

Hornby Healthcare Limited

Evergreen Court

Inspection report

Saltersgill Avenue
Saltersgill
Middlesbrough
Cleveland
TS4 3LD

Tel: 01642816700

Date of inspection visit:
10 December 2018

Date of publication:
15 January 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 December 2018. The inspection was unannounced, which meant that the staff and provider did not know we would be visiting.

Evergreen Court is a purpose-built care home located in central Middlesbrough. It is a single-story building providing care and accommodation for up to 17 people assessed as requiring residential care. This includes support for people living with a dementia type illness.

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

At time of our inspection there were 15 people living at Evergreen Court.

There was a registered manager in post. 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.

At our previous inspection in February 2017 the service was rated as good. At this inspection the service was rated requires improvement.

At this inspection we found some issues with medicine management. For example, applications of creams to people were not recorded and out of date eye drops were being used. The provider took immediate action to address the issues we raised.

Recruitment practices helped ensure that suitable staff were employed however we did identify some gaps in records. Pre-employment checks were made to reduce the likelihood of the service employing staff who were unsuitable to work with vulnerable people.

Policies and procedures were in place to help staff protect people from harm, such as safeguarding and whistleblowing policies. Staff knew how to identify and report suspected abuse. The people we spoke with during this inspection told us they felt the service was safe.

Staff and most people told us staffing levels were sufficient. We received mixed feedback from families about staffing levels.

People's care files contained the information staff needed to support them. Risks to people had been assessed and reviewed. Information was available for staff in how to best manage these risks. Environmental risk assessments were in place covering tasks undertaken by staff. Staff said that they were

supported by the management team including through regular supervision meetings.

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. The policies and practices of the service helped to ensure that everyone was treated equally.

People had access to and the provider worked with a range of healthcare services such as GPs, occupational therapists and opticians. People's nutritional needs were met.

The premises were clean and tidy. Staff knew how to help control the spread of infection. Equipment and building checks were undertaken to help ensure the environment was safe. Emergency contingency plans were in place.

People were supported by a regular team of staff who were knowledgeable about their likes, dislikes and preferences. Staff members were respectful and kind towards people. People's privacy, dignity and independence were respected. Staff encouraged people to access a range of activities.

End of life care procedures were in place which recognised the needs of people and their relatives at this important time.

Feedback was sought to monitor and improve the service. Meetings for people, relatives and staff took place. Learning took place following reviews of accidents and incidents where themes and trends were addressed. A clear complaints policy and procedure was in place and followed by the provider.

Quality assurance systems were in place however these had not identified all of the issues we found with medicines and some records during this inspection.

This is the first time the service has been rated requires improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always managed safely.

There were some gaps in recruitment records.

Staff had been trained in safeguarding people and were knowledgeable about the potential signs of abuse.

Is the service effective?

Good ●

The service was effective.

Staff had the training they required to meet the needs of people they were supporting.

Consent was sought from people before tasks were undertaken.

Care plans included information for staff about how to support people as individuals.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were very caring.

Staff were kind and patient in their interactions with people.

People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

A range of activities were on offer to people living at the service.

People knew how to complain if they needed to.

End of life policies and procedures were in place.

Is the service well-led?

The service was not always well-led.

Quality assurance systems were in place however these had not identified the issues we found with medicines and some records during this inspection.

Staff told us they felt supported by the management team.

The service worked in partnership with other agencies to meet people's needs.

Requires Improvement 

Evergreen Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 10 December 2018 and was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we contacted the commissioners of the relevant local authority, the local authority safeguarding team, the fire service and other professionals who had worked with the service to gather their views on the service being provided at Evergreen Court.

We reviewed all the information we held about the service, which included notifications submitted to the Care Quality Commission (CQC) by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During this inspection we spoke with six people and four relatives of people using the service. We reviewed a wide range of records, including three people's care records and four people's medicines records. We looked at four staff files, including their recruitment, supervision and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service.

We spoke with eight members of staff, including the registered manager, four care staff, a member of the catering team and two members of the domestic team. We also spoke with the registered provider.

Is the service safe?

Our findings

We found some issues with medicine management. Records of the administration of topical creams and ointments were not kept. Therefore, we could not be confident people had received their medicines as prescribed. We found eye drops were being used beyond their expiry date. We brought this to the attention of the management team who immediately replaced the eye drops with a new supply. We saw that some people did not always have protocols in place for medicines taken 'as required'. This meant that staff did not always have the guidance they needed to know when to administer these.

Recordings on medicine administration records (MARS) were inconsistent. For example, some staff were recording a code when a medicine was offered and not needed, whilst others were leaving the box blank. Following this inspection, we were provided with evidence that this had been identified in a recent audit by the management team and was being addressed.

The service did not always have a stock of all the medicines people were prescribed. For example, we saw that one person had missed seven doses of a medicine between 4 and 10 December 2018. The registered manager told us this was due to supply issues with the pharmacy and had not impacted upon the person's health. This was addressed on the day of inspection by the provider.

The provider and registered manager told us that some of the current issues with medicines were because of a recent change in pharmacy. The service was in the process of moving away from an electronic medicine system to a paper based system.

Following this inspection, we were told by the provider that the issues identified had been addressed with a new pharmacy and that all required records were now in place.

We observed a medicine round and saw people were given the support and time they needed when taking their medicines.

We looked at four staff files which showed that recruitment procedures were in place. Staff completed an application form and any gaps in their employment history were checked out by the provider.

A Disclosure and Barring Service (DBS) check was carried. DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people from working with children and vulnerable adults. We saw that one staff member's DBS certificate was dated after their start date at the service. The registered manager informed us that the staff member had been brought into the service for training and to shadow other staff prior to working unsupervised however, this was not documented in their file or risk assessed. We were told that staff did not work unsupervised before their recruitment checks were finalised. We found one staff member's references were not available in their file however these were provided to us following this inspection.

People told us they felt Evergreen Court was safe. One person said, "I feel very safe because of the way the staff look after me."

Systems and procedures were in place to keep people free from abuse. Records showed that the staff team received training in safeguarding. The staff we spoke with understood how to keep people safe including what to do if an allegation of abuse was made. They were aware of whistleblowing procedures. They told us they were confident the management team would respond to any safeguarding concerns raised. Previous incidents had been dealt with appropriately by the provider.

Most people told us there were enough staff on duty to support them with their needs. One person told us, "There would be somebody here now if I rang the bell." Another person said, "They come within seconds." We received mixed feedback from relatives regarding staffing levels. One relative told us, "Every time we come there's hardly anyone. They're run ragged." Another relative said, "I think most of the time there is [enough staff]." All of the staff we spoke with told us they felt there were usually enough staff on duty to meet people's needs.

We discussed staffing levels with the registered manager and the provider who told us that staff rotas were devised depending upon the number of the people living at the service and their individual needs. The management team assessed staffing levels using a dependency tool which reviewed people's needs monthly. We looked at the staffing rotas. Staffing numbers met the service's dependency tool.

People's care files included the information staff needed to support them. Risk assessments were in place which identified potential risks to individuals. These covered areas such as personal hygiene, nutrition and use of bed rails. Where risks had been identified, control measures had been put in place to reduce the possibility of harm coming to the person. General risk assessments were in place covering tasks carried out by staff.

Regular fire drills had taken place. Records confirmed that the fire alarm was tested and fire equipment was serviced regularly. People had Personal Emergency Evacuation Plans (PEEPs) which informed the staff of how to help them leave the building quickly in case of an emergency. The registered manager had completed a fire risk assessment. Following this inspection, they wrote to us and told us they had arranged for an external fire safety advisor to review this to ensure it was appropriate and covered all risks.

The premises were clean with no malodours. Equipment was maintained in line with manufacturer's recommendations. Checks were made on items such as wheelchairs, bedrails and window restrictors to ensure they were safe to use. Records showed that regular maintenance checks of the building took place. The provider had a business continuity plan which set out how people's needs would continue to be met in the event of an unforeseen incident such as loss of power. Staff had guidance on who to contact in the case of such an emergency.

Infection control policies were being followed by staff in their day to day practices to help control the risk of infection. Staff told us that they had plentiful supplies of personal protective equipment such as gloves and aprons to minimise the potential of the spread of infection. One person told us, "Yes they [the staff] use gloves and aprons."

Records showed systems were in place for reporting, recording, and monitoring significant events, incidents, falls and accidents. The registered manager gave us instances of how lessons had been learnt from incidents. For example, following a person falling measures were put in place to reduce the risk of this reoccurring.

Is the service effective?

Our findings

Records showed and staff told us they had the training they needed to carry out their roles effectively. Staff completed training the provider deemed mandatory, such as manual handling and fire training. Staff also were encouraged to develop their skills and knowledge by undertaking additional, more specialised training to meet the needs of people supported. For example, palliative and dementia care. One staff member said, "The training is very good." Newly appointed staff completed inductions. The management team signed them off when they were assessed as competent. This helped to ensure recently recruited staff were suitable for the roles in which they had been employed.

Staff told us and records showed that they received regular supervision from the management team. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervision sessions covered areas such as care plans, rotas and service delivery. One staff member told us, "There is always someone to go to if there is a problem."

Prior to accessing the service pre-admission assessments were completed. From this people had plans of care devised to meet their needs and preferences. These covered areas such as pain management, mental health and cognition, communication, mobility and tissue viability.

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. The service was meeting the requirements of the DoLS. The provider had trained and prepared staff in their understanding of the MCA and the specific requirements of the DoLS. Where they could people signed their agreement, and consented to being supported in areas such as medicines, vaccinations and use of bed rails.

For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment. Best interest decisions covered areas such as going out alone, bathing and showering, preparation and cooking of food, smoking and medicines. Some people had made advanced decisions on receiving care and treatment and 'Do not attempt cardiopulmonary resuscitation' (DNACPR) orders had been completed appropriately and signed by the person's GP.

People's nutritional health was monitored using a screening tool (MUST). MUST identifies adults, who are malnourished, at risk of malnutrition (undernutrition) or obese. MUST assessments and weight recordings in

the files we viewed were up to date. However, it was not possible to ascertain if the information recorded on food and fluid charts had been analysed. We discussed this with the registered manager who told us the form used would be adapted to reflect the daily analysis that currently takes place.

Focus on undernutrition training has been completed by the cook. A large board called 'dietetics & nutrition' displayed colourful pictures of healthy foods and details of the nutrition champion for the home. A nutrition champion receives additional training and promotes good practice in this area.

People were supported to maintain a balanced diet. We asked people about meals, snacks and drinks and feedback was positive. One person told us, "It's very good...If there's anything I don't like, they give me an alternative." Pictorial menus were not available however the registered manager told us they recognised this as an area for development.

We observed the dining areas over lunchtime and saw that the food appeared appetising, hot and well presented. One person did not want the corned beef hash or chicken parmesan on offer and chose to have an egg instead. People were not rushed to eat their meals. The mealtime environment was quiet. Catering staff regularly spoke with people to gain feedback about food.

People could access support from external professionals to maintain and promote their health. One person told us, "I can go down and ask for a doctor." Where needed staff supported people with routine health care appointments. People's records contained information on communication with professionals such as GPs, district nurses and opticians. We saw that appropriate referrals had been made where needed including to the falls and palliative care teams.

The premises were clean with no malodours. Signage was used to help people living with a dementia type illness find their way around. People's bedrooms were personalised with their own belongings to make them feel at home.

Is the service caring?

Our findings

People and their relatives praised the staff at Evergreen Court highly. People told us they felt staff were very caring and they were happy living there. One person said, "The staff here seem to be conscientious and help as much as they can." Another said, "It's difficult to find fault." A relative told us that staff were "100 percent brilliant."

Staff provided support in a kind, patient manner. We observed that they listened to and responded to people's needs. They explained in a friendly manner what they were going to do before doing it and gave people time to decide upon their response. We saw staff carried out tasks with people at the person's own level and pace. Information was repeated back to people and simplified if the person had not understood what had been said.

Staff knew people's histories. We observed interactions between people and staff and these showed that staff knew people very well including their likes, dislikes and the best way to approach and support the person.

We observed staff interacting with people in a light-hearted manner when it was appropriate for them to do so. We saw a staff member in the lounge was very pleasant and attentive to each person, and checked that everyone was comfortable. She laughed and joked and tickled one lady, who joked and laughed back. The same staff member came into a room and asked the person to come and join in game of bingo. They laughed with each other and then blew raspberries at each other in an affectionate manner.

Staff respected people's privacy and dignity. For example, knocking on doors before entering and being discreet in offering support when taking people to the toilet. One person told us, "They knock on the door and ask if I'm all right...I like my own space."

People's self-esteem was promoted. Staff ensured they gave people lots of positive feedback and encouragement. Where people were anxious or in need of comfort they were reassuring and compassionate. One person told us, "You can always go up [to the lounge] and talk to somebody."

People's independence was promoted. People were encouraged to undertake as much as possible for themselves. One person told us, "Sometimes I help to fold towels and fold napkins for the table."

People told us that they were supported to maintain contact with their family and friends. Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person who may need support to make their views and wishes known.

Is the service responsive?

Our findings

People's care needs were assessed before they moved into the service to make sure the provider and service delivered could meet their individual needs. Care plans were individual to people and covered areas such as mobility, personal hygiene, communication, nutrition and hydration. They indicated that where possible, people should be encouraged and supported to do as much for themselves as possible.

The plans of care we viewed provided staff with guidance about the best way to support people and reflect their identity. Staff told us they felt they had enough information available to them to care for people well. We saw that where they could be, people had been involved in agreeing their plans of care. Care files took into account people's individual preferences and choices. For example, one person's plan stated they liked three sugars in their hot drinks and bottles of a certain lager. Care plans were regularly reviewed and reflected people's changing needs for example, when end of life care was needed.

Staff recorded how people had been throughout the day and overnight. Records included information about how care and support had been given. Handovers took place between day and night staff to ensure up to date information about people's needs were available to staff coming on duty. Handovers covered areas such as equipment, appointments, accidents and incidents.

Staff completed training in equality, diversity and human rights and the provider had an equality and diversity policy. People's religious, cultural and spiritual needs were identified and recorded in their assessment of need. One relative told us, "They [the staff] respect religious beliefs, they go out of the room when there's a communion on."

We saw posters related to events that had taken place and were upcoming including a singer and Christmas party. Staff spoke with people about their interests and the upcoming events advertised. We observed people taking part in a bingo session, playing dominoes and singing Christmas songs. Notices were displayed regarding events taking place in the local community such as coffee mornings and a 'drop in' at a local church.

People told us they knew how to complain if they needed to. No formal complaints had been received. The registered manager told us some concerns had been raised informally however these had not been documented. One person's family told us they had some on-going issues which had been reported and were being addressed. The registered manager and provider acknowledged a system to review and monitor informal concerns was required and told us this would be addressed following the inspection.

Where appropriate, people had plans in place relating to their end of life wishes and these were recorded in care plans. At the time of our visit one person was receiving end of life care. This was being provided in a compassionate way and the service was working with a range of professionals to ensure the person's needs were met at this important time. Staff received training in providing end of life care to people.

Is the service well-led?

Our findings

We found that despite medicine audits taking place the service's quality assurance systems had not always identified and addressed the issues we found with medicines management and record keeping during this inspection. The registered manager and provider told us they would immediately start to address the issues we found during this inspection with medicines, information held in staff recruitment records, food and fluid charts and the informal concerns procedure within the service.

The audits that had been undertaken by the provider and management team covered areas such as care plans, complaints, accidents and safeguarding. Where issues in these areas had been identified a record was kept of the actions taken to address the issues. For example, where people had lost weight the appropriate measures were put in place such as more regular weighing and referrals to appropriate services.

The service had a registered manager. The registered manager worked across two sites and therefore was not always present in the building, spending two to three days at each site. In the registered manager's absence, a deputy manager was on site. Staff told us they received the support they needed from both the registered manager and deputy manager in the registered manager's absence. The staff team spoke highly of the registered manager. One staff member said, "I can always go to [name of registered manager]." One family member told us they felt the registered manager was not on site often enough. This information was fed back to the registered manager and provider. The provider told us they felt the current management arrangements fully met the needs of the service.

Meetings took place for people and relatives covering topics such as entertainment, future events and suggestions. Meetings for staff were held at regular intervals. Staff told us they could speak up at staff meetings if they had any concerns. Minutes were maintained and made available to staff. These detailed the matters discussed, actions that needed to be taken and by whom.

Feedback was sought from people and their relatives through surveys and informal chats. The registered manager told us that the results of the latest survey was being collated and an action plan from this would be devised. One person told us, "It's quite a canny [nice] place, everyone seems to be looked after."

The service worked in partnership with other health and social care agencies such as social workers and health professionals to meet people's needs. Records showed that where advice had been given by external agencies the management team had ensured the advice was followed. Links with the community were maintained through events and outings.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service in the form of a 'notification'. The management team had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.