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Evergreen Residential Home

Inspection report

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Ratings

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|---------------------------------|--------|
| 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 Residential Home is a care home that provides personal care for up to 16 older people. At the time of the inspection 14 people were living at the service. Some people were living with dementia.

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

People and their relatives told us they were happy with the care they received and felt safe living there. A relative said; "Yes they are safe, the staff make sure they are." One person said; "Yes, I feel safe here." People looked happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

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

People were supported by staff who completed an induction, training and were supervised. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and activities with staff. Staff knew how to keep people safe from harm.

The environment was safe, with upgrades ongoing and people had access to equipment where needed. Staff received appropriate training and support to enable them to carry out their role safely, including fire safety and safeguarding training.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified, and some people had end of life wishes explored and recorded.

People were involved in menu planning and staff encouraged them to eat a well-balanced diet and make healthy eating choices. Special diets were catered for.

People were supported by a service that was well managed. Records were accessible and up to date. The management and staff knew people well and worked together to help ensure people received a good service. People, their relatives and staff told us the management of the service were hands on, approachable and listened when any concerns or ideas were raised.

People and their families were provided with information about how to make a complaint and details of the

complaint's procedure were displayed at the service.

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 Good. (Report published on 10 May 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Evergreen Residential Home

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

Evergreen Residential Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered, who was also one of the joint providers, with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

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 also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with the registered manager, manager and four care staff members. We also spoke to four visiting relatives and friends.

Some people were not able to tell us verbally about their experience of living at Evergreen Residential Home. Therefore, we observed the interactions between people and the staff supporting them. 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 three people's care records and a sample of medicines records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and staff training records were reviewed.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service was well managed which helped protect people from abuse.
- People were protected from potential abuse and avoidable harm by staff who had completed up to date safeguarding training and knew about the different types of abuse and how to report it.
- The provider had safeguarding systems in place and staff understood what actions they needed to take to help ensure people were protected from harm or abuse. People and relatives confirmed people were safe.
- Safeguarding processes and concerns were regularly discussed at staff meetings.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health, safety and welfare. People's needs, and abilities were individually assessed prior to moving into the service. Risk assessments supported staff on how to support and protect people whilst minimising any restrictions placed upon them. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Specialist advice from healthcare professionals was sought where necessary and acted upon. People who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, such as special mattresses. Care records showed staff checked people's skin regularly, used prescribed skin creams when needed and supported people to change position regularly or maintain their mobility.
- Where people experienced periods of distress or anxiety due to living with dementia staff knew how to respond effectively. Care plans documented information for staff to help identify known triggers, so they could respond quickly to prevent situations from escalating.
- The environment was well maintained with ongoing updates currently being carried out. Equipment and utilities were regularly checked to ensure they were safe to use.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People, relatives and staff all told us there were enough staff on duty to meet their needs.
- The staff covered additional hours, so people had staff they knew and trusted. This was to support appointments or staff absences.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work.

Using medicines safely

- People received their medicines safely and on time. Staff completed training in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- The service was clean and there were appropriate cleaning schedules in place to help manage infection control risks. The premises were free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.

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. 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

- Management and staff worked with external healthcare professionals to deliver care in line with best practice.
- People's individual needs had been assessed before they moved in. People and their relatives were involved in assessments and were supported and empowered to make choices about their care.
- Assessments of people's individual needs were detailed and expected outcomes were identified and their care and support regularly reviewed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- There were systems in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- New staff completed an induction and worked alongside more experienced staff to get to know people. Staff new to care completed the Care Certificate, a set of national standards social care workers are expected to adhere to.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meetings were held to enable staff to raise any issues and share ideas. Staff told us they were well supported by management.

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

- People were provided with healthy meals which they enjoyed. People told us; "Never eaten so much as I do now!" and "Food is lovely."
- All staff were aware of any specific dietary requirements for people, for example, if people needed their food to be pureed to minimise the risk of choking. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day. One person said; "They always bring me a cup of tea."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Staff supported people to see external healthcare professionals regularly, such as GPs and dentists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People's care records highlighted where risks had been identified. For example, where people needed a soft or pureed diet, this was provided.

Adapting service, design, decoration to meet people's

- The physical environment was continuously being reviewed, updated and improved regularly.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.
- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made and received to deprive people of the liberty within the law.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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. 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

- There was a relaxed atmosphere in the service and staff were friendly and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. People said; "All staff are lovely" and "Really look after you here!" A relative said; "He is well looked after."
- Care plans also contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.
- Staff supported people with sensitivity and compassion and were quick to respond to people's emotional needs. Throughout the inspection we saw many examples of staff responding to people and acts of kindness were seen with staff talking with people to provide reassurance.
- People's religious wishes were respected, and people were supported as needed to continue practicing their chosen faith.
- Staff had received training in equality and diversity, and consideration and respect was shown to people despite their diverse needs and cultures.

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

- People were supported to make as many decisions as possible about their daily living. Relatives confirmed staff involved them if people needed help and support with decision making.
- We saw how staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.
- Meetings were held to provide people with the opportunity to express their views and experiences.
- Staff signposted people and their relatives to sources of advice and support. Useful information in the form of leaflets and posters were displayed around the home.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, ensuring that doors were closed when

providing personal care.

- People were supported to maintain and develop relationships with those close to them. Records showed family members had been updated when changes in people's needs were identified.

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 as Good. At this inspection this key question has remained the same. 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 plans were informative and provided staff with detailed information about people's personal preferences, care needs and medical history. This guided staff to support people in the way they wished to be supported. Staff were familiar with the information in the plans and used this to ensure they gave the best support in an individualised way.
- People and relatives were involved in planning and developing their care where possible. People and their relatives agreed the standard of care people received was very good.
- People received person-centred care. Staff had a knowledge of people's personal histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were.
- People's needs were reviewed on a regular basis and any changes were recorded accordingly. Handover meetings were people focused and provided staff with information about people's changing needs and how to meet them.

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's care records outlined any communication need and documents could be provided in other formats if required.
- Information had been provided to some people in an easy read format to help aid their understanding. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.

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

- People were supported to maintain relationships which were important to them, with friends and relatives.
- There was a programme of activities arranged most days that was very much based on people's interests and preferences. This was a mix of group and individual activities. Activities were designed to be person centred. They encouraged social interaction, provided mental stimulation and promoted people's well-being. The home's activities programme was displayed, and people were informed about upcoming events. One person had brought their own piano on admission to the service and played regularly for other people.

People all said they'd enjoyed this.

- There was a whole team approach to keeping people meaningfully occupied.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. People's concerns and complaints were listened and responded to.
- People and relatives said that they felt able to speak to the management team at any time.
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

End of life care and support

- No one was currently receiving end of life care. The service had provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- People's views on the support they wanted at the end of their lives was discussed with them and recorded. Care plans took account of people's religious wishes.
- There were positive links with external professionals, such as GPs and community nurses to support care at this time.

Is the service well-led?

Our findings

Well-Led – this means 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 Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team and providers had an oversight of what was happening in the service and were very visible in the service and took an active role in the running of the service.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, and these were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "Very approachable. It very much a family run home."
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handover meetings each day and at staff meetings.
- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary of the service and of the warm, friendly, family atmosphere. People said; "They (the management) are always around to chat."
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

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

- The provider had a duty of candour policy in place and the registered manager/provider was aware of their responsibilities to be open and transparent when things went wrong. They used this as an opportunity to promote learning.
- The registered manager and staff team were open, honest and receptive to feedback to enable them to bring about further improvements within the service.

- Audits were carried out to monitor the quality of the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable people, staff and relatives to give feedback. Due to the provider working in the service most days, they visited and spoke to people daily about any concerns they may have.
- Communication between people, staff and families was good. Families confirmed they were contacted in a timely manner when necessary.
- Staff told us the service was well managed and they felt valued. Staff told us the management team was very approachable and always available for advice and support.

Continuous learning and improving care

- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.
- Policies and procedures held were designed to support staff in their practice.
- Organisational audits were in place and used to develop the service by reflecting good practice.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.