Greenheart Enterprises Limited

Evergreen

Inspection report

15 Collier Road
Hastings
East Sussex
TN34 3JR

Tel: 01424427404

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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?	Requires Improvement

Summary of findings

Overall summary

We inspected Evergreen on 4 and 5 December 2017. We previously carried out an inspection at Evergreen in June 2016 where we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the implementation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We also identified there was a lack of records to demonstrate actions taken in response to audit shortfalls and records were not consistently up to date and detailed. The service received an overall rating of 'requires improvement'. The provider sent us an action plan and told us they would address these issues by November 2016.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found improvements had been made in the required areas and regulations had now been met. However, further time was required to allow time for changes to be fully embedded into practice. Therefore, the overall rating for Evergreen remains requires improvement.

Evergreen is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Evergreen provides nursing and personal care and accommodates up to 16 people in one adapted building. At the time of the inspection there were 15 people living at the home.

A registered manager was in post, who was also the owner. 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 and associated Regulations about how the service is run.

Improvements had taken place since our last inspection in relation to the quality assurance system and records. However, these need time to be fully embedded into practice. People's daily records and other charts were task based and did not fully reflect the support and engagement people needed. Some audits had not been completed and others did not identify the issues we found. Improvements had been made in relation to mental capacity, however, further work is required to ensure these are fully embedded into practice. Mental capacity assessments did not demonstrate how people who had fluctuating capacity were able to make decisions. These did not impact on people and we made a recommendation about this.

Improvements had been made in relation to mental capacity, however, further work is required to ensure these are fully embedded into practice. Mental capacity assessments did not demonstrate how people who had fluctuating capacity were able to make decisions.

The registered manager had identified areas where improvements were needed and work had started to address these. This included ensuring everybody was able to engage in meaningful activities and the

completion of cream charts.

People were supported by staff who were kind and caring. They knew people well and had a good understanding of people's individual needs and choices. They could tell us about people's personal histories including their spiritual and cultural wishes. People were involved in the planning of their care and offered choices in relation to their care and treatment. Their privacy and dignity were respected and their independence was promoted.

Staff understood their responsibilities in relation to protecting people from harm and abuse. They told us what actions they would take if they believed people were at risk of abuse or discrimination.

Risks to people were identified, appropriately assessed and action taken to keep people safe. Systems were in place to ensure medicines were managed and administered safely. The service was clean and tidy throughout, infection control protocols were followed.

There were safe recruitment practices in place and there were enough skilled and experienced staff to ensure people were cared for safely. Staff received the appropriate training and supervision to ensure they had the appropriate skills to meet people's needs.

People were supported to eat and drink well. They were provided with choice of meals and drinks each day. People's health was monitored and staff responded when health needs changed.

There was a positive culture at the home. Staff were involved and informed about changes at the home through handovers and updates throughout the day. The registered manager had good oversight of the home and worked hard to implement changes and improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Evergreen was safe.

There were enough staff to meet people's needs.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after.

There were systems in place to ensure medicines were ordered, stored administered and disposed of safely.

Staff understood the procedures in place to safeguard people from the risk of abuse and discrimination.

Is the service effective?

Good

Evergreen was not consistently effective.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received the training and support they needed to enable them to meet people's needs.

People were supported to eat and drink a variety of food that met their individual needs and preferences.

People's health and well-being needs were met. People were supported to have access to healthcare services when they needed them.

Is the service caring?

Good

Evergreen was caring.

Staff knew people well and treated them with kindness and understanding.

People were supported to make their own choices throughout the day.

People's privacy and dignity were respected.

Is the service responsive?

Good

Evergreen was responsive.

People received care that was person centred and met their individual needs. Staff had a good understanding of providing person-centred care. They knew and understood people as individuals.

Systems were in place to improve and develop the range of activities taking place.

There was a complaints policy in place and people and visitors told us they would raise any concerns with staff.

Is the service well-led?

Requires Improvement

Evergreen was not consistently well-led.

Improvements had taken place since our last inspection in relation to the quality assurance system and records. However, these need time to be fully embedded into practice.

Areas for improvement had been identified and work was taking place to address these.

There was a positive culture at the service. People and visitors spoke highly of the staff team and their life at the home.

Evergreen

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 4 and 5 December 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care 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 reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included three staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' people living at the home. This is when we looked at their care documentation in depth and obtained views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with 14 people who lived at the home, seven visiting relatives, and seven staff members, this included the registered manager. Following the inspection we contacted four health and social care professionals who visit the service to ask for their feedback.

We spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

Good

Is the service safe?

Our findings

People told us they felt safe living at Evergreen. Comment's included, "I feel very safe they look after me well," and "I have no worries about leaving my possessions lying around I feel very safe." Visitors also told us their family and friends were safe. One said, "When I'm at home I don't worry about her not being safe here."

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff received regular safeguarding training and described different types of abuse and what action they would take if they believed people were at risk of abuse. Information relating to safeguarding and what steps should be taken if people or staff were concerned were displayed around the service. Policies were in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. When safeguarding concerns were raised the provider worked with relevant organisations to ensure appropriate outcomes were achieved. Information about safeguarding concerns and outcomes were shared with staff at handover and documentation was available in the registered manager's office for staff to read.

People's risks were managed safely. Staff had a good understanding of the risks associated with supporting people. They were updated each day at handover and there were a range of risk assessments in care plans which were specific to people's needs. These included mobility, risk of falls and skin integrity. The assessments identified the risks and what measures were in place to reduce or eliminate the risk. There was guidance about how to support people to move safely which included the use of equipment and support from staff. Where people were at risk of developing pressure wounds there was guidance about regular position changes, the use of pressure relieving mattresses and good continence care. During the inspection we observed safe care practices taking place, such as staff supporting people to mobilise around the service.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs and the assistance required in the event of an emergency evacuation. Regular fire checks took place and this included a recent fire drill for staff. There were servicing contracts in place, for example the gas, electrical appliances and water temperature and the lift and moving and handling equipment.

Accidents and incidents had been recorded with the actions taken. There was further information in care plans which showed the incident had been followed up and any other actions taken which included reporting to other organisations if needed. This information was shared during handover to ensure all staff were aware of how to learn from what had happened and to prevent a reoccurrence.

There were enough staff to support people safely. There was one registered nurse on duty at all times. The registered manager told us staffing levels were flexible and depended on people's needs each day. For example, if someone had a hospital appointment then an extra staff member would be on duty to accompany them. In addition to their caring role, staff were also responsible for the cleaning of the home. There was a cook who worked at the home most days. The registered manager lived near the home and told

us she was always available, if needed. There were a number of bank staff employed by the home and they worked when required. This helped to reduce the need for agency staff and meant people received support from staff who knew them. Throughout the inspection we observed people were attended to in a timely way.

People were protected, as far as possible, by a safe recruitment practice. Each member of staff had references and Disclosure and Barring Service checks (DBS) these checks identify if staff are safe to work in care. Nursing and Midwifery Council (NMC) registration information had been recorded and there were regular checks to ensure nurses had maintained their registration with the NMC which allowed them to work as a nurse. These checks took place before staff commenced work. If areas of concern identified through the recruitment process further actions were taken and risk assessments were in place to demonstrate staff were suitable to work at the home.

There were systems in place to ensure people's medicines were well managed. People told us they received their medicines when they needed them. One person said, "Staff make sure you take your medicines," another told us, "Medicines are regular and on time." The nurses administered medicines to people, and received regular training and competency checks to ensure they had the appropriate knowledge and skills. Medicine administration records (MAR) charts showed the medicines people had been prescribed and when they should be taken. They included people's photographs, and any allergies. Medicines were given to people individually and nurses signed the MAR after the medicine had been taken. The MAR were completed and demonstrated people had received their medicines as prescribed. Where people had been prescribed 'as required' (PRN) medicines there were protocols for their use. People took these medicines only if they needed them, for example, if they were experiencing pain. Although PRN protocols were not in place for every PRN medicine, this did not impact on people because staff knew them well and had a good understanding of their individual needs. There were regular audits of medicines by nurses and the pharmacist to ensure safe practice was maintained. People's medicines were reviewed regularly to ensure they remained appropriate. A recent review by a visiting pharmacist had identified some changes were required and these had been completed with people's own GP's.

People told us the home was always clean and tidy. One person said, "Every morning the cleaning is done, it is very good," and another told us "My room is always clean." We found Evergreen was clean and tidy throughout. The home and its equipment was clean and well maintained. Staff were responsible for the day to day cleaning and told us this was fitted in around their caring role. Personal Protective Equipment (PPE) such as aprons and gloves were available and this was used appropriately during our inspection. Staff completed cleaning charts on bathroom doors to show that daily checks and cleaning had taken place. Audits had not recently been completed to demonstrate essential infection control standards were maintained. However, this did not impact on people because the home was clean and appropriate procedures were followed.

Good

Is the service effective?

Our findings

At our last inspection in June 2016 we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because mental capacity assessments were not in place and people's consent had not consistently been recorded as obtained in line with legislation.

At this inspection we found improvements had been made and the regulation was now met. However, further work is required to ensure these improvements are fully embedded into practice. Mental capacity assessments were not in place to demonstrate how people who had fluctuating capacity were able to make decisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. DoLS applications had been submitted for people who did not have capacity and were under constant supervision, these had not yet been authorised. Copies of the applications were in people's care plans and available to staff.

Where DoLS applications had been submitted there were no mental capacity assessments to demonstrate where people lacked capacity. People had signed consent forms. These demonstrated people agreed to the care provided and having their photographs taken. Some people had also signed consent forms to agree with the use of bed rails. However, some people who had signed their consent forms had DoLS applications in place. There had been no mental capacity assessment to demonstrate that people had capacity to consent to make these decisions. The registered manager told us best interest decisions were made when necessary. We saw an example of this, which involved one person, their family, a healthcare professional and staff. There was no mental capacity assessment to demonstrate a best interest decision was required. This did not impact on people because the registered manager was able to tell us how decisions had been made, what actions had been taken to demonstrate people had capacity to make decisions but, these had not been recorded. The registered manager told us mental capacity assessments had been completed by other professionals, but this had not been something she had done herself. During the inspection the registered manager booked further mental capacity training for herself and a senior nurse.

Staff had completed mental capacity training and demonstrated an understanding of mental capacity and DoLS. They told us about the importance of providing people with choices and not making decisions without involving them. This is what we observed during the inspection. There was information available for staff about who was able to legally represent people and support them to make decisions, such as power of attorney.

People received care and support that was effective because staff received the training they needed to provide this. Visitors told us staff knew about the care and support their relatives required. Staff completed essential training which was regularly updated to ensure best practice guidelines were followed. This included, moving and handling, infection control, health and safety, equality, diversity and human rights and first aid. Staff also completed training specific to people's needs, this included continence, diabetes and end of life care. Most training was via a DVD system which staff could access at any time if they wished to refresh their knowledge. There were workbooks which accompanied the DVD's and these included links to further information and guidance. Training such as moving and handling which involved practical skills was provided face to face.

When staff started work at the home they had a period of induction which included shadowing other staff until they were assessed as competent to work unsupervised. Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Nurses received regular training and updates to ensure they had the appropriate clinical skills to support people. Staff also received training from other professionals about specific care and support people needed in relation to their health conditions. This helped ensure people received the appropriate evidenced based support they needed. The registered manager had developed a 'preceptorship' programme to help support nurses with their revalidation. Revalidation is the process that all nurses and midwives go through in order to renew their registration with the Nursing and Midwifery Council (NMC). The programme had commenced with one nurse and the registered manager told us this would be offered to other nurses, if they wished.

Staff were supported to complete extra training for example the Health and Social Care diplomas. For some staff English was not their first language. The registered manager had identified some staff required support with speaking and writing in English. Other staff had been identified as needing to improve their confidence in speaking and writing. The registered manager had engaged the services of an English teacher who visited the home to support staff. Staff told us they found this extremely helpful and provided them with an opportunity to improve and develop. People told us that they had no problem in understanding the staff.

Staff received regular supervision throughout the year. This helped staff identify areas where they needed more support and areas they would like to develop further. Staff told us they could talk to the registered manager at any time and discuss concerns. If concerns had been raised in relation to staff practice then regular supervision was undertaken to identify areas where the staff member needed to improve and support was provided to help them achieve this.

Staff had a good understanding of equality and diversity. Training and policies were in place to guide staff. This helped staff promote where people living at the service or staff who worked there, had a protected characteristic staff were knowledgeable about how to support them. The registered manager told us how she had supported a staff member to have time off work to celebrate a religious festival that was important to them. There was information in people's care plans about what festivals they may wish to celebrate. This meant people's equality, diversity and human rights were protected.

People's nutritional needs were assessed and met. The cook and staff had a good understanding of people's individual dietary and cultural needs, likes and choices. There was information available within the kitchen and in people's care plans. People were provided with a choice of food and drink that suited their individual and cultural needs and choices. Nutritional assessments detailed the type of diet people required, this included pureed and diabetic. Some people had difficulty in swallowing and required thickened fluids. Staff

were aware of this and told us how they prepared these drinks. People were weighed regularly and this helped to identify if people were at risk of malnutrition. If people had lost weight or required professional support the dietician or speech and language therapist had been consulted and their advice followed. Everybody at the home had been visited by a dietician during 2017 to ensure their dietary needs had been appropriately assessed.

People were provided with a choice of meals. People told us, "The food is OK", "I like the food. It's very good, we get a choice and if you don't like anything they will offer an alternative" and "Good cook, good food." People were asked each morning what they would like for their main meal. If people did not like what was on offer alternatives were always available. The cook explained if they knew someone didn't like what was on the menu they would discuss other options with them. People were able to eat their meals where they chose. No-one was eating in the dining room, some people ate in the lounge and others remained in their own rooms. Where people required support this was provided appropriately. We observed staff supporting people in their bedrooms. They sat with people, maintained eye contact and engaged with them throughout. People were supported to enjoy meals at their own pace.

People were supported to drink a variety of hot and cold drinks throughout the day. We observed staff regularly providing people with cups of tea and coffee. Staff told us people were provided with a jug of soft drink each morning. Staff were then able to assess how much people had to drink each day. They told us if people were not drinking enough then a fluid intake chart would be completed to provide a detailed assessment of people's intake. Staff told us this method worked at Evergreen because there was a consistent staff team who knew people very well.

People were supported to maintain good health and received on-going healthcare support. People told us "I've got a very nice doctor and he comes if I need him." When there was a change in their health people were referred to see the GP or other appropriate professionals. This included dietician, speech and language therapist, tissue viability nurse and other specialist nurses. This was confirmed through records and discussions with staff and people. When people attended hospital appointments they were supported by staff if they wished. This meant people were supported by staff if for example they received bad news. It also meant staff were aware of any changes to people's treatment or healthcare support. Staff were attentive to changes in people's health needs and responded to them in a timely and appropriate way. Throughout our inspection we observed staff discussing changes in people's health. One person was unwell and the GP was contacted to visit. As a result the person was prescribed anti-biotics. Staff discussed this person's ongoing health and described how they would continue to monitor and observe and if no improvement had been observed within 48 hours they would contact the GP again. The registered manager was clear that advice and support from healthcare professionals was essential to ensure people received appropriate treatment and current evidence-based guidance was followed. A visiting healthcare professional told us, "The manager appears knowledgeable, and asks for input and advice appropriately and in a timely manner. She has always been proactive in getting information and planning how best to meet (people's) needs."

People's individual needs were met by the adaptation of the premises. There was a passenger lift which ensured there was level access across all parts of the home. There were adapted bathrooms and toilets and hand rails were in place to support people. When people had visitors they were supported to spend time with them in private in their bedrooms or remain in the lounge. There was also a conservatory and dining area which people were able to use as they wished and there was outside seating if people wished to go outdoors. There was no signage to direct people around the home. This did not impact on people at this time as everybody needed support from staff to move around the home. Visitors were accompanied to their relative's bedrooms until they got used to the layout of the home. People were supported to spend time alone or with others throughout the day.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. Comments included, "I love the staff," "Staff look after you well," "Staff are generally very caring" and "I'm well looked after."

People were supported by staff who were kind and caring and had a good understanding of people's needs. Throughout the day, we observed quiet, sociable conversation taking place; we saw positive interactions and appropriate communication. Staff spoke to people in a friendly and respectful manner. They responded promptly to any requests for assistance.

Staff demonstrated a strong commitment to providing compassionate care. From talking with people and staff, it was clear that they knew people well and had a good understanding of how best to support them. They told us about the people they cared for, their personal histories, and interest's, as well as their cultural and religious needs. They spoke about people's individual care needs and preferences for example what time they liked to get up, whether they liked to do during the day and food and drink preferences.

Staff were observant to people and were aware of their needs when they were anxious or distressed. One person appeared distressed and we called staff on their behalf. The staff member comforted the person and spoke quietly with them to ascertain why they were upset. Staff then supported the person into their own bedroom where they discussed the person's concerns in private and offered reassurances. The person was then welcomed back into the lounge.

Staff had also developed a good relationship with people's family and friends who visited the home. Visitors told us they were always welcomed and made to feel part of their relative's lives. One visitor told us a Hallowe'en party had been planned at the home and this was on their birthday. They had told staff this and the party was changed to become a joint Hallowe'en and birthday party. This had clearly been important for the visitor and their relative and demonstrated staff understood the importance of maintaining and promoting family involvement. Within the home people had developed their own friendships and staff supported people to spend time together.

People were supported to maintain their individuality. People's bedrooms were personalised with their belongings such as personal photographs and mementos. People were supported to maintain their personal appearances. They were well dressed in their own chosen style and were well presented. One person told us, "Staff paint our nails and help with our makeup." We heard staff complimenting people on their appearances and taking notice of what they were wearing. People's care plans discussed what was important to people to maintain their own appearances and sexuality. For example some people liked to wear jewellery and for others it was important to wear suitably matching clothes. We saw people were dressed in a way that was reflected in their care plans.

It was stated in the care plans that people could choose their own clothes each day. Staff told us how they supported this. They said some people could chose, others needed to be offered a selection and make a decision from there. One staff member said, "If they don't like what I pick out we keep going until we find

something they like." Some people told us they did not choose their own clothes. We asked the registered manager and senior nurse about this. They told us some people when offered a choice would ask staff to choose. The registered manager was confident people were offered a choice of what to wear each day however she told us she would remind staff to continually offer people choices.

People's dignity was maintained and their privacy respected. One person told us, "When I have a shower they are very discreet and during personal care the carers always draw the curtains and shut the door." People were offered choices about what they did each day, what time they got up and what they wanted to eat. One person said, "I can choose when I get up and go to bed the staff are very flexible." Staff knocked on bedroom door's before entering. They spoke to people quietly and discreetly for example when offering them continence support in communal areas. There was information in people's care plans about how to support people to retain their dignity. One person's care plan stated they were a very private person and staff respected this. During the inspection one person was unwell in the lounge. A number of staff had attended to support the person. The nurse recognised this was overwhelming for the person and asked staff to leave. The nurse had recognised the person may have felt uncomfortable with the attention on them. This helped the person retain their dignity at a difficult time. People's right to confidentiality was respected. People's care plans were stored in offices to ensure that their privacy was maintained.

People were supported to maintain and improve their independence. Staff supported people to continue to walk as they were able. Staff told us and care plans contained information about what people could do for themselves in relation to maintaining their own personal hygiene. People needed support to mobilise. Staff told us how they encouraged people to walk as much as they were able. They told us how they encouraged people to walk to the bathroom as much as possible but acknowledged when they needed more help. We heard one staff member explaining to a colleague that a person had walked to the toilet that morning and done very well. However, this may have tired them and they may not wish to walk the next time. Staff told us, "We try to encourage people to do as much as they can, especially to keep walking."

Good

Is the service responsive?

Our findings

Before people moved into the home the registered manager completed an assessment to ensure people's needs, choices and preferences could be met by the service. Information from the pre-assessment was then used to develop care plans and risk assessments when people moved into the home. Care plans were reviewed regularly and updated when people's needs changed.

Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together by the person, their family and staff. Staff knew people well and had a good understanding of their family history, individual personality, interests and preferences. The care plans were relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. In addition to people's care needs there was information about their lifestyle, social, religious and cultural needs and beliefs. Information was clearly documented regarding people's healthcare needs and the support required to meet those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with guidance for staff on how best to support that individual. People were given the opportunity observe their faith and any religious or cultural requirements were recorded in their care plan. Reviews took place regularly and people were involved with these. Each person had a number of goals in place. These were set with each person and regularly reviewed. One person's goal was to join in with a motivational activity and reviews showed the person had achieved this.

From our discussions with people, visitors and staff and records viewed we found people, and where appropriate their relatives, were involved in deciding their care and support needs. People told us they were supported to make choices about what they wanted to do each day. One person told us, "My care plan has been discussed with me." A visitor told us, "The staff keep me up to date on everything, communication is excellent." People's relatives told us they were informed and updated about any changes in their loved one's health and care needs. One relative said, "The staff give us a full and honest explanation of anything we have ever asked them, physically (name) is better, looks better and is properly nourished."

Staff were regularly updated about changes to people's needs during handover at each shift change and throughout the day. Staff were asked about changes to people's skin condition, health, continence and nutritional needs. This enabled the nurse to make decisions about the support people needed.

At our last inspection we recommended that the registered manager continually reviewed activities to ensure they met people's individual needs, especially for people who chose to remain in their bedrooms. The registered manager had introduced an 'isolation form' for people who remained in their room. Staff recorded when they had spent time with people and what engagement had taken place. These showed people received regular contact from staff throughout the day. There was an activity co-ordinator who had recently been employed at the service. They worked at the home two mornings a week and were being supported by the registered manager to work with people and identify what activities they would like to take part in. They supported people to engage in a range of group activities throughout the week. Following these sessions they recorded what people had done, their level of engagement and whether they had enjoyed the session. People told us they enjoyed these sessions. Activity records stated that a craft session

had taken place at the suggestion of one person which people had enjoyed. In addition to the activity co-ordinator there were also visiting entertainers such as singers and pet pals. There were photographs displayed which showed people enjoying these sessions.

Not everybody joined in with the group activities. Where people remained in their bedrooms staff reminded them what was taking part each day and encouraged them to join in. The registered manager told us the activity co-ordinator had spent time talking with each person who stayed in their bedroom and this would be developed further to ensure each person had more one to one activity time. One person told us they would enjoy playing dominoes with the staff.

We saw people were supported to maintain their own interests. Some people had their own computers or tablets and spent time on these. Other people were knitting and people spent time in their bedrooms watching television or listening to music. Where people wished to, staff supported them to go out, and one person went shopping each week. People told us what they had done each day. Comments included, "I use my kindle to do crosswords and word searches" and "I keep in touch with the outside world on my mobile phone." People told us they were able to go outside, "In the summertime we go into the garden this year we had a party in the garden." The registered manager supported people to celebrate events and festivals. The home was highly decorated with Christmas decorations and lights. People told us there had been a party the day prior to the inspection which they enjoyed. One person told us, "Staff made us up with glittery make-up, I really enjoyed it." The registered manager told us some people who usually remained in their bedrooms had also joined the party for a short while. Staff told us they were mindful that people may tire easily and were supported to return to their rooms when ready.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they ensured peoples' communication needs had been assessed and met. Care plans contained information about how to support people, for example ensuring they were wearing their glasses or hearing aids.

People were regularly asked for their feedback about the service. There was a complaints policy and procedure and complaints were recorded and responded to appropriately. People told us they would raise any concerns they had with staff. One person told us, "I would complain to the manager but I've never had a reason to complain." A visitor said, "If I want to talk to staff they never deny me the opportunity. I would approach the manager as a friend and talk things over."

The registered manager had identified people did not respond well to resident meetings. Therefore she completed monthly meetings with each person to identify if they had any concerns, if their individual needs were being met or any other matters people may wish to discuss. We saw people had discussed specific food choices which they would like and these had been included into the menu. Another person had stated they wished to see a dentist and this had been addressed. The registered manager also took this time to identify with people why they did not wish to come into the lounge. Where actions had been identified there was evidence these had been addressed.

Peoples' end of life care was discussed and planned and their wishes had been respected. End of life care plans were completed as far as possible with people and their families. However, staff were mindful of people's wishes to not discuss this. People were able to remain at the service and were supported until the end of their lives and their wishes, with regard to their care at the end of their life, had been respected. Records for one person, who had a change in their health needs, showed that they had discussed their

wishes following this change.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in June 2016 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of records to demonstrate actions taken in response to audit shortfalls and records were not consistently up to date and detailed.

At this inspection we found improvements had been made and the regulation is now met. However, further work is required to ensure these improvements are fully embedded into practice.

There were a range of audits in place but these had not always identified areas that needed improvement. Medication audits were completed however they had not identified the lack of consistent PRN protocols and that reason's for giving PRN medicines had not been recorded on the back of the MAR chart as per the medicine policy. This did not impact on people because there was a regular staff team who had a good understanding of people's needs. The registered manager had completed weekly infection control audits but these had not been completed since October 2017. She told us this had been an oversight due to other work commitments. The lack of audits had not impacted on people or the home. We saw the home was clean and tidy and good infection control procedures were followed. We recommend the registered manager reviews audits and identifies how these will be completed to maintain standards and drive improvement across the home.

Mental capacity assessments had not always been recorded to demonstrate when best interest decisions where needed. This did not impact on people because the registered manager was able to tell us how decisions had been made, what actions had been taken to demonstrate people had capacity to make decisions. We found that people's daily records and isolation charts were task based and did not reflect the full support and engagement people received. Staff told us they spent time chatting with people throughout each day however this had not been recorded. There was no information about people's moods and no detailed information about what they had done each day. We recommend the registered manager ensures records contain all the necessary information, are person-centred and reflect the care and support people receive.

The registered manager had identified some areas which needed to be improved and work had commenced to address these. Records for people who required body creams were not well completed. New forms had recently been introduced and these had not been consistently completed. Further work was taking place to address this. The registered manager had recognised improvements were needed to ensure everybody had the opportunity to engage in meaningful activities. Work had commenced, but further work was required to ensure this included people who remained in their rooms or did not enjoy group activities. We recognised these improvements were new and required further time to be fully implemented.

During the inspection a number of care staff were reluctant to speak with us. The registered manager explained some staff were fearful of 'authority figures'. We observed staff and saw they engaged openly and appropriately with people and their colleagues. The registered manager told us that during staff meetings

the staff were reluctant to share ideas within a group, but would discuss anything with her on a one to one basis. We recommend the registered manager helps staff to identify the cause of their fear and support them to develop their confidence.

Where audits had identified areas to be improved these had been addressed. There had been an audit completed by the local authority where areas for improvement had been noted. These had been addressed. The registered manager told us she was always open to suggestions and views about how to improve and develop the service.

People, relatives and staff spoke highly of the registered manager and felt the service was well-led. We asked people what was good about living at Evergreen. Their comments included, "I've lived here so long they look after me very well", "I think they are doing as good as they can", "Attention to detail", "I get looked after and people are nice to me" and "I've got quite a few friends." Visitors told us they were assured that their relatives and friends were well looked after. They told us they felt involved and included in their lives. One visitor said, "I know I have no need to worry when I'm at home, I know she is well looked after here." Visitors told us they could contact the registered manager at any time and discuss any issues with her. Visiting healthcare professionals told us they were impressed with the information they had received which documented one person's 'journey, concerns and beliefs' in addition to the person's condition and progression of that condition since they moved into the home.

The registered manager worked at the home most days and was always available if anyone wished to talk with her. She promoted an open culture and was passionate about ensuring people received good quality, person-centred care. This philosophy was also embedded into the staff team. The registered manager knew people really well, she had a good understanding of them as individuals and of their individual needs. Staff told us the registered manager was approachable and they could discuss concerns with her at any time. Staff comments included, "It's a happy home, we all work together, it's a good team." Another staff member said, "The registered manager is very approachable, she will react appropriately to any concerns." Staff also said the team was like a big family where everyone was open with each other.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had notified the CQC appropriately. She was aware of her responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Relevant information was made available for staff, including guidance around the Mental Capacity Act 2005 and updates on available training. The registered manager liaised regularly with the Local Authority and other health and social care professionals to share information and learning around local issues and best practice in care delivery.