects for one person diagnosed as diabetic was clearly linked to looking after that person's feet. Appointments with a podiatrist were then tracked to ensure they were having this need met. Other people saw their GP, optician, dentist and had appointments at the hospital as required.

Is the service caring?

Our findings

At our last inspection in May 2014 we found a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2010 as people were not involved in planning their care. We saw on this inspection that action had been taken by the registered manager to ensure all the concerns had been addressed.

Every person spoke highly of the staff and how they treated them. One person told us: “The staff work well and are a hard act to follow, friendly and no arguments, no cross words; I’m content to spend what time I have left with them.” People felt they were important to staff and treated as someone who was both an individual and special. Where possible their right to be independent was respected and encouraged. One person said: “I have been here for several years and I am really happy here. I don’t have any relatives now so this is my home and staff are more like my friends than staff”. Another said: “They do what they can to help me” and a third, “Yes they are very good”.

People indicated the atmosphere in the home was open and friendly with comments such as: “All quite friendly here”, “Perfect here, no one argues and there are no bad feelings” and “its friendly here”. One person told us: “I wouldn’t want to go anywhere else not now. I’m happy enough here” and another, “Small and comfortable, couldn’t get a better place actually”.

Staff treated people with kindness and compassion. One person was concerned their friend was due to call and they might miss them. They explained to staff their friend had been in hospital and they were worried about them. The staff member reassured them they would be passed the phone as soon as they called. This was seen to take place and extra reassurance was given to the person to support them following the call.

People were involved with planning their care and making informed decisions about this. For example, staff supported people to take decisions about their every day care and meeting their longer term needs. One person told us: “They come with the file and talk to me often; making sure it is right.” Another person who had moved in a couple of days before told us: “They welcomed me very well, brought me a cup of tea and made sure I was alright. They asked me simple questions about what I would like.” They

told us staff had checked with them they were settling and they were not missing anything. They told us staff came and looked at the care in more detail in the following days. They added staff made sure their questions were answered and felt it was important to staff that they felt settled and had their needs met.

People and staff were involved in ensuring a strong ethos in care was maintained in the service. For example, staff completed a questionnaire on their view of ‘dignity in care’ and were encouraged to see this from the view of the person they were caring for. In parallel, people in the home were undertaking an activity called ‘dignity in care’ where they were encouraged to write down what this meant to them. This was placed on a ‘dignity tree’ in the dining room. This was checked against the person’s care plan and used as an opportunity to ensure people were given the chance to feedback about their care. This was a shared time between people and staff as they discussed their views. Staff and people told us they had benefited from this because they understood each other better. The aim was that different policies and values would be reviewed in the same way.

Everyone felt staff respected their dignity and privacy when assisting with personal care by ensuring that doors and curtains were closed. One person also described how staff protected their dignity when supporting them with a body wash with the careful use of towels. One staff member was observed knocking on a person’s door and only entering when ‘come in’ was heard from within the room. When the staff member entered the room they greeted the person warmly by their chosen preferred name. The person responded with equal warmth and a natural flow of conversation followed as the door closed. Staff were also observed discreetly carrying out care tasks such as supporting people to the toilet.

Feedback from visiting professionals praised the service for its caring ethos and how well the home was managed. Staff spoke about people they cared for with enthusiasm and always with respect. All staff told us they felt people were well cared for. Staff told us they were given plenty of time to meet people’s needs at their own pace and to complete other tasks such as reviewing their care with them. One staff member explained they felt this achieved better communication and people were better cared for as a result. Staff also spoke about each other with respect. They felt they were cared for by the managers and described

Is the service caring?

how happy they were working in the home. One staff member told us: "I am really happy here; I would put my Gran here" and another, "I would recommend it to anyone and encourage any of my relatives to move here."

People told us their visitors were welcomed. One person told us: "I have lots of visitors and they are always given a cup of tea and made to feel welcome." Visitors confirmed this with us saying: "The staff are always friendly."

Is the service responsive?

Our findings

At our last inspection in May 2014 we found a breach of Regulation 20 of the Health and Social Care Act (Regulated Activities) Regulations 2010 as people were not protected against the risk of unsafe and inappropriate care arising from the lack of information about them. Also, at our last inspection in May 2014 we found a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2010 as people's care was not planned and delivered in a way that ensured people's safety and welfare. We reviewed this in September 2014 and found the same concerns. We saw on this inspection that action had been taken by the registered manager to ensure all the concerns had been addressed.

People told us they made everyday decisions about their care and how they wanted to live their lives. People said they were able to make a range of choices about their care. They said the staff ensured their needs were met and were flexible in how they supported them. One person told us: "I can't fault the staff at all; even in the middle of night."

Most people came to the home as part of a planned admission. This allowed them time to judge whether the service was the right place for them. A relative told us: "When my family member could no longer manage at home I was advised by their GP that Evergreen was one of the best run homes in the area as they really cared about their residents and staff. My family member was encouraged by the registered manager to have short visits to see if they liked the home and was openly encouraged to make their own choice about what was best for them. I am pleased to say my family member chose to come here three years ago and knows they made the right choice."

For those who were admitted at short notice or for rehabilitation, the registered manager ensured they had the necessary detail to ensure they were able to meet people's needs. The registered manager added: "To ensure we fully assess each person's care and support needs when they arrive at the home, we complete an initial care plan. Their full assessments are then undertaken as we get to know them over the coming weeks which are then formulated into their care plan. This is done in partnership with the person and their family wherever it is possible to do so".

People were in control of their care at all times. Each person had a key worker responsible for helping them maintain this. The registered manager told us each person's key worker had a one to one discussion with people every week to review their care and identify any anxieties or concerns. We saw the discussions were documented in the plans we reviewed. The care plans contained only current information with older information carefully archived so it was easily retrievable. Care plans were easy to read and follow, which meant new or temporary staff would be able to follow them. People's care plan was written and reviewed between them and their key worker. In this way, it ensured plans reflected the person's current needs and how staff could meet that need when people could not do it for themselves. They also contained personal information such as emergency contacts, personal likes and dislikes, life histories and a list of current medicines. One person said: "The staff do a lot for me to make sure I stay fit and well. I was involved in the planning of my care plan so I know what is going to happen to me even if I forget some of it sometimes".

People told us staff supported them to prevent them becoming isolated. One person who spent all the time in their room, due to a recent injury, described themselves as "sociable" and used to being independent. They stated: "The staff know that though and keep popping in to have a chat." They also confirmed staff ensured they had activities to do if they wanted. They added they were due to return to hospital in a couple of days and staff were looking at ways to support them to mix in the lounges with other people. Another person said: "I like to have the choice of what I do each day as I am very independent and don't always want to be with other people. My room is upstairs and I could get lonely but I know the staff will always be popping in to see me even if I don't ring my bell."

We observed people sat in groups and could talk with each other; others completed activities such as a jigsaw or word puzzles on their own. Most people were aware of the activities on offer and one person said: "I join in with everything". A copy of the monthly list of planned activities was displayed on a notice board. People told us activities with staff took place for them on their own or as part of a group. The relative of one person said: "My family member is not a great one for joining in activities but likes to be asked each time in case there is something they would like

Is the service responsive?

to do on that day. The staff go out of their way to find out what people like to do and I know my relative really enjoys the church service that is held at the home every month". Plans were in place for trips out in the better weather.

People told us they could continue links with the local community. People also stated they could maintain their individual faiths. There was a visit by local religious leaders each month. People could take part in joint religious time or in the privacy of their rooms if requested.

Complaints were dealt with in a timely way and people received the feedback necessary to ensure they were satisfied with the outcome. There had been no formal complaints since our previous visit for us to review. One person said: "I have no complaints; they are good people here and keep you occupied. Of the four homes I have been

in this one comes first". Feedback on issues raised were recorded on each person's care plan. For example, an issue concerning a delayed appointment for a fracture clinic visit was clarified with the family. The registered manager had recorded clearly that the health professional at the fracture clinic had advised the appointment could be delayed by a week in order to help the break heal. This helped the family to be reassured their relative's needs were being met. In addition to a formal complaints policy, a 'suggestion box' was situated in the front hallway near the main entrance. People, their relatives and visiting professionals were encouraged to give anonymous comments if they desired. All responses commented on how friendly the home was and how happy the residents were whenever they visited the home.

Is the service well-led?

Our findings

At our last inspection in May 2014 we found a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010 as there were not effective systems in place to regularly assess and monitor the quality of the service people received. We saw on this inspection that action had been taken by the registered manager to ensure all the concerns had been addressed.

There was a clear structure of management and governance in place. Evergreen Residential Home was owned by Mr and Mrs Tope. Mrs Tope was also the registered manager and involved in the day to day management of the service. Two other family members were employed as managers. One had responsibility for care and the other for maintenance of the building. Where tasks were delegated, the registered manager maintained oversight and ensured this was completed fully. Staff told us the managers gave clear messages to staff about the high standard of care expected at the service. One staff member said: "They tell staff what is good and what they want to see as 'good care'; they also model this for us."

Staff told us the managers were very approachable. One staff member told us: "The managers are very flexible. If there is a concern they will discuss it and ways to go forward together. If there is an issue that can't be resolved they call a staff meeting so we can look at this together." Another staff member said: "The managers are very open to challenge" and will try new ways of working. For example, one member of staff had suggested new ways of recording people's fluid and food intake to make them more accurate. Food and fluids were now recorded in grams and litres by everyone instead of "ate all lunch". The registered manager told us: "This was such a simple change which we now use."

People and visitors felt the home was well-led. Everyone said they were aware of the identity of the registered

manager and saw her frequently either in the common areas or for one person when: "She pops her head around the bedroom door." Another person said: "The manager is as good as gold."

The service had undergone a lot of change recently. Staff told us the managers sought their and people's opinion on the changes and what they would like to see. The registered manager expressed how they had sought the support of other providers and the local authority and utilised this to support the developments within the service. The registered manager, other manager and staff all spoke about how they were committed to ensuring the changes were maintained. They each voiced a commitment to learning from the past. One staff member told us: "The care we provide has really improved. We are all committed to the changes; it was hard at first but there is better communication between everyone and people are better looked after."

There were systems in place to monitor the quality of the service. There was a check list in place which listed tasks that had to be completed daily, weekly, monthly and as required to ensure the safe running of the service. Within this, regular times were put aside to ask people their opinion of the service and the care being provided. One person confirmed they had been asked: "Heaps of times" for their view of how the service was run. Another said they had been asked: "Once or twice lately".

The registered manager ensured regular audits took place to ensure care was appropriate. For example, medicines were audited weekly with an annual audit by a local pharmacy to ensure the system and practice remained safe and current. Wherever concerns were noted, action was taken immediately. Staff and people were strongly encouraged to raise any concerns and these were addressed straight away.