Astley Care Homes Limited

Evergreen House Residential Home

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

We inspected Evergreen House Residential Home and it was unannounced. It provides accommodation and nursing care for up to 38 older people, some of whom are living with dementia. There were 29 people living at the service when we visited. This was Evergreen House Residential Home's first inspection under a new registration.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had caring, supportive relationships with staff. They ensured that people's dignity and privacy was upheld. They knew people well and understood how to comfort them if they were distressed. The environment was planned to meet people's needs and included accessible activities such as a sweet shop and sensory items. People had care plans which reflected their preferences and were reviewed regularly.

Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. They also received regular supervision and attended team meetings.

Staff understood their responsibilities to detect and report abuse. Risk was assessed and actions were put in place to reduce it and their effectiveness was monitored and regularly reviewed. Medicines were managed to reduce the risks associated with them and people received them when they needed them.

People felt that there were always enough staff to meet their needs promptly and that they were safe. Staff supported people to make choices and sought consent to their care. When people were unable to make their own decisions they were made in their best interest with people who mattered to them. Restrictions on people's liberty were avoided but if necessary for someone's safety then they were legally approved.

People were supported to maintain good health and had regular access to healthcare professionals. Mealtimes were not rushed and people were given a choice of meal. We saw that food and drink was regularly provided and records were maintained for people who were nutritionally at risk.

People were encouraged to pursue interests and hobbies and regular activities were planned. Visitors were welcomed at any time. People knew the registered manager and felt confident that any concerns they raised would be resolved promptly. There were systems in place to drive quality improvement which included regular audits.

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.
People were protected by staff who knew how to keep them safe from harm and how to report any concerns. They received their medicines as prescribed and there were systems in place to store them securely. There were sufficient staff to ensure that people were supported safely. Risks to people health and wellbeing were assessed and plans to manage them were followed. Safe recruitment procedures had been followed when employing new staff.

Is the service effective?

Good

The service was effective
Staff received training and support to enable them to work with people effectively. They understood how to support people to make decisions about their care. If they did not have capacity to do this, then assessments were completed to ensure decisions were made in the person's best interest. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Good

The service was caring.
Staff had developed caring, respectful relationships with the people they supported. People were supported to make choices about their care and their privacy and dignity were respected and upheld. Relatives and friends were welcomed to visit freely.

Is the service responsive?

Good

The service was responsive.
People and their families were involved in planning their care. Care was reviewed to meet people's changing needs and new plans were devised. People were encouraged to pursue and develop interests and hobbies. Complaints were investigated and responded to in line with their procedure.

Is the service well-led?

Good

The service was well led
People knew the manager well and reported that they were

approachable. There were systems in place to drive quality improvement and the manager was accountable for an action plan. The staff team felt well supported and understood their responsibilities.

Evergreen House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection visit took place on the 9 March 2017and was unannounced. It was carried out by two inspectors and an expert by experience. The expert by experience had personal experience of using or caring for someone who used a health and social care service

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with ten people who lived at the home about their care and support and to the relatives of four people to gain their views. Some people were less able to express their views and so we observed the care that they received in communal areas. We spoke with three care staff, the activity co-ordinator, one domestic staff, the deputy manager, the registered manager and the area manager. We looked at care records for four people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks and staff recruitment.

Good

Is the service safe?

Our findings

People were kept safe by staff who understood how to recognise and report suspected abuse. People we spoke with told us that they felt safe. One person said, "I feel safe because of how its run". Another person said, "I feel safe and no one puts any pressure on you". One relative we spoke with told us, "I am happy; my relative is safer here than they were at home". Staff knew what signs of abuse could be and told us how they would report any concerns. One member of staff said, "If I saw anything unusual like bruising I would report it to the senior or the manager. I am confident that they would definitely do something. It is important to be outspoken at times like that". We spoke with the manager about the safeguarding concerns that they had reviewed. They told us, "Some of the concerns were caused by one person's behaviour causing distress to others. We have supported them and they have settled and that doesn't happen anymore. After a different safeguarding we implemented fluid charts to ensure that everyone was having enough to drink in a day and to take a pro-active approach to avoiding dehydration". This showed us that the provider took action to protect people from harm and to keep them safe.

People were supported to manage risks to their health and wellbeing to keep them safe. One person told us, "I like to be left alone in my room. I have got my button which I can press if I need staff and they will come". Where people needed support to move we observed them being supported to move safely and in line with their care plans; for example, being supported to move by two staff using a hoist. Some people needed staff to assist them to move regularly to avoid pressure damage to their skin. We saw that this was completed and when we reviewed records it was in line with plans to protect people.

Accidents had been reviewed to ensure that people were supported to avoid repetition and measures were put in place to prevent further accidents. For example, one person told us, "I have my bed low and a mat to stop me injuring myself". We saw that it was low and that there was a crash mat beside it and that this was put in place on the advice of specialist health professionals. The manager told us, "I look at the times and location of accidents and use this information to consider actions. For example, in one month the majority of accidents took place at night upstairs and so we re-organised the deployment of staff at night to address this". This meant that the provider was assessing risk to people, managing it by taking action to reduce it and monitoring the effectiveness of those actions.

People received their medicines as prescribed and when needed. One person said, "The staff always bring my medicine to me". We observed that people were given their medicines individually and that time was taken to explain what it was for. Some people had medicines prescribed to take when needed; for example, for pain relief or to reduce anxiety. Staff we spoke with knew when people required additional medicines and could describe this to us. We saw that there was also guidance available to support them. Records were kept and that medicines were stored in locked trolleys and managed safely to reduce the risks associated with them.

There were enough staff to meet people's needs safely. One person said, "There are enough staff; I can't say anything wrong about it". A relative we spoke with said, "There are always staff around when we visit. We have never been worried about that". We saw that staff were always available in the communal areas to

meet people's needs. One member of staff we spoke with said, "There are some parts of the day that are busy; for example, around mealtimes. I really love it here though because we do have time in the rest of the day to spend with people". This meant that the provider ensured that there were sufficient staff to meet people's needs.

The provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. In the PIR they told us, 'Staff are interviewed and a DBS is required before commencement of employment and references and this is checked annually by a questionnaire to staff'. The DBS is the national agency that keeps records of criminal convictions. When we spoke with staff they confirmed this. One member of staff told us, "They did my DBS and took references before I started". Records that we reviewed confirmed that these checks had been made.

Good

Is the service effective?

Our findings

People were well supported by staff who had the skills and understanding to fulfil their roles effectively. One person said, "I am confident in the staff because they know what to do". A relative we spoke with said, "I think the staff are very good. I couldn't fault them in anything". Staff told us that they had the training and support that they needed to enable them to do their job. One member of staff said, "I have done lots of training. For example, we did some about dementia which helped me to understand why people's mood changed". Another member of staff told us, "I loved the behaviour training we did last week because it was so interesting. It made us think about why someone may be behaving in a certain way and that the trigger for it could be something that happened in the past". Some staff we spoke with were not directly involved in care duties but said that they received the same training as the others. One member of staff told us, "We all do things like moving people safely or first aid so that if a situation happens where extra help is needed we are able to assist".

New staff told us about their induction. One member of staff said, I shadowed other staff at first and I wasn't allowed to use the equipment to move people until I had been shown how to do it safely and checked that I could. I could ask for extra help at any time. I am doing the care certificate now". The care certificate is a national approach to ensure that all new staff are competent in set induction standards. The manager told us, "I have developed the induction recently so that it is more structured and used that to put a handbook together for all staff. It covers things from risk assessments to how to manage hospital admissions. I think it will serve as a good refresher for everyone working here". This showed us that the provider ensured that staff were provided with training and support so that they could meet people's needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked to see whether the provider was working within the principles of MCA. People we spoke with told us that they did not feel restricted. One person said, "Up to now I have been able to do anything I want to. They always ask me anyway". Staff we spoke with understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. One member of staff told us, "Sometimes people present as being able to make choices and decisions but when you ask them questions in more detail it becomes clearer what they might need support with". We saw that, when needed, people had mental capacity assessments in place which described what decisions they may require support with. Staff had identified where people may have restrictions placed upon them which could not be avoided and some of these had been legally approved with a DoLS authorisations. There were also further applications for authorisations in progress.

People told us that they had good meals and were always offered a choice. One person said, "You get the chance to choose. They say 'What would you like?' How often do you get a place like that?" Another person said, "The food is very nicely cooked". One relative told us, "I know they are offered a choice because I see the staff come and ask what kind of sandwiches my relative would like." Some people required specialist diets and staff we spoke with were knowledgeable about this. The meals were prepared to meet assessed need and records of food and fluid taken were maintained for some people who were nutritionally at risk. When people required support to eat this was given in a respectful manner. People were offered drinks throughout the day of the inspection visit. One relative said, "They are always offering drinks". This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People had their healthcare needs met. One relative told us, "If my relative is not well they will get the nurses or the doctor in." We saw that one person had been supported to attend a healthcare appointment on the day of the inspection visit. On their return to the home they were monitored closely to ensure that there were no ill effects. Records that we reviewed showed that people's healthcare was monitored and reviewed. This meant that people were supported to maintain good health and to access healthcare services.

Good

Is the service caring?

Our findings

People had kind, caring relationships with the staff who supported them. One person told us, "The staff are very, very good. They're receptive to my requests. They are very understanding". Another person told us, "This is a great place. It's very good and we're all well looked after". One other person told us that they had been out for an evening with friends. They said, "When I returned late in the evening the member of staff was waiting for me at the door with a lovely cup of hot chocolate". A relative we spoke with said, "I think the staff are very good. They've got time for the people who live here if anything's needed. They are friendly and have a laugh". We also saw that there were written compliments displayed in the communal area which said things like, 'Thank you for the thoughtful care you gave and your patience and understanding deserves praise'. Another card from a family said, 'The carers showed compassion and provided first class care and were particularly kind to us'.

The staff knew people well and we observed that they comforted people when they were distressed. One person was restless and put themselves at risk of falling because they were trying to move around the room without support. One member of staff responded by supporting the person to spend time with a friend in their room. They told us, "They are missing the other person who chooses to stay in their room. If we spend a bit of time up there then they will be happier". Another person told us that their watch was missing and they would report it. When we spoke with staff they said that they had found it and asked for the strap to be replaced. The person said, "The staff have been very helpful to me about my watch".

Staff knew people's life histories and their families. They encouraged and supported people to tell us about their past and the careers and hobbies they had. One person said, "I used to play the piano and I do it for the others here sometimes". We saw that when families visited they were greeted warmly and updated on the person's wellbeing. People that we spoke with told us that they could visit anytime. One person said, "Visitors are made very welcome. We've got what we call a library and you can go in there and have a private conversation". We saw that some people did choose to meet in a smaller private room. Others chose to sit in the communal area and chat to staff and other people who lived at the home. One member of staff told us, "This is a home from home and we welcome visitors at any time".

People were involved in making decisions about their care. One person said, "I'm an early waker and I am supported to get up early. There is no restriction at bedtime". A relative said, "They do have a choice. My relative likes to stop up late and sit and talk to the staff". We observed that people were given a choice about every decision and asked before any care was given. For example, people were asked where they wanted to have a meal, if they required assistance with it and which drink they wanted.

People's dignity was promoted and they were treated with respect. One person we spoke with told us, "They respect our dignity. It's very hard at times to maintain it but they do try. For example, they knock quietly on the door before they come in to your room". A relative said, "The staff are very good and my relative is well respected". We saw that people were dressed in clothes and jewellery of their choice. People's rooms were decorated with their own belongings. One person invited us to their room and showed us the family photos on the wall and the plants they were growing on the windowsill and in the bathroom.

Good

Is the service responsive?

Our findings

People received support from staff who understood their preferences and knew them well. One person we spoke with told us that they chose to spend time in bed. Staff confirmed this and described how the person was supported. One member of staff said, "The person does have good days though when they prefer some company and we will always encourage them to come down to the communal areas when we see that". Another person told us about plans they had to see friends each week. They said, "The staff are happy for me to go with my friend and we sort out transport etc." When we spoke with the manager they said, "We encourage people to be as independent as they can be for as long as possible". A relative we spoke with told us, "The staff are very good with my relative and know what keeps them happy. They give them time to chat and make sure they are included in conversations". This showed us that people or their families contributed to the planning of their care.

People and their families knew that they had a care plan in place. One relative we spoke with said, "We are kept up to date of any problems or any changes in our relative's health". We saw that care plans were personalised and descriptive for staff to know how to support people. They were reviewed regularly and altered if there were changes for people. For example, one member of staff described how one person's care was changed after a diagnosis of an illness. Other people were being supported to manage behaviours that could cause them or others harm. There was guidance for staff in doing this which had been completed with support from healthcare professionals.

Staff told us that they knew what was in people's care plans and we saw that care was given in line with them. One member of staff said, "If I needed to know something I would look in the person's care plan". Another member of staff said, "We have a handover at the end of the shift where we discuss how everyone is. We are also reminded of appointments etc. that people need to be ready for". This showed that the provider planned personalised care with people and that they monitored when their needs changed and altered care to address this.

People were encouraged to pursue interests and hobbies. One person we spoke with said, "I'll take part in general activities. Today, I've had a game of draughts for the first time in years. I didn't fancy it but I got the member of staff down to a few counters and I enjoyed it". Another person said, "We go out sometimes; we go to the local cafes". One relative told us, "I think there is usually quite a lot going on. My relative enjoys sitting and watching more than joining in".

We saw that staff knew people well and spent time with them helping them to complete activities or having a conversation about things that were important to them. One member of staff we spoke with said, "I complete life histories with people or their families and plan some activities around their interests. We have built up relationships with local businesses and one donates flowers to us once a week so that people who choose to can do some flower arranging".

The environment had been planned to meet people's needs. There were pictures and sensory objects on walls and in corridors to stimulate people and start conversations. There was a sweet shop created where

people could help themselves to sweets. We saw some people enjoyed doing this and other people were supported by staff to have some. One member of staff told us, "It has been extremely popular and brought some real fun to that corridor!" The manager told us, "We completed an extension a few years ago and the space in the communal areas with the large windows looking into the gardens has been lovely". One person we spoke with said, "It's lovely; nice and warm. I like the space".

People and their relatives knew how to complain if they needed to. One person told us, "I would speak to the manager and they would try to sort out my worries". A relative we spoke with said, "I did raise a complaint. The manager listened and they are very good. Things do seem to be better now". We spoke to the manager about the content of the complaints they received and saw the actions that they had put in place to resolve them. The manager said, "My door is open and I always want to hear if things are going well". This showed us that the provider encouraged any concerns about the quality of care and wanted to improve in response to that feedback.

Good

Is the service well-led?

Our findings

People knew the manager and found them approachable. One person said, "I know the manager and she is very experienced". One relative we spoke with said, "The home is well run and they're all very friendly; including the manager who is polite and professional". Another relative told us, "I know the manager but we also see a lot of the deputy who can usually answer any questions we have". Staff we spoke with also told us that they found the manager open and easy to raise any issues with. One member of staff said, "The managers definitely listen and want to know what's happening. They definitely put things right because they really care for people". We saw that staff understood their responsibilities and ensured that they reported any concerns correctly. One member of staff said, "The manager is the eye and she is overseeing us working together as a team. If anything wasn't going smoothly she would work with us as a team to resolve it".

People and their relatives had the opportunity to give feedback about the care they received. One person said, "The staff do listen to us and sometimes we sit around the table and have a chat". A relative said, "We have been asked what we think from time to time". The manager told us, "We value what relatives tell us and have made changes from what they tell us. For example, we reviewed how laundry was managed".

Staff were supported to do their jobs well. One member of staff said, "We have team meetings regularly and we do get to voice any concerns and I know that they listen". One member of staff told us that they were looking for a change in their role and that they had been supported to attend additional training so that they were prepared for it when the opportunity came up. Staff told us that they received regular appraisals and individual support. They also told us that they were aware of the whistleblowing policy and that they were confident that they would use it if necessary. Whistle blowing is the procedure for raising concerns about poor practice. One member of staff told us, "I trust the managers one hundred per cent that if I was concerned about anything they would act on it. They are really supportive".

Audits were completed regularly to drive quality improvement. The manager told us, "I complete a weekly management report as well as monthly audits. These are all sent to the area manager who visits the home to sample and check the audits at least once a month". We saw that action plans were in place when improvements needed to be made. For example, after a medicines audit the manager had a meeting with all staff who were responsible for administering medicines and explained what the shortfalls were. When we reviewed medicines management we saw that the amendments were now in place and staff were able to tell us what improvements had been made. We also saw that the provider was pro-active in sharing learning across the homes. The manager explained how new systems had been introduced for staff to check the environmental safety of the home following a safeguarding incident in another of the provider's homes. We saw that these checks were in place and that the home was secure.

The manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.