

Salco Homes Limited

The Evergreens

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

We inspected The Evergreens on 6, 12 and 18 August 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 12 and 18 August 2015.

The Evergreens is a complex of purpose built properties on the outskirts of Hemlington. The service comprises of

five self-sufficient bungalows, Aspen, Redwood, Pinewood, Maple and Juniper. Each accommodates between four and ten people who have physical and / or learning disabilities

The home has not had a registered manager in place since 4 June 2014. 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

Summary of findings

and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection the project manager for Executive Care was acting as manager. The project manager is to apply for registration with the Care Quality Commission.

At our last inspection of the service on 19 December 2014 and 15 January 2015 we found that staff were unclear about what action they needed to take to ensure the requirements of Mental Capacity Act (MCA) 2005 were followed. There weren't any records in place to confirm that staff had completed capacity assessments where appropriate and made best interest decisions. Staff did not know if people who used the service were subject to a deprivation of liberty safeguards authorisation (DoLS). From our review of records we saw that assessments and support plans had been developed but these had not been updated when people's needs had changed. Effective systems for monitoring the service were not in place. The registered provider sent us an action plan telling us they would be compliant by 30 April 2015. At this inspection in August 2015 we checked to make sure that the registered provider had followed their plan. Following examination of records and discussion with the acting manager we found that the registered provider had not followed their plan and legal requirements had not been met.

Staff did not understand and work within the requirements of the Mental Capacity Act 2005. Capacity assessments were inaccurate or they did not clearly outline what decisions they specifically related to or why they had been completed. Where people had been found to lack capacity staff had not taken steps to complete 'best interest' decisions within a multidisciplinary team framework.

We saw that people had been deemed to lack capacity and then asked to sign consent forms for sharing their information and having their pictures taken. This was contradictory and staff could not explain the rationale behind these decisions.

Relatives made decisions for people but the care records did not show whether relatives had become Court of Protection approved deputies, or if they had enacted power of attorney for care and welfare or finance or if they were appointees for the person's finance. Relatives

cannot make decisions about care and welfare unless they have the legal authority to do so and the person lacks the capacity to make these decisions for themselves.

We found that some people had difficulty making decisions; were under constant supervision; and prevented from going anywhere on their own. Staff did not know whether people were subject to DoLS authorisations, which are needed if people lack capacity to make decisions and these types of restrictions are made. 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.

Care and support plans had been developed but these had not been updated when people's needs changed. Information was recorded in the daily records but staff did not appear to use this to assist them to evaluate whether the support plans remained appropriate.

The arrangements in place for quality assurance and governance were not effective. 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 service's procedures for recruitment did not protect people. Not all staff had completed an application form and proof of identity was not available for all staff employed. Gaps in employment were not always explored and one staff member had been recruited without a Disclosure and Barring Service check (DBS). 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.

At times people who used the service showed behaviour that challenged to the point that staff needed to physically intervene. We found that staff had not received any training around the appropriate use of physical interventions such as physical restraint and breakaway techniques.

Examination of rotas and discussion with the acting manager identified that on some occasions the service

Summary of findings

had worked short because staff had not turned up for shift and alternative cover had not been found. It was agreed that staffing levels at times had not been sufficient and this had led to people not being able to go out. At times the service had needed to cover some shifts with agency staff. Agency staff at times had been the only staff in some of the bungalows.

We had concerns in relation to the management of medicines. Medicine storage was untidy and medicines were not stored appropriately. Medicines were not always administered as prescribed and appropriate records were not always kept.

We found that the registered provider did not provide adequate supervision and training to staff to enable them to fulfil the requirements of their role. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We looked at seven staff files and found that five of the seven people had not received supervision.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

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

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. 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. Nutritional screening had been undertaken and 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.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw that activities and outings were arranged and that people who used the service went on holidays. Staff encouraged and supported people to access activities within the community.

The registered provider had a system in place for responding to people's concerns and complaints. People said that they would talk to staff and the acting manager.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe."

We found multiple 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 not safe.

There were not appropriate systems in place to ensure that medicines were managed safely.

At times staffing levels had been insufficient to ensure that the needs of people were met. Safe recruitment practices were not always followed.

Staff had not received any training around the appropriate use of physical interventions such as physical restraint and breakaway techniques.

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.

Inadequate



Is the service effective?

The service was not effective.

Staff were not up to date with their training and had not received supervision regularly.

Some demonstrated little understanding of the Mental Capacity Act 2005 and DoLS; Staff did not understand and work within the requirements of the Mental Capacity Act 2005.

People were supported to make choices in relation to their food and drink. People were weighed and had been nutritionally assessed.

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 responsive.

Care records had not been updated as people's needs changed.

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.

Requires improvement



Summary of findings

Appropriate systems were in place for the management of complaints. People and relatives told us that the staff were approachable.

Is the service well-led?

The service was not well led.

The service has not had a registered manager since June 2014.

Surveys had not been sent out to people who used the service, staff and relatives to seek their views and make sure that the service was run in the best interest of people.

Effective quality assurance systems were not in place to ensure the quality of care was maintained.

Inadequate



The Evergreens

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.

A comprehensive inspection of all aspects of the service was undertaken on 19 December 2014 and 15 January 2015. This inspection identified a breach of regulations. We visited again on 6, 12 and 18 of August 2015 to carry out a further comprehensive inspection and to also follow up on actions taken in relation to the breach of legal requirements we found on 19 December 2014 and 15 January 2015. You can find full information about the outcome of this visit in the detailed findings sections of this report.

The first day of the inspection on 6 August 2015 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 12 and 18 August 2015. On the first day of the inspection the inspection team consisted of three adult social care inspectors. On the 12 and 18 August 2015 there were two adult social care inspectors. Before the inspection we reviewed all of the information we held about the service.

We did not ask the registered provider to complete a provider information return (PIR). This is a form that asks the registered 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 twenty four people who used the service. We spent time with people in each of the bungalows. We spoke with nine people who used the service and four relatives. We spent time in the communal areas and observed how staff interacted with people.

During the visit we spoke with the project manager, the operations manager, the deputy manager, three team leaders, three senior support workers, four support workers, an agency care staff worker and one domestic staff.

During the inspection we reviewed a range of records. This included six people's care records, including care planning documentation and medication records for people in three of the bungalows. We looked at rotas from June 2015, DoLS and MCA information. 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

During the inspection we looked at the recruitment records of seven staff. Six of the seven files were for those of staff who had started working at the service from March 2015. The staff files we looked at confirmed that the registered provider had not operated a safe and effective recruitment system. The staff recruitment process should have included completion of an application form, a formal interview, obtaining proof of identity, previous employer reference and a Disclosure and Barring Service check (DBS). 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. Only four of the seven staff files we looked at during the visit contained an application form. Proof of identity was not available on three of the seven staff records. For one of the seven staff a DBS check had not been undertaken and for another staff member this check was dated after they had started work. References had been obtained for six of the seven staff. We found that some improvements could be made. In one file looked at we found gaps in employment history that had not been explored. And the references for one person were not from their last employer. We pointed this out to the acting manager who said that they would tighten up further on recruitment procedures.

We found that the service's procedures for recruitment did not protect people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From a review of people's care files and incident records we noted that at times people who used the service showed behaviour that challenged to the point that staff needed to physically intervene. From our discussion with staff and review of training records we found that staff had not received any training around the appropriate use of physical interventions such as physical restraint and breakaway techniques. None of the staff we spoke with were aware of how to ensure care records clearly set out holds to be used and techniques to be adopted when physically intervening or that bound-book records were to be kept when a person was restrained. None of the staff were aware of the risks associated with restraints such as

the person having a heart attack or accidental injury to both parties. The acting manager had requested this training from the provider but the management company Orchard Care Homes were not aware of the need to have accredited training or that staff working in this service needed more than basic training around dealing with behaviours that may challenge. We found that Orchard Care Home training programme was aimed at support staff working in services for people who were living with dementia rather than for people with a learning disability.

This was a breach of Regulation 13 (4) (b) (Safeguarding service users from abuse and improper care), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we looked at staff rotas for all of the five bungalows and had a discussion with the acting manager. The acting manager said that on Juniper there were seven people who used the service and that during the day this unit should be staffed with three care staff and at night two care staff. On Aspen there were seven people who used the service during the day there should be three care staff on duty and at night one care staff. Redwood accommodated four people who used the service. Staffing during the day should be two care staff and at night one care staff. Pinewood accommodated three people who used the service. Maple also accommodated three people who used the service. For Pinewood there should be two staff on duty during the day and one during the night. For Maple there should be three care staff on duty during the day and one at night. Examination of rotas and discussion with the acting manager identified that on some occasions the service had worked short because staff had not turned up for shift and alternative cover had not been found. It was agreed that staffing levels at times had not been sufficient and this had led to people not being able to go out. At times the service had needed to cover some shifts with agency staff. Agency staff at times had been the only staff in some of the bungalows.

We found that the service's arrangements for staffing did not protect people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager was well aware of the staffing issues within the service and during the inspection process had taken action to address some of the concerns. Two care

Is the service safe?

staff had transferred from another service in the organisation to work at The Evergreens and the acting manager was in the process of undertaking recruitment checks for two new staff members.

On the first day of the inspection we reviewed medication practices within Juniper. We had concerns in relation to how medicines were stored. The medicine room was untidy. We found that medicines that were for return to pharmacy were stacked up in various containers and had been in the room since 26 July 2015. Other medicines that the service had received from pharmacy on 24 July 2015 were in a bag next to the medicine trolley. Staff had not stored these medicines safely. From discussion with staff we found that staff were using the bag rather than the cupboard to store medicines. We also found in the cupboard a bag of one person's blister pack medicines from the end of July.

We found that staff did not have a system in place for safely storing old Medication administration records and these were haphazardly placed on the top of a cupboard. Also staff were not keeping a record of medicines in blister packs that were returned to pharmacy. Therefore an accurate audit of medicines could not be completed.

We found that routine medicines (in blister packs) were given out in line with the prescription and the medication administration record (MAR) entries were accurate. However when medicines were received outside of the main supply or in boxes rather than the blister pack staff were unable to manage these safely. For example we found that one person was prescribed paracetamol and records indicated that they had been administered more tablets that they had been prescribed. We asked the acting manager to make a safeguarding alert to the local authority in respect of this.

We also found that staff were not adhering to guidelines in respect of the administration of Codeine for one person who used the service. The doctor's instruction was to give codeine and paracetamol together. On four occasions staff had given codeine to a person who used the service without the paracetamol.

On the first day of our inspection the acting manager had been in post a week. Prior to our visit they had carried out a medication audit which had identified the problems we

had noted. The day prior to our visit the acting manager had implemented a system to ensure staff counted boxed medicines and checked that they were administered in line with the doctor's instruction.

On the second day of the inspection in Juniper we found that staff had tidied the medicine cupboard, filed all of the old MAR's and had stored medicines appropriately. The recordings for the medicines in blister packs remained accurate and those for boxed medicines had improved. Prior to our second day of the inspection the acting manager had found that staff were not accurately administering Warfarin so had put a protocol in place to ensure staff adhered to the GP instructions. This system for counting medicines had enabled staff to identify that warfarin had not been given as prescribed. The acting manager raised a safeguarding alert to the local authority in respect of this. We found on Aspen and Redwood that similar problems had occurred in relation to the administration of medicines, which were not routine. Staff discussed how they had problems managing these medicines and detailed the new steps they had taken since the acting manager had come into post. Staff acknowledged that the actions they had taken were very new and problems still occurred.

This was a breach of Regulation 12 (Safe care and treatment); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service if they felt safe. People told us they felt safe. A relative we spoke with said, "When I [relative] go home I don't worry about him [person who used the service]."

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had undertaken training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. The service had safeguarding policies and procedures in place for recognising and dealing with abuse. Staff said that they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. Staff we spoke with were able to speak about the provider's whistleblowing policy.

Is the service safe?

After the inspection the acting manager sent us a training chart this informed that twenty nine out of thirty nine staff had received safeguarding training in the last 12 months. The acting manager told us that further safeguarding training was booked for 26 August 2015.

The acting manager told us that the water temperature of baths, showers, hand wash basins and kitchen sinks in communal areas 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 on a monthly basis. Records of water temperatures of showers and baths were within safe limits, however some kitchen sink temperatures in bungalows which were accessible to people who used the service were very high. The temperature of the kitchen sink in Juniper was 78 degrees Celsius and in aspen 55 degrees Celsius and Redwood 55 degrees Celsius. This was pointed out to the acting manager who said that they would take immediate action to ensure the safety of people who used the service and call out the plumber to reduce the temperatures to a safe level.

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 fire alarm, fire extinguishers and gas safety.

We saw certificates to confirm that portable appliance testing (PAT) had been undertaken in October 2014. 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 also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. PEEPS were kept on each of the individual care records for people who used the service and also in a central folder should they be needed in an emergency. The acting manager told us that fire drills which include evacuation practices were undertaken. We saw records which confirmed that fire drills had been undertaken in March and May 2015. Records indicated that night staff were not taking part in such evacuations as these were conducted during the day. This was pointed out to the acting manager at the time of the inspection who said that they would ensure that all night staff were involved in fire drill. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

Is the service effective?

Our findings

The acting manager sent us a chart which detailed training that staff had undertaken during the course of the year. We saw that there were gaps in training for many of the staff. We looked at the training chart to see what training staff had undertaken in the last 12 months. Of the 39 staff listed on the training chart, 25 had completed moving and handling training and only 11 staff had completed training in fire safety, infection control and first aid.

We looked at records of induction training for seven staff this included areas such as systems awareness; fire safety; dementia awareness, staffing structures, moving and handling and safeguarding. The acting manager informed us that the induction should take new staff up to 12 weeks to complete. We saw that six of the seven staff had completed their induction within one to two days. This meant that staff must have only received a brief overview and may not have the knowledge and experience to care for people who used the service.

Staff we spoke with during the inspection told us they felt well supported, however had not received supervision on a regular basis. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We looked at seven staff files and found that five of the seven staff had not received supervision.

We found that the registered provider did not provide adequate supervision and training to staff to enable them to fulfil the requirements of their role. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last comprehensive inspection of the service in December 2014 and January 2015 we found that staff were unclear about what action they needed to take to ensure the requirements of Mental Capacity Act (MCA) 2005 were followed. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We found there weren't any records in place to confirm that staff had completed capacity assessments where appropriate and made best interest decisions. Staff did not know if people who used the service were subject to a deprivation of liberty safeguards authorisation (DoLS).

At this inspection in August 2015 staff told us that they had completed training in the Mental Capacity Act (MCA) 2005.

However, staff were very unclear about what action they needed to take to ensure the requirements of the MCA were followed. We found that that staff had completed capacity assessments for some people but these were inaccurate or they did not clearly outline what decisions they specifically related to or why they had been completed. Where people had been found to lack capacity we found that staff had not taken steps to complete 'best interest' decisions within a multidisciplinary team framework. Also we found for some people no 'best interest' decisions were in place although these were needed for instance around having an escort with them when outside.

We saw that some people had been deemed to lack capacity and then asked to sign consent forms for sharing their information and having their pictures taken. This was contradictory and staff could not explain the rationale behind these decisions. We also saw that two years ago two people had been assessed in relation to their road safety and it had been agreed they could go out on their own. During this inspection we spoke to one of the people who told us that they were not allowed to go out on their own. We found no evidence in their records to show either their presentation had changed or that they had formally agreed not to go out by themselves.

Relatives made decisions for people but the care records did not to show whether relatives had become Court of Protection approved deputies, or if they had enacted power of attorney for care and welfare or finance or if they were appointees for the person's finance. Relatives cannot make decisions about care and welfare unless they have the legal authority to do so and the person lacks the capacity to make these decisions for themselves. The acting manager and staff told us this was an area they were working on and had requested information from relatives.

This was a breach of Regulation 11 (Need for consent); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that some people had difficulty making decisions; were under constant supervision; and prevented from going anywhere on their own. Staff did not know whether people were subject to DoLS authorisations, which were needed if people lack capacity to make decisions and these types of restrictions are made. 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

Is the service effective?

best interests. We found that staff applied restrictions to virtually everyone who used the service around leaving the home unaccompanied. This extended to preventing one person who two years previously had been risk assessed as able to go out unaccompanied. Although this person and none of the other people had been reassessed or assessed around leaving the home the staff actively ensured people did not go out alone. None of the staff we spoke with could tell us how they ensured the home took action to make sure people were subject to the least restrictions or show us evidence that those people with capacity had agreed to restrictions.

The acting manager and senior support told us that they had been unable to determine who was subject to DoLS authorisations so had been reviewing all of the care records. On our third day we found that they had started to draw together a matrix of who was subject to authorisations but this was incomplete. The staff we spoke with were unclear about when a DoLS authorisation could be put in place and felt that people who they deemed to have capacity could be subject to DoLS authorisations and this was an acceptable practice. DoLS authorisations can only be used if the person has an impairment of or disturbance in the functioning of the brain or mind; lacks capacity to make decisions; the choices they wish to make would put them at risk of harm; and they cannot agree to their liberty being restricted. We explained that the MCA requires that staff presume that people have the capacity to make decisions and they can agree to restriction unless an appropriate mental capacity assessment shows otherwise. Where people do not lack capacity a DoLS authorisation cannot be used.

This was a breach of Regulation 13 (5) (Safeguarding service users from abuse and improper care), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I like it. It's a very nice place." Another person said, "It is a happy place to live." A relative we spoke with said, "It's a weight off the family's shoulders, knowing that she [person who used the service] is receiving such good care."

Staff and people who used the service told us that they were involved in making choices about the food that they ate. The acting manager told us that staff and people go

shopping for food. People who used the service also confirmed this to be the case. One person said, "We [people who used the service] go shopping to Coulby Newham. They [staff] always ask if there is anything special that we want for the week." Another person said, "We [people who used the service] get the shopping and put it away." People told us that they planned their menus with staff on a weekly basis. We saw that some menus were more nutritious than others. We did see that in one of the bungalows chips and wedges were on the menu for four days out of seven. This was pointed out to the acting manager at the time of the inspection visit who told us they would speak to staff and ask that they provide more variety when planning menus with people. We looked in cupboards and fridges and saw there was a plentiful supply of fresh fruit and vegetables. People told us that staff cooked their food for them, but they did help to make drinks. People told us that they liked the food. One person said, "The food is very good, it always gets eaten. I like all of the meals."

We asked the acting manager what nutritional assessments had been used to identify specific risks with people's nutrition. The acting manager told us that staff at the service closely monitored people and used the Malnutrition Universal Screening tool [MUST] to identify those people who were obese and underweight. We saw records to confirm that nutritional screening of people who used the service took place. A relative we spoke with told us they were extremely pleased that staff had supported a person who used the service to gain some weight. They said, "The food is fine and his weight is back up."

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person who used the service told us that they went to the opticians to have their eyes tested weekly. Another person said, "The opticians come in here and we get a chiropodist in." Relatives we spoke to during the inspection told us that staff communicated effectively and always kept them up to date if people were unwell or had been to see their doctor. One relative said, "I [relative] do get updated about medical issues." People were supported and encouraged to have regular health checks and were accompanied by staff or to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options.

Is the service caring?

Our findings

At the time of the inspection there were twenty four people who used the service. People we spoke with during the inspection told us that they were very happy and that the staff were caring. One person said, “They are nice staff and we [people who used the service] are well looked after.” Another person we spoke with said, “I [person who used the service] like living here.” We asked why they liked living at The Evergreens and they said, “I like them [staff] they are lovely.” A relative we spoke with said, “It’s a weight off the family’s shoulders, knowing that she [person who used the service] is receiving such good care.” Another relative said, “When he’s [person who used the service] is not well they [staff] give him a hug.”

During our visit we observed the interactions between staff and the people using the service. Staff were respectful, pleasant and caring in their approach, spending time in friendly chatter and explaining things to people where needed. Staff interacted well with people and provided them with encouragement. Staff were attentive and showed compassion. We saw that staff took time to sit down and communicate with people in a way that people could understand. Some people who used the service had limited communication, however staff were able to understand them and anticipate their needs. We saw one staff member effectively communicate with one person who was using British Sign Language.

We saw that staff treated people with dignity and respect. When one person who used the service had finished eating their cake they had food around their mouth. Staff discreetly passed them a wet piece of kitchen roll so that they could wipe their mouth. 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 before entering, keeping people covered

when bathing and respecting people’s choices and decisions. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

There was a relaxed atmosphere in each of the bungalows that we spent time in and staff we spoke with told us they liked working at the service and caring for the people who lived there. On a number of occasions during the three visits we saw that staff and people who used the service laughed and exchanged friendly banter. People who used the service showed respect for each other and got on well.

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.

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. Those people who were able were encouraged to make their own drinks, wash up and take part in activities of their choice.

During the inspection process the acting manager met with the advocacy service about the support and help that they could provide. 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. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

At the last comprehensive inspection of the service in December 2014 and January 2015 we found that that assessments and support plans had been developed but these had not been updated when people's needs changed.

Although the home operated a system of producing care plans and risks assessments for every aspect of people's care needs these were generic in content and had led to over 20 plans being in place for each person. We found that these care records were insufficiently detailed to clearly outline each person's specific needs. Also were people had difficulties outside of the usual scope of plans these were not recorded such as how staff were to work with people whose behaviours challenged; working with people who had memory impairment; and specific actions staff needed to take when people had specific dietary requirements such as gluten intolerance. We also found that care records were not updated as people's needs changed.

We saw that lots of information was recorded in the daily records but staff did not appear to use this to assist them to evaluate whether the support plans remained appropriate.

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

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, "I like to listen to CD's. I like to listen to Jason Donovan and Elvis." Another person said, "We went to Flamingo Land a couple of weeks ago. Today we are going to Beamish." Another person said, "I go dancing on a Tuesday night."

The acting manager said that one person who used the service like to spend time washing cars. One person told us how they liked to go swimming. Another told us they liked to write in their book. One person who used the service had recently had their bedroom decorated. They told us they had chosen the colour red and that they had been out with staff to pick new bedding and a quilt cover. They said, "I've got new curtains and a new quilt cover. They are red I chose the colour. I've got a new bed and a new wardrobe coming tomorrow."

People told us they were going on holiday to Lanzarote. One person who used the service was keen to show us their new holiday clothes. They told us how they had been shopping with staff to buy some new holiday clothes. Another person told us they had been shopping for their holiday clothes with their relative.

One relative we spoke with said that there was a plentiful supply of outings but felt that activities in house maybe could be better. They said, "I[relative] used to see fuzzy felt; crayons; books and pens but then they go in a box and you don't see them again." They also said, "They were making cards and decorations at Christmas but then that stopped. There's no summer fayre or summer ball this year."

One person told us how they liked to bake cakes with staff and how they were interested in crafts. Other people told us how they liked to go to the pub for a drink and a meal. One person said, "I went out on Friday and had a shandy." Another person said, "I went out with X [person who used the service] and X [another person who used the service] on Friday."

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. Discussion with the acting manager confirmed that any concerns or complaints were taken seriously. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the acting manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person said, "I would talk to the manager if unhappy. She [acting manager] would always get them [staff] together and tell them and put it right." A relative we spoke with said, "If I was unhappy I would go to X [acting manager]."

We saw that three complaints had been entered in the log since our last inspection. Two of these were from people who used the service and the other from a relative. Each of these had been dealt with in accordance with the registered provider's policy and had been resolved to the complainant's satisfaction.

Is the service well-led?

Our findings

The service has not had a registered manager since 4 June 2014. At the time of the inspection the project manager for the organisation was acting as manager. We have been told that the project manager is to apply to the Care Quality Commission to be the registered manager of the service.”

There has been a period of instability in terms of management of the service. A manager was appointed in January 2015, however did not register with the Care Quality Commission. They left their post in June 2015. From June to July the deputy acted as manager until the project manager took up post in July 2015. However, it is a condition of the provider’s registration to have a registered manager and this is a breach of that condition.

At the last comprehensive inspection of the service in December 2014 and January 2015 we found that the arrangements in place for quality assurance and governance were not effective. 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.

At this inspection In August 2015 we checked to see if the registered provider had made improvements to ensure that systems were in place to ensure the effective monitoring of the service. Following examination of records and discussion with the acting manager we found that the registered provider had not followed their plan and legal requirements had not been met.

The acting manager told us that there were many audits that should be undertaken on a monthly basis one of which was medication. We looked at records which confirmed that medication audits had been undertaken in May and June 2015 for all of the bungalows. For some of the audits staff had not understood the auditing process and miscalculated the final score. Some of the audits identified discrepancies with medicines yet these were not followed up. For example auditing identified that one person who was prescribed medication to treat water retention should have five medicines left yet there were six.

We were told that health and safety audits should be undertaken on a monthly basis. Records we looked at during the inspection indicated that this was not the case. We saw that a health and safety audit was undertaken in

February, March and June for Juniper and In March and June for Aspen. An audit for Redwood was undertaken in April and June 2015. Pinewood and Maple only had health and safety audits undertaken in June 2015. This meant that there were lots of gaps in auditing. This meant that an effective system was not in place to assess, monitor and mitigate any risks related to the health and safety of people who used the service.

Infection prevention and control audits had also not taken place monthly. From January 2015 to July 2015 infection prevention and control audits had not taken place in Maple, Aspen or Redwood. Audits had taken place in April and July 2015 for Juniper and January, April, June and July 2015 for Pinewood. Actions identified as a result of auditing had not been carried out. For example auditing in April 2015 identified that chairs in Pinewood needed to be replaced. At the time of this inspection visit chairs had still not been replaced. Staff undertaking audits do not follow up on actions identified. For example the April audit for Pinewood picks up on clutter on windowsills. In June and July staff who had undertaken audits had not revisited this concern.

Catering audits had not taken place on a monthly basis and again actions identified as a result of audits had not been followed up by staff. Catering audits had not taken place in Redwood from January to July 2015. There had only been one audit in Maple in May 2015 and for Pinewood June 2015. The June and July 2015 audit for Juniper identified the need for colour coded knives and for chopping boards to be replaced because they were scratched. At this inspection we asked the person who carried out the audits if colour coded knives had been purchased and chopping boards replaced, we were told, “No not yet.”

We asked what systems the registered provider had in place to assess, monitor and improve the quality and safety of the service. We were told that up until May 2015 monthly audits by senior managers in the organisation should have been undertaken. During these audits senior staff would look at numerous areas such as incidents and accidents, checking to see audits were completed, complaints, supervision, finance, health and safety and more. Examination of records identified that these audits had not been carried out regularly. Juniper had been audited in January 2015. There was another record of auditing for February 2015; however it was unclear as to whether this was for one or all of the bungalows. During these audits

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senior managers had not completed all areas of the audit. In the January 2015 audit for Juniper the senior manager had not checked that staff at the service had undertaken their internal audits or if there were any actions needed and training had not been checked. Had these have been checked they may have identified the failings we have identified at this inspection of the service. The February audit does look at internal audits undertaken by staff at The Evergreens and identifies monthly catering and care plan audits have not been completed fully or correctly. The February audit informs that there is an up to date training matrix but does not identify that training was out of date for many of the staff. No checks were made after this date on those areas identified as requiring improvement. From May to date we were told that representatives from the quality monitoring team carried out audits on a monthly basis. We looked at the records of those audits undertaken on 30 May and 21 July 2015, however we would question the effectiveness of this audit as it fails to pick on numerous areas that require improvement. For example gaps in infection, prevention and control audits were not identified during the May 2015 audit. Where areas requiring improvement are identified these had not been followed up. For example both audits identify discrepancies with medicines; however no action had been taken following this. We asked the acting manager about this who told us that from May 2015 when any actions were identified through this auditing process the manager of the service and other senior manager for the organisation would get together to develop an action plan and take forward. There was not any action plans following the audits carried out in May and July 2015.

We spoke to staff and looked at records to determine if staff meetings took place to share information and encourage staff to share their views. From January to July 2015 there have been two meetings in Juniper and two in Aspen. The only meeting for Redwood was in April 2015 and Pinewood February 2015. Maple had only had one team meeting in July 2015. A general staff meeting took place in June 2015 to discuss a holiday for people who used the service. Meetings for senior staff took place in January, April and May 2015.

We asked the acting manager and staff about meetings for people who used the service. We were told that meetings

took place on a regular basis; however records confirmed that this was not the case. From January 2015 to July 2015 there has only been one meeting in Aspen and that was in March 2015. There had been two meetings in Redwood during this time, three in Maple and Pinewood and four in Juniper.

We asked the acting manager about how they sought the views of people who used the service and relatives. We were told that usually a survey would be carried out to seek the views of people who used the service, staff and relatives; however this had not been undertaken for some time. Relatives we spoke with during the inspection told us that there used to be relatives meetings, however these had not taken place since November 2014. One relative said, "We don't have meetings anymore. We used to meet up as a home. The last manager didn't think that was a good idea." One relative we spoke with during the inspection confirmed that they were regularly updated about the person who used the service, however said that communication in terms of leadership had been poor. They were unaware of all the management changes at the service. We spoke to the acting manager during the inspection in respect of this.

We asked what systems were in place for the monitoring of accidents and incidents. We were told that this monitoring took place on a monthly basis. We saw records to confirm that this was the case. We found that the monitoring for accidents and incidents was on one sheet despite their being a separate monitoring tool for accidents and one for incidents. Accident and incident recording was not always effective. For example the audit for April's accidents and incidents identifies that there was six accidents. When we looked at individual records of accidents we saw that there had been seven accidents. The audit for May 2015 identifies there were six incidents yet when we counted the individual incident forms there had been nine incidents that had occurred. Incident audits did not always pick up on possible triggers. For example the audit for April 2015 identified some possible similarities yet this had not been identified.

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

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>People who use services and others were not protected against the risks associated with unsafe recruitment and selection procedures.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People who use services and others were not protected against the risks associated restraint. Staff had not received training in restraint or restrictive practices.</p> <p>People who use services and others were not protected against the requirements of the MCA 2005. Staff were unclear about when a DoLS authorisation could be put in place.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>People who use services and others were not protected against the risks associated with unsafe staffing. At times insufficient staff were on duty to meet peoples' needs.</p> <p>People who use services and others were not protected against the risks associated with lack of staff training or supervision. Staff had received inadequate training and supervision to enable them to fulfil the requirements of their role.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p>

This section is primarily information for the provider

Enforcement actions

People who use services and others were not protected against the risks associated with unsafe management of medicines.

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 lack of monitoring of the service. Effective governance arrangements were not in place. Care records were insufficiently detailed.