

Evergreen Care Services Ltd

The Elms

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Elms is a residential care home providing accommodation to persons who require nursing or personal care, to up to 28 people. The service provides support to older people; some whom live with dementia. At the time of our inspection there were 28 people using the service. People are accommodated in one adapted building.

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

People told us they felt safe and well looked after. They told us the staff were tolerant, patient and friendly. Although there had been challenges in recruiting staff, there were enough staff to ensure people's care needs were met. People's individual care and health related risks were known to staff, assessed and managed in order to keep people safe.

Appropriate action had been taken to reduce risks associated with the environment, infections and unplanned events. People's medicines were managed safely. Managers and staff had learnt from situations which had not gone to plan during the pandemic, and they had adjusted their care and risk management strategies accordingly.

People, their relatives and staff told us the service was well managed. People and their relatives felt able to approach managers and the staff as needed. They told us communication, with them, had been well maintained during the pandemic. This had provided reassurances to relatives when they had not been able to visit past a designated area within the building.

Staff told us there was good team working in place and an open and transparent culture. They felt able to raise concerns where needed and able to constructively question directives or decisions shared with them, so they had a clear understanding on procedures and what was expected of them. Managers had sought feedback from relatives and people and used this to improve 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.

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 (published 12 December 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. This included information about the care of people with pressure ulcers, falls management and how the service worked

with external healthcare professionals.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Elms on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Elms

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out this inspection.

Service and service type

The Elms is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Elms is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 April 2022 and ended on 14 April 2022. We visited the care home on 13 April 2022 and spoke with people's relatives on 14 April 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service to learn about their experiences of the service provided to 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 spoke with five relatives, by telephone, to gain their views of the services provided. We spoke with six members of staff. This included the administrator, maintenance person, head housekeeper and three care staff. We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a healthcare professional who visited the service.

We inspected the care records of five people. We inspected three staff recruitment files and a selection of medicine and maintenance records. We reviewed records pertaining to the management and quality monitoring of the service. We requested and received copies of additional information, which included policies and procedures, the staff training matrix and the service improvement plan.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had read the provider's safeguarding policy and procedures. They had received relevant training and knew how to recognise abuse and report their concerns.
- The registered manager was visible and regularly worked alongside staff and met people's visitors. This enabled them to monitor practices and behaviours which may harm people.
- People and relatives told us they felt able to talk with staff if they felt worried about something.
- Staff had read the provider's whistleblowing policy and procedures and felt able to report any concerns about poor practice or inappropriate staff behaviour.

Assessing risk, safety monitoring and management

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. There were no related conditions applied to the current DoLS authorisations in place.
- Decisions made on behalf of people who lacked mental capacity, were made by including people's representatives and appropriate health and social care professionals. This ensured decisions were made in people's best interests.
- There were processes in place to assess people's needs and risks, prior to their admission, so these could be managed once people were admitted. This included ensuring appropriate equipment was sourced so people's care could be delivered safely.
- People's risks were reviewed on a regular basis, to ensure the action taken to reduce these remained appropriate and effective. This included a review of risks associated with people's physical and mental health, such as potential pressure ulcer development, poor nutrition, falls and behaviours people may experience as part of living with dementia.
- Risks associated with the use of care equipment, fire, infections and the environment, were assessed, and action taken to mitigate these.

Staffing and recruitment

- Appropriate recruitment checks had been completed prior to staff starting work. This helped protect people from those who may be unsuitable to care for them.
- Checks included those completed by the Disclosure and Barring Service (DBS), against the list of people barred to work with vulnerable adults. References had been obtained and gaps in employment and reasons for leaving previous care jobs explored. These checks helped the provider make safer employment decisions.
- The service had experienced challenges in recruiting suitable staff, however, new staff were due to start soon, and these challenges had been overcome by staff working as one team. This had enabled cleaning and laundry to be completed and people's needs to be met.

Using medicines safely

- People received support with their medicines from suitably trained staff. Staffs' knowledge and their practice in this area was regularly checked to ensure people remained safe.
- Appropriate arrangements ensured people's medicines were available when they needed them and that they were stored correctly. This included medicines required and prescribed in between the service's monthly order cycle, such as antibiotics and end of life medicines.
- Regular stock checks, medicine audits and reviews by the attending GP ensured people received the medicines they required, and which had been prescribed for them.

Preventing and controlling infection

- When talking to us about the pandemic one person said, "(Registered manager) is excellent she has kept us out of the worst."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting arrangements had followed government and local health protection team (HPT) guidance. People's relatives confirmed they had been able to visit. This had included unrestrictive visiting when people were at the end of their life. At the time of the inspection the service was preparing for unrestricted visiting, following a recent outbreak of COVID 19 where restrictions had been advised by the local HPT.

Learning lessons when things go wrong

- The registered manager had taken learning from situations which had arisen during the pandemic. Maintaining effective communication and working with healthcare partners had become more challenging. Therefore, new processes had been adopted to ensure people still received the care and treatment they required. This included the assessment of people's skin and the management of wounds. How people were supported post falls had also been reviewed.

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 our last inspection we rated this key question good. At this inspection the rating 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.

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

- People, relatives and staff told us the service was well managed. A member of staff said, "(Registered manager) is very supportive, they give you time to talk, if you need anything they will go out of their way to help. (Registered manager) goes above and beyond for people." A relative said, "Given what has been put in front of (registered manager) they have made the right decisions and have been excellent."
- We observed staff treating people as individuals and in a way which achieved good outcomes for them. One person told us how staff supported their personal daily preferences and described the staff as being "extraordinarily friendly" towards them.
- People were able to voice personal choices which were respected. One person spoke about preferring to have a lock on their new bedroom door. The registered manager told them this could be done, as it had been on their previous bedroom door, and they would get this organised for them.
- People's wellbeing was promoted and supported in the way staff approached them. A relative of someone who lives with dementia said, "I have had lots of conversations with the staff about (relative's) behaviour. They have been really positive in the way they have worked with (relative). They have worked hard to get (relative) settled."

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 registered manager understood their responsibility to be open and transparent with people and their representatives, whether something had gone wrong or not.
- A relative said, "The staff will contact me and say, I need to keep you informed." In this case this related to changes in their relative's health.
- People's representatives were also informed of any falls or other incidents involving their relative.

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

- The registered manager provided strong leadership and support to their staff. Staff were therefore confident and clear about their roles and responsibilities.
- Staff were aware of the registered manager's expectations and shared the same vision, which was to provide a safe service to people which improved people's quality of life.
- There were effective systems in place to monitor the quality of care provided, to identify and manage risks such as falls and the development of pressure ulcers and, to drive necessary improvement.

- Regulatory requirements were understood and met, for example, appropriate notifications were made to us in a timely way.

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

- Different ways of keeping in contact with people's representatives had been adopted during the pandemic. This included the use of a multi-platform messaging app. Feedback had been sought and received from family members. A relative said, "I feel I can speak out and be listened to."
- People who used the service had also been supported to give feedback and had been asked for their ideas and suggestions. Adapted questionnaires had been used to support people who lived with dementia to be included in this process. The registered manager said, "I just want them to be heard", stating, "Although they live with dementia, they still have things to say."
- One person who used the service had been elected to be the 'residents ambassador'. They said, "Anyone can come to me if they have a problem or have something to say." Following a 'residents' meeting in April 2022, a request had been made to have a blind fitted at a particular window, which had been actioned. People had also made a request to plant a rose to commemorate the Queen's Platinum Jubilee, which was being organised.

Continuous learning and improving care

- The registered manager promoted a culture of continual learning, which supported ongoing improvement to the care people received.
- A healthcare professional told us the registered manager was always open to ideas, feedback and discussion between them, on how people with complex needs could be better supported.
- The registered manager had developed support systems, which included peers, in order to keep updated with best practice and to share ideas on service development.

Working in partnership with others

- Staff worked with commissioners of adult social care, hospital staff and people's representatives to support people's access into the care home.
- The registered manager completed pre-admission assessments promptly so that the necessary support could be organised as soon as possible. A relative said, "(Registered Manager) came to assess (relative) with no delay as there was no-one else to look after (relative)."
- Joint working arrangements were in place, between care home staff and primary healthcare partners, to ensure people's ongoing medical and nursing needs were met.