

Mr David Thompson

# Evergreen Care Home

## Inspection report

526 Church Road  
Yardley  
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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 

### Overall summary

The inspection took place on 17 November 2015 this was an unannounced inspection. The inspection team consisted of two inspectors 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 service. Our expert by experience had experience of using this type of service.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People felt safe with the staff that supported them because staff knew how to protect people from harm. Procedures were in place that ensured the service was safe and that people's rights were protected.

People were supported with their medication and staff had been trained.

There were sufficient numbers of suitably recruited staff available to support people and keep them safe. Relatives and people that lived there felt that the staff were good. Staff had received training that ensured they had the skills and knowledge to care for people.

# Summary of findings

People were consulted about their care so their wishes, choices and preferences were known so they could receive care on an individualised basis.

People were supported with their nutritional and health care needs, and referrals were made when needed so people's health care needs were met.

People were supported to undertake activities of their choice in the home and out in the community.

Systems were in place to monitor and check the quality of care provided and where changes for improvement were required we saw that action was taken.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe and systems were in place to manage risks and ensure people's safety.

There were sufficient numbers of appropriately recruited staff to meet people's needs.

People received their medication as prescribed.

Good



### Is the service effective?

The service was effective.

People received effective support from staff that were training and supervised to ensure that they provided effective care.

People were provided with food and drinks to maintain their health and referred to the appropriate health care professionals when required.

People's rights were protected and there were no restrictions on their liberty.

Good



### Is the service caring?

The service was caring.

People said they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support.

People's privacy, dignity and independence was fully respected and promoted.

Good



### Is the service responsive?

The service was responsive.

People were involved in reviewing their care, made choices on a daily basis and were supported by staff in line with their preferences and wishes.

People were able to choose whether they took part in organised group activities or individualised activities of their choice.

People and their relatives were confident that their concerns were listened to and acted upon.

Good



### Is the service well-led?

The service was well lead

People were happy with the service they received.

People's views were sought so that the quality of the service was continually monitored and improved.

The culture of the service was open and receptive to continual improvement.

Good



# Evergreen Care 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 took place on 17 November 2015 and was unannounced. The inspection team comprised of two inspectors 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 service. Our expert by experience had experience of using this type of service.

We looked at the information we held about the service and provider. This included the notifications that the

provider had sent to us about incidents at the service and information we had received from the public. Notifications are information the provider has to send us by law. During our inspection we spoke with eight people that lived in the home, five staff, which included the registered manager and four relatives. We looked at the care records of four people to check that they received care as planned and some records relating to the management of the home.

Some people in the home were living with dementia and had limited verbal communication and were not able to tell us if they were happy with the care they received. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe with the staff that supported them. One person told us, "I feel safe here and staff help me to stay safe by getting me up and getting me my walking frame so I don't fall, they are nice staff, very helpful." Another person told us, "I have lived here for a few years, I think it's the safest place to be and they {staff} look after me really well."

People told us that there was always staff around to help if needed. One person told us, "If I want something I just ask and the staff do it straight away, there no waiting about." Another person told us, "When I press my buzzer they come straight away." Our observations showed that staff were and available when people wanted assistance.

One person told us, "I feel safe when the staff assist me with anything, you can tell that they know what they are doing so you feel safe". Another person told us, "My bedroom is opposite the bathroom, a man used to come into my room instead of the bathroom. I now have a lock on my door so feel very safe here." All relatives spoken with told us that they felt their relative was safe living there. One relative told us, "I have peace of mind; the staff keep me informed about all aspects of [named person] care."

People were protected from the risk of abuse because staff had been trained so that they were able to identify the possibility of abuse and take the appropriate actions to escalate concerns in the event of, or suspicion of abuse occurring. All staff spoken with told us they had never witnessed any ill treatment of people in the home. They told us that they would report any concerns if they witnessed something that might cause harm to people living there. Staff were aware of the whistle blowing policy and knew how to report issues of poor practice. Whistle blowing means that staff can report issues of concern and their identity is protected. Records we hold and those seen during our visit showed that the provider had told us about any safeguarding incidents and had taken the appropriate action to ensure people were kept safe.

People told us and we saw that people were supported safely because risks were assessed and plans put in place to manage them. People told us they were involved in identifying risks and plans were agreed. We observed that people had access to mobility aids and equipment to keep them safe and they were able to move around safely. All staff spoken with told us that risk assessments and risk management plans were available to them in people's care plans so that they knew how to care for people safely. This ensured that risks were identified and people were supported safely to move around the home. One person told us, "If I want to do something then I have chat with the manager and staff support me in what I want to do."

People were kept safe because the provider had assessed staffing levels to identify how many staff were required to meet people's needs, and staff were safely recruited following appropriate checks. Staff spoken with told us checks such as references and police checks were completed before they started their employment, and felt that there were enough staff so they meet people needs. This showed the provider took reasonable steps to protect people.

All the people we spoke with told us that they were supported to take their medication and we observed that people were given their medication as prescribed. We saw from medication administration records [MAR] and staff confirmed that regular checks were completed to monitor

that people had received their medication as prescribed by their doctor. Staff told us that only staff who had received training in the safe handling of medicines was allowed to give out medication. Staff told us that each day a spot check was completed and we saw records to confirm this. We saw that all allergies were written on the MAR charts so that when new medication was prescribed the medication was checked against known allergies so people received their medication safety.

# Is the service effective?

## Our findings

Relatives and people who lived in the home were all complimentary about the staff. Relatives told us that they were involved in providing information about their family members so staff knew how to provide people's care based on this information. People who used the service and their relatives told us they felt that staff were trained. One relative told us, "I think that the staff show their skills in the way they look after people here." Another relative told us, "All staff do things with ease as if it is second nature to them." Staff spoken with told us they had regular training updates so they had the skills to meet peoples care needs.

We saw that people were supported by staff that had the skills and knowledge to ensure people's needs were met. For example, one staff member encouraged one person to walk close to their walking frame as they had been shown by the physiotherapist so they felt safe. Staff spoken with told us they had supervision and on-going training. Records showed that staff received regular supervision so they could discuss their role and received feedback on their performance.

Staff spoken with were aware of the Deprivation of Liberty Safeguards [DoLS] and the Mental Capacity Act. This is an act that ensures people's rights are protected. Where people are not able to make decisions about their care or do not have the capacity to make informed choices a best interest assessment is completed so consent can be gained from the relevant person so decisions that are made are in the person's best interest. The manager had ensured that where people could not make decisions about their care referrals were made to the appropriate authority. Training for staff had been arranged so staff would have up to date knowledge about this legislation.

Staff told us that they assumed all people could make their own decision if prompts were given for those people who may need this. No one's liberty was being deprived and no

applications had been made for DoLS. One relative told us. "We feel there could not be better care. We have been consulted, supported and involved in decisions about [named person] so we know they are being looked after.

People told us they had a choice of meals each day and the meals were good. We observed how people were supported at lunch time. Staff knew the specific support each person required to eat and drink and we saw that people were supported in line with their care plan. This included preparing soft foods and providing crockery and cutlery which enabled people to eat independently. Where people were reluctant to eat staff provided encouragement and support in a friendly manner, but respected the person decision if they did not want the meal. For example one person was observed telling staff that they did not want their meal. The staff offered encouragement and an alternative but respected the person's choice when they told the staff they did not want the meal.

Staff told us that that when people's needs changed the information was passed on so regular updates about people's nutritional needs were known. People who used the service told us they were supported to see their GP, attend hospital appointments, or other healthcare professionals such as the dentist or chiropody. A relative told us, "Staff always let me know if they have any concerns about [the person name]. They let me know and inform the doctor, hospital whatever is needed. The [person's name] health has improved immensely since living there."

Staff told us and records confirmed that the manager worked closely with GPs, community nurses, and other health and social care professionals to ensure people had the best care available. Specialist advice was sought where necessary from health and social care professionals. All the people who used the service had regular health checks with a GP or nurse. A relative told us, "If anyone needs medical attention the staff get the GP or district nurse in straight away."

# Is the service caring?

## Our findings

All the people we spoke with said they had a good relationship with the staff that supported them. One person said, “The staff are all very kind and thoughtful.” Another person said, “They are really kind.” Relatives spoken with all expressed satisfaction with the service provided for their family member. One relative told us, “The staff are absolutely lovely, not one can I fault.”

People told us they were involved in discussing their care needs with staff. They were involved in planning their care so they decided how they wanted their care and what they wanted support with. People spoken with told us that staff listened to their wishes and did as they asked.

Staff spoken with were able to explain people’s different care needs and what they needed to do to ensure they were met. One staff member told us, “It’s not just care people need support with, its social interaction, independence it’s about them as individual people.” Relatives told us that they thought staff knew what they were doing and appeared well trained. One relative told us. What I like about here is that the staff ensure people maintain as much independence as possible, staff enable people to do what they can.”

People told us they were treated with dignity and personal care was always carried out in private. For example if a person saw a doctor or nurse then people were always escorted to their bedroom so they had privacy. One person

told us, “They talk to you respectfully and treat you with dignity and respect.” Staff spoken with told us they would make sure people’s dignity was maintained by discussing the care with people to ensure they were in agreement. Our observations confirmed this. One person said, “They are very good.”

We saw that when staff addressed people this was done in a caring way. We spent time in the communal areas and saw that the interaction between people and staff were caring, respectful and that staff understood people’s individual needs and way of communication. We saw that staff gave time to people to express themselves. We saw that the staff waited for the person to respond then carried out the task so this involved people with what staff were trying to support them with. We saw that people were encouraged to walk with equipment that promoted their independence.

People told us any staff spoken with had an in-depth knowledge about people’s care and how they encouraged people to be make choices. Staff understood the importance of build positive relationship with people. One staff member told us, “It’s the little things that matter the most to people, this makes a difference to their independence and dignity. For example knowing what people liked to wear or how they have their hair done so they feel comfortable and doing things are important to them.” We saw that people were dressed in clothes that showed their individuality and staff were aware of the importance of looking good for people’s well being.

# Is the service responsive?

## Our findings

People told us that the staff knew them well and felt their care needs were met. One person told us, “They (staff) know what I want without asking”. Staff provided the care and support people wanted. We saw that people were able to direct staff and make changes to their care if they wanted. For example, people were able to say if they wanted to take part in activities, go out or stay in their rooms. Relatives felt staff knew when their family members health needs changed. One relative told us about how the registered manager had recognised that their family member was unwell and contacted the GP. We saw that staff knew people well and had a good understanding of each person as an individual.

People’s care plans looked at contained information about the care and support required to keep them healthy. Two staff told us that they discussed the care required with people. One staff member told us, we know when people are not their normal self. We pass changes in people’s care needs to seniors who contact the GP and their relative. Sometimes someone is just having an off day, like we all do.”

People spent their time involved in things they liked to do. People told us they liked to read their daily newspaper, watch television, enjoy the garden and chat to other people. Staff told us about people’s individual hobbies and

interests. One person who lived there supported other people with activities they enjoyed. This also gave the individual a sense of purpose. Activities included arts and crafts, bingo and outings. Staff told us the people decided what activities they wanted to do. One person told us, “We decide what we want to do.” People who spent time in their bedrooms told us this was their choice and had regular social visits from staff during the day

People and relatives we spoke with told they had not had any cause to make a complaint. The registered manager confirmed that the most recent complaints had related to the laundry. They had taken steps to improve the service and were continuing to monitor the outcome. People and relatives were happy to approach the staff to raise issue or concerns. One person said, “If I had concerns I would to speak to (registered manager), they are very good”. People who lived there and relatives we spoke with told us that the staff listened and took actions”. One person told us, “They do listen here. The manager and staff are very good.” We saw the latest feedback from people who used the service. Although this had not yet been completed in full we saw positive responses from people who lived there. We saw that the registered manager was available for people to talk to and it was clear that they were well known and liked by all people that lived at the home.

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# Is the service well-led?

## Our findings

All the people we spoke with said the home was well-run and provided safe, quality care. One person told us, “This is an excellent establishment and the staff do a commendable job.” A relative commented, “As soon as I met them I had a good feeling about the people who run this home – they’re lovely and care deeply about the residents.”

There was a registered manager in post so staff had leadership and someone to discuss issues or seek advice from when needed. Staff told us they could talk to the registered manager at any time and felt that the manager would listen and taken action if required if they made suggestion to improve the environment for people. The provider is currently undertaking an extension so people have better facilities. One person told us, Since they have widened the corridor. I can now go to my room on my own, before I had to wait for staff because the corridor was narrow. It’s one of the things I told them we needed.”

The registered manager told us Evergreen had an open door policy and people who visited the home such as relatives told us that there was always a good atmosphere and a calm environment. One person told us, “The home is ‘homely.’” Another person said, “You can say what you like here, we’re like a family.” A relative said, “Families and friends can come and go as they want. Some come every day. Some live far from the home but are happy to travel to see their family members because the care is so good here.”

The registered manager sought the views of people about the quality of service provided in the form of meetings, questionnaires and general observations so that changes could be made if needed. Where suggestions had been made action had been taken so people knew that they had

been listened to. For example meals and request for certain food. All staff told us that they were able to put forward ideas and were encouraged to give their views about the service. Staff told us they felt comfortable in expressing their views about the service so improvements could be made for the people who lived there.

There were arrangements in place to regularly assess and monitor the quality of the service provided to people. There were established links to the local community that involved healthcare professionals and local activity groups that would come into the home and entertain people. One person who used the service told us, “If you suggest something that can make things better they do listen and make changes.” We saw that there were systems that the manager used to support her and staff to ensure that the service provided was based on the needs of people who used the service.

The systems also included directly looking at the experience of people. For example, assessing important areas such as risk, choices, culture and dignity. The registered manager used the views of people who lived there, relative and any visiting professionals to improve the service provided for the people who lived there.

The registered manager monitored the service provided to people by completing various adults, for example, medication, accident complaints, staffing levels, and training. Analysing the information to bring about improvement were required.

We saw that from the information it was identified that a daily check of medication was require and this had been completed. There was process to monitor staff directly and looking at the experience of people who there. The registered manager and deputy manager spoke with people daily to ensure that any concern were quickly identified and dealt with.