

Roseberry Care Centres GB Limited

The Evergreens Care Centre

Inspection report

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Tel: 01912702000

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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

About the service: The Evergreens Care Centre provides personal and nursing care for up to 43 people. At the time of this inspection 28 people were living at the service. The home is on two floors; the first floor provides nursing care and the ground floor provides residential care.

People's experience of using this service: People, and their family members said the care they received was much improved since the new management team had been in place. We were told staff were kind, caring and couldn't do enough for people.

People were involved in decisions regarding their care and their environment. People had been involved in making decisions about décor and menu options. Peoples family members had also been encouraged to get involved in choosing menu options.

Feedback from staff had been sought and the registered manager was keen to engage with the staff team in sharing ideas for continuous improvement and involvement in the running of the home.

Widespread improvements had been made since the last inspection in relation to staffing, care, records, medicine management, environment support and training. Staff told us they were very well supported and they were appropriately trained.

The culture was one of openness and transparency. Staff, people and visitors were complimentary of the approach of the registered manager and the staff team and shared how improvements had been made to the point where visitors would not hesitate to recommend the home to others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires Improvement (report published 14 June 2018).

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key question of well-led to at least good. During this inspection we found significant improvements had been made.

Why we inspected: This was a scheduled inspection based on the previous rating. Due to the history of the service we brought the inspection forward slightly to ensure improvements were being sustained.

Follow up: We will continue to monitor the service to make sure people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in line with our inspection programme.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

The Evergreens Care Centre

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by one inspector and one assistant inspector.

Service and service type: The Evergreens Care Centre is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We had not requested information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with seven people living at the service and five relatives. 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 also spoke with the registered manager, the regional operations manager, two deputy managers, a nurse, two care staff, the head housekeeper and the chef.

We viewed a range of records which included five people's care, medicine records, four staff files including recruitment, supervision and training information and records relating to the management of the service.

We looked around the building and spent time in the communal areas.

After the inspection the registered manager shared some additional information with us in relation to gaining the views of people, family members and staff.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People and visitors told us they thought the home was safe.
- Staff understood how to safeguard people from abuse and said, "Any concerns would be reported and acted on immediately. I have every confidence in that."
- Concerns were logged, investigated and action taken to minimise the risk of reoccurrence.

Assessing risk, safety monitoring and management.

- Risks to people were assessed and managed.
- Reviews were completed monthly or in response to an incident or change in the person's needs.
- Personal emergency evacuation plans were in place to support staff if they needed to evacuate.
- Regular and appropriate checks were completed of the building and equipment to ensure safety.

Staffing and recruitment.

- Staff were recruited safely and all relevant background checks were carried out before staff commenced employment.
- Since the last inspection the service introduced a new senior care role. This role was working well and we spoke with staff who said, "The seniors are approachable and they give us clear direction."
- Staffing levels were appropriate to meet the needs of people. Staffing numbers were determined by ongoing review of people's dependency levels that were regularly reviewed by management.
- The service used agency nurses who completed an induction.

Using medicines safely.

- Medicines were administered safely and in line with the prescriber's instructions.
- Audits and stock checks were completed regularly to minimise concerns and errors.
- Protocols were in place for 'as required' medicines and for medicines which are disguised in food or drinks in the best interests of the person receiving them.
- Treatment rooms were clean, tidy and well organised.

Preventing and controlling infection.

- The premises were clean and there were no malodours. The service had undergone some extensive re-decoration of communal areas and some bedrooms which made the service feel homely, welcoming and looked attractive.
- Staff followed hand hygiene routines and the domestic team were knowledgeable and had access to current guidance about how to ensure areas remained clean to prevent infections.

Lessons when things go wrong.

- Lessons had been learnt and improvements had been embedded into day to day practice since the last inspection. For example, there was improved communication and involvement.
- Staffing levels were safe, there were two deputy managers each with their own areas of responsibility and senior care staff had been introduced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed before they moved to the service. This included information on people's likes, dislikes, spirituality and sexuality as well as their care and support needs.
- Care was provided in line with guidance and reference was made in policy and procedure to best practice guidance.

Staff support: induction, training, skills and experience.

- Staff who were newly employed completed a full induction specific to their role in conjunction with The Care Certificate.
- All staff underwent regular training. Since the last inspection all training was exceeding the providers internal target for completion.
- Staff were positive about training, specifically in relation to end of life care. They were passionate about putting this into practice and had already introduced new initiatives.
- Supervisions and appraisals were regularly completed and staff said, "We are supported and we can approach our seniors or managers for anything."
- Regular observations were carried out for nursing staff to ensure clinical skills were meeting required standards.

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

- People's dietary needs were assessed and if needed referrals had been made to speech and language therapy teams or dieticians.
- Food was freshly prepared and staff supported and encouraged people to eat and drink so the risk of weight loss and dehydration was minimised.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff worked with other agencies including social workers and care managers.
- People were supported to access healthcare services including dentistry, podiatry and opticians.

Adapting service, design, decoration to meet people's needs.

- Improvements had been made to the environment since the last inspection.
- Refurbishment and redesign of the premises had been completed. There was a bigger dining area and an additional quiet lounge on the first floor.
- People had been involved in making decisions about the environment and consideration had been given to ensuring the environment supported people living with dementia.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Capacity assessments and best interest decisions had been completed if staff felt the person lacked capacity.
- DoLS applications had been made where required and progress was tracked.
- Care plans provided staff with details of people's capacity and whether DoLS applications had been applied for or authorised.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff treated people with kindness, compassion and care.
- Everyone was treated well regardless of their needs and staff spent time with people engaging them in conversations.
- Interactions were unhurried and respectful.
- Staff were attentive and observant to people's needs.
- People and their relatives said they were happy and well cared for.
- We heard one person tell her visitor, "I'm happy to stay here now, the lasses are lovely and I get spoilt."
- One person we spoke with said, "Everything is great here, the staff are good, it's just perfect."

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

- People, and their family members where appropriate, were involved in making decisions about care and support.
- The registered manager was passionate about engaging with people and people having a say and being listened to.
- People had chosen the colour of the front doors to their rooms, the colour of carpets and a 'Cook off' had been held where people and visitors were encouraged to 'rate the plate.' This information was used to develop the menu to people's preferences.
- People and staff were happy with the new management team and the staff and shared that widespread improvements had taken place.

Respecting and promoting people's privacy, dignity and independence.

- Care plans were written in a way that respected and promoted people's dignity and independence.
- People said their privacy was respected. Staff were sensitive in offering support to people and ensured people's dignity was maintained at all times.
- Staff approached people discreetly with their medicines and sat with people having a discussion and taking their time to make sure the person knew what the medicines were and what they were for. People were receptive to this and were happy that they were not being rushed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were in place and provided staff with enough information to provide safe care and support to meet people's needs.

- The management team explained that not all care plans were "as perfect" as they wanted but they said, and we saw that progress was being made.

- The deputy manager said, "We do a basic care plan for people's needs when they first move in and as we get to know people we add information about their preferences."

- Some care plans were very personalised and included summaries of people's medical needs as how as information about supporting the person in the way they wanted.

- There were various activities on offer displayed around the home. The service employed an Activities Co-ordinator who organised various events. During our inspection we observed staff spending time with people doing activities such as singing, games and pampering.

Improving care quality in response to complaints or concerns.

- Complaints and concerns were logged and investigated with outcomes shared with the complainant.

- Analysis was completed to identify any areas where improvements could be made.

- No one we spoke with had any concerns. One visitor said, "No, no since (registered manager) has been here I've had no concerns at all."

End of life care and support.

- At the time of the inspection there was no one at the service receiving end of life care.

- People and their relatives were invited to complete end of life care plans however the service was respectful of peoples wishes who did not want to discuss this until it was appropriate.

- Care plans were personalised and contained information on people's final wishes for how staff should support them with their needs.

- Staff we spoke with demonstrated a passion for ensuring people received high quality end of life care. Care and comfort boxes had been introduced for people who were reaching the end of their life as well as essential items for relatives who were encouraged and welcome to stay with their loved one.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. At the last inspection we found a breach of Regulation 17 good governance. During this inspection we found widespread improvements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The culture was one of transparency, inclusion and consultation which promoted reflection, learning and high quality personalised care.
- Staff and management were passionate about providing personalised care and involving people in decisions around their care, but also the running of the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Staff told us they understood their roles and responsibilities and knew who they were accountable to.
- Effective and robust governance had resulted in widespread improvements since the last inspection.
- Staff were proud of the improvements that the team, they were keen to share their knowledge and told us there were no areas of improvement that they could identify.

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

- People, family members and staff were engaged and involved in developing and improving the service.
- Feedback had been sought from all involved and the registered manager had responded by implementing changes or improvements. For example, results of quality audits were to be discussed in team meetings and action plans with be shared with the team before implementation so staff views and ideas could be included.
- Resident and relative's surveys had been completed. Where concerns had been raised prompt action had been taken and residents and relatives had been informed of action taken.

Working in partnership with others.

- One of the deputy managers explained that the registered manager had asked about strengths and weaknesses so the two deputies could have work together to achieve the best outcomes for people. They said, "People are my priority. I'm really happy here. You are only as good as the staff you've got. Staff work as a team and work together."