

Hornby Healthcare Limited

Evergreen Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Evergreen Court provides accommodation for up to 17 people with residential care needs in a purpose-built building. At the time of the inspection, 15 people were using the service. Some of the people were living with dementia.

People's experience of using this service and what we found

At the previous inspection, we found medicine records were not always accurate or up to date and audits had not always identified or addressed issues with record keeping. At this inspection, we found these issues had been addressed.

People and family members told us the service was safe. Appropriate safeguarding procedures were in place and staff had been trained in how to protect people from abuse. Risks were well managed and the provider learned from accidents and incidents.

The provider carried out appropriate security and identification checks when they employed new staff. There were enough staff on duty to meet the needs of people. Staff were suitably skilled, experienced and fully supported in their role.

The premises were clean and incorporated environmental aspects that were dementia friendly.

Regular assessments and reviews took place to ensure people's needs were being met. People were supported with their healthcare needs and had access to healthcare professionals when required.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and family members told us staff were kind and treated them with respect. People were given information in a way they could understand. Staff included people and family members in the care planning process.

Staff protected people from social isolation. People took part in activities that were relevant and of interest to them. There were good links with the local community.

The provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care. People and family members were aware of how to make a complaint and were encouraged to provide feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 15 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Evergreen Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

Evergreen Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two family members about their experience of the care provided. We spoke with the provider, registered manager and three members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and five medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the previous inspection, we found medicine records were not always accurate or up to date. At this inspection, we found appropriate arrangements were in place for the safe administration, recording and storage of medicines.
- Medicine administration records were accurate, up to date and regularly reviewed.
- Medicines were safely stored in a secure, purpose-built room.

Systems and processes to safeguard people from the risk of abuse

- People and family members told us they felt the service was safe.
- The registered manager and staff understood safeguarding procedures. They had been trained in how to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were well managed. Staff understood potential risks and how to mitigate them.
- The provider learned from accidents and incidents. Incidents were appropriately recorded and analysed. Where necessary, changes were made to reduce the risk of them reoccurring.
- Regular checks of the premises and equipment were carried out to ensure people lived in a safe environment.

Preventing and controlling infection

- The home was clean and regular infection control audits were carried out. Appropriate personal protective equipment was readily available and used.

Staffing and recruitment

- The provider had an effective recruitment procedure in place. They carried out appropriate security and identification checks when they employed new staff.
- There were enough staff on duty to meet the needs of people. Comments from people and family members included, "The staff are very good" and "They [staff] are always in and out of here [bedroom]."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service carried out an assessment of people's needs before they started using the service. Regular assessments and reviews took place to ensure people's needs continued to be met.

Staff support: induction, training, skills and experience

- The provider ensured staff were fully supported. They received regular supervisions, an annual appraisal, a comprehensive induction and relevant training for their role.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their dietary and nutritional needs. Care records described people's individual preferences. Kitchen staff were knowledgeable about people's individual needs.
- Lunchtime was a pleasant, social occasion. People were able to choose what they wanted to eat and drink. Staff were on hand to support people if they required assistance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and had access to healthcare professionals when required.
- Regular assessments were carried out and were up to date. These included nutrition, oral care and skin care.
- Family members told us they were kept up to date and communication with staff was good. One family member told us, "Communication is good. They [staff] phone me for anything."

Adapting service, design, decoration to meet people's needs

- The premises were purpose built and appropriately designed to meet the needs of the people who lived there.
- People's bedroom doors were individually themed and coloured, which made them easier to identify. Communal areas and facilities, including bathrooms and toilets, were fit for purpose and clearly signed.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves.
- Where people were unable to make their own decisions, the proper legal process was followed. DoLS had been applied for where necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and family members told us staff were kind and treated people with respect. Comments included, "They [staff] can't do enough for you" and "They [staff] are lovely."
- Staff interacted with people at every opportunity. Staff gave people hugs, sang songs and made people laugh and smile.
- Staff supported people with their religious needs. People attended church if they wanted to and representatives from local churches were regular visitors to the home.

Supporting people to express their views and be involved in making decisions about their care

- Staff included people and family members in the care planning process. Individual preferences and choices were clearly documented in the care records. A family member told us, "I'm involved in planning care. I ask to look at [name]'s care plan."
- Information on advocacy services was made available to people. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. None of the people using the service at the time of our inspection had independent advocates.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff knocked on doors before entering bedrooms and bathrooms.
- Staff supported people to remain as independent as possible. Care records described what people could do for themselves and what they required support with.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were regularly reviewed and up to date. Support plans were person-centred and written to meet people's individual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand. Records clearly described people's communication needs and their personal preferences.

End of life care and support

- Staff supported people with end of life care needs. When discussions had taken place, people's individual choices and preferences regarding their end of life care were documented in care records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff protected people from social isolation. Regular person-centred activities took place.
- The registered manager often brought their dog in to work, which was very popular.
- A family member told us staff had gently encouraged their relative to become involved in activities in the lounge and was pleasantly surprised that they did.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. Procedures were in place to ensure complaints and concerns were acknowledged, investigated and responded to.
- People and family members did not have any complaints but were aware of how to make a complaint.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the previous inspection, we found audits had not always identified or addressed issues with record keeping. At this inspection, we found the provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care.
- Regular audits were carried out. These were up to date and any identified issues were documented and actioned.
- The registered manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a person-centred culture at the home. People, family members and staff told us the registered manager was approachable and supportive. A family member told us, "You can go to [registered manager] with anything."
- People, family members and staff were encouraged to feedback on the quality of the service via regular surveys and meetings.
- People were involved in making decisions about the service. For example, wallpaper samples had been discussed at a residents' meeting and people chose which ones they wanted.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked closely with health and social care professionals to ensure people received the support they needed.
- Staff received regular updates via an electronic app on their mobile phones. This was used for relaying messages and updates, such as changes to policies.
- People had good links with the local community. These included visits to a local community centre and regular visits from school and nursery children.