

Evergreen Care Services Ltd

The Elms

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service 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 Elms is a residential home which provides personal care for up to 22 older people and people living with dementia. The home has a range of communal areas, including lounges, dining room and reception area. At the time of our inspection 17 people were living or staying at The Elms for short term respite.

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

The provider had taken over the service in May 2019. Since taking ownership of the service they had implemented a clear service improvement plan which prioritised the health and safety of people and staff. They had also carried out a range of refurbishments to the home with more changes planned. The provider had a clear vision for The Elms which had been shared with people, their relatives and staff.

People and their relatives told us all staff were kind, caring and compassionate. Staff were attentive to people's needs and knew how to promote their wellbeing. When people were anxious, care staff took time to reassure them. People were treated with dignity and respect.

Staff were appropriately trained and had the skills to meet people's needs. The provider was ensuring staff had access to training, support and continued professional development they needed and requested. People received effective care and treatment. The service worked alongside a range of healthcare professionals to ensure people's health and wellbeing were maintained.

People's risks were known by the provider and care staff. Care staff were fully aware of their responsibilities to raise concerns and the provider ensured lessons were learnt from any complaints, incidents or accidents. There were enough staff deployed to ensure people received the support they required. People received their medicines as prescribed.

People received care which was personalised to their needs. Where people's needs changed, care staff took appropriate and effective action to ensure their health and wellbeing. People enjoyed talking with staff, other people and taking part in activities, including games they had played throughout their life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This is the first inspection of the service under the current provider. The service was last rated under the

previous provider and was rated Requires Improvement (published 6 November 2018). At this inspection, we found the service had improved to be "Good".

Why we inspected

This was a planned inspection based on the previous rating and following changes to the provider of the home. At this inspection we found that the service had improved under the new provider and was now rated "Good".

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

The Elms

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

The Elms 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.

There wasn't a registered manager at The Elms. A representative of the provider who was in day to day control of the home was in the process of applying to be registered with CQC. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider had not been asked to complete a provider information return prior to our inspection. This is 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 reviewed information we had received from the provider, including statutory notifications.

During the inspection

We spoke with four people who used the service and four people's relatives about their experience of the care provided. We spoke with eight members of staff including four care staff, the chef, the home's administrators and the home's providers. 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 reviewed a range of records; this included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At this inspection the rating of this key question was rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. People and relatives told us they felt The Elms was safe. Comments included: "We have peace of mind (that relative is safe)" and "I do get peace of mind. I can go away on holiday and I'm not concerned."
- Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the provider and knew which organisations to contact outside the home if required.
- The provider reported and shared appropriate information with relevant agencies to safeguard people. The provider ensured people and their relatives were informed of any concerns and learnt from any incidents or concerns.

Learning lessons when things go wrong

- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Any learnings identified through investigations was shared with staff and used to prevent similar incidents occurring in future.
- The provider used Incident and accident audits to identify possible trends which may require them to adjust the support people received.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People's risks were identified and assessed by the provider and care staff at The Elms. Staff completed risk assessments in relation to people's health and wellbeing as well as the actions required to reduce these risks. One person was at increased risk of falling from their bed. The provider had ensured staff had appropriate guidance and that equipment was available which alerted staff and helped to protect the person from avoidable harm.
- Where people required assistance with their mobility, an assessment was in place which documented the support they required. We observed care staff assisting people with their mobility and following their assessed plan of care. Staff used safe techniques to assist people with their mobility.
- Where people had been assessed at risk of falls, staff followed clear guidance. Staff understood the importance of monitoring people after a fall, especially if they were on blood thinning medicines or had injured their head, to ensure people's health and wellbeing were promoted.

Preventing and controlling infection

- The provider had made a number of improvements to The Elms to ensure the service was safe and free from infection. This included essential maintenance and the implementation of digital monitoring systems to protect people from legionella.

- The home was clean and well presented on both days of our inspection and staff protected people from the risk of infection. Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection.
- People could be assured the building and equipment used to assist people with their mobility was safe and routinely serviced and maintained. The provider had systems in place to ensure any health and safety and maintenance issues were addressed.

Using medicines safely

- People received their medicines as prescribed. Care staff kept a clear record of the support they had provided people regarding their prescribed medicines. Staff had systems they followed to ensure people were protected from the risk of maladministration of their medicines.
- People were given time to take their medicines in a calm and patient manner. Where people had 'as required' pain relief medicine, staff asked if people wanted these medicines and acted upon their wishes.
- Where people received 'as required' medicines (such as pain relief and medicines used to assist people when they became agitated) there were clear protocols in place for staff to follow.

Staffing and recruitment

- There were enough staff, at any given time, to meet people's needs. The provider told us they hadn't had to use agency to maintain safe staffing levels, as they had enough employed staff which promoted people's continuity of care.
- People and their relatives told us there was enough staff to meet their needs and their requests for assistance were responded to promptly. Comments included: "There always seems to be loads of staff on" and "The staff come quickly when I want them."
- Staff told us that there were enough staff to meet people's health needs and enable them to engage with people and promote their wellbeing. Comments included: "We were running on so little staff on the floor (under previous provider), with lots of agency. We have no agency now, that's the biggest difference. We have a good team now and people have better continuity" and "We have the time to care for people. We never felt rushed."
- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked a probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.

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.

At this inspection the rating of this key question was rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. People and their relatives spoke positively about care staff that supported them and felt staff had the skills to meet their needs. Comments included: "The staff are brilliant. They are attentive and competent" and "The staff are very pleasant and skilled."
- Staff spoke positively about the training and support they received and felt they had the skills required to meet people's needs. Comments included: "I know I am supported. I get the training I need" and "Personally I enjoy the training we receive. Its focused on the home, so we can talk about individuals and the type of dementia they've got. That's really good, we're getting away from stereotypes."
- Staff had opportunities for professional development, including completing qualifications in health and social care. The provider ensured each member of staff received a supervision (one to one meeting) to discuss their needs and any concerns they had.

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

- People's needs were assessed with ongoing involvement of themselves and their close relatives and where necessary based on their assessed needs from healthcare professionals.
- People and their relatives had access to information to help them understand their care and treatment and promote a good quality of life with positive outcomes. One person told us, "the staff and [provider] give me a bit of support and information as well."

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

- People had access to a varied and balanced diet. People spoke positively about the food they received and were supported to make a choice over the meals they enjoyed. One person wanted a different option than the main meal and staff responded promptly to this request.
- The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements and textured diets. One person required thickener in their drinks, which they managed by themselves. The person enjoyed one drink without thickeners. The provider had discussed this risk with the person to enable them to make an informed decision.
- People's request for food and drink was acted upon quickly. We observed staff prompting and encouraging people to enjoy food and drink throughout the inspection.

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

- Advice from health care professionals helped inform people's care plans to enable staff to meet people's

needs. For example, one person had received support from healthcare professionals in relation to personal equipment which would promote their health. Staff were aware of this change.

- People were supported to attend medical appointments and were supported to access additional healthcare services such as opticians, chiropodists and dentists. One relative told us, "They help me deal with appointments. The district nurses come and see [relatives] legs."
- Each person's oral care needs had been assessed using nationally recognised assessments. This included the support they required with cleaning their teeth or dentures. Staff understood the importance of promoting people's oral health.

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

- The provider had a clear plan of refurbishment for The Elms. Since they took over the service in May 2019 they had carried out a number of improvements without impacting on people's day to day movements. The provider told us about the future improvements they were planning to make, including a refurbishment of the home's lounge. People and their relatives spoke positively about these improvements. Comments included: "The décor was tired. We've watched the changes, it's going to be very nice. It's been done very sympathetically for people" and "There has been massive changes, it looks so much better."
- People could orientate themselves around the home and access facilities including the communal lounge, conservatory, outdoor areas and their bedrooms. One person enjoyed spending time outside and their choice was promoted.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's choices were respected. For example, one person liked to eat their meals away from other people. Staff understood the reason for this choice and ensured the person's wishes were respected.
- Staff supported people to make an informed choice, by providing clear options. Comments included: "One person wanted to stay up and watch a film they hadn't seen. We don't force people to go to bed, they go to bed when they want, if it takes all night, we'll do it" and "[one person] will make unwise decisions. We do sit and talk to them, give them options, however it is their choice."
- The provider had made applications to the local authority in relation to depriving people of their liberty. One application had been approved and the provider was aware of the expiry date and showed us that no conditions had been imposed as part of the authorisation.
- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were known to the organisation and they were included in decisions made about the person's care. For example, one person's Power of Attorney for Health and Welfare had been clearly involved in making decisions in relation to their relative's care.

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.

At this inspection the rating of this key question was rated as Good. This meant 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; Respecting and promoting people's privacy, dignity and independence.

- People were supported by dedicated and committed care staff. People spoke positively about how kind, caring and compassionate the care staff were. Comments included: "The staff all go out of their way to make sure things happen"; "Several of the staff go the extra mile, doing [relatives] hair as weekly as they were used to it. The care [relative] is getting is really quite good, that's so important" and "The care staff are very helpful, they assist him well, he never complaints. They have my greatest respect."
- Staff positively engaged with people and ensured they were comfortable and happy. We observed care staff engage with people in a respectful and natural way. For example, staff assisted one person with some ad hoc activities. One person told us, "They spend time with me."
- Staff told us how they promoted people's confidence and wellbeing. Comments included: "[One person] doesn't like to sit in group activities, however they like to be involved and watch from a distance, this makes them feel happy. We support this." and "One person likes to walk a lot; however, it is with risk. We support them and give them time. This has helped them and soon they'll be going back to their own home."

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

- People were encouraged to do as much as they were able to. Staff encouraged and reminded people regularly, including prompting them to have drinks and letting people lead their care. For example, some people staying at The Elms were there for short term respite. The provider and staff understood the important of promoting and maintaining people's independence, which they would need back in their own homes.
- Staff told us how they respected people's dignity and the importance of making sure people were comfortable. We observed that staff ensured people's personal spaces were always respected. For example, knocking on their bedroom doors before entering, announcing their presence as they entered rooms and by talking and engaging with people before assisting them, whether with their meals or their mobility.
- The service respected people's diversity. Staff were open to supporting people of all faiths and beliefs, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care plans reflected their protected characteristics and provided staff clear guidance.

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

- People's communication needs were known, recorded and understood by care staff. Staff could describe the support people needed to enable staff to understand their wishes and support their decision making.

- People were at the centre of their care and where possible were supported to make decisions. Two people's care plans contained clear information on their views. The provider and staff had clearly involved them with their care and taken into consideration their views. One person confirmed when asked that the care was based on their choices.

Is the service responsive?

Our findings

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

At this inspection the rating of this key question was rated as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in the planning of their care. This ensured that people's care assessments were personalised to their needs and preferences. One person's care plan had been written with the person and contained their voice throughout.
- People and their relatives were happy with their involvement in the planning of care. Comments included: "[relative] has care plans, we're involved and able to make suggestions"; "I'm involved. The care is really quite good" and "I have been involved in care planning around continence."
- The provider had a clear plan in place to ensure people's care needs were documented and personalised to their needs. They were implementing a clear audit process to promote care staff involvement in this matter

Supporting people to develop and maintain relationships to avoid social isolation;

- People's relatives and friends could visit them at any time. We observed people spending time with their relatives and enjoying the freedom to spend time where they chose in the home. One relative told us, "I come in and play games [with relative]. I am always made to feel welcome."
- People were supported to celebrate special events with their family. One person celebrated a significant birthday prior to our inspection. A relative told us, "The staff were terrific. We had a small family get together in the conservatory. They catered for it." On the second day of the inspection the provider went through local newspapers with the person and discussed articles and pictures of the event with them.
- The provider was aware of the risk isolation. They had employed an activity co-ordinator who was due to start working at The Elms. Care staff were aware of those people who chose to spend time in their rooms or didn't engage in group activities. Staff had the time to spend, one to one with people, talking about their interests and hobbies.

Support to follow interests and to take part in activities that are socially and culturally relevant to them;

- People enjoyed activities which were tailored to their preferences and life histories. On both days of the inspection, people were enjoying quizzes and games with care staff. People were clearly engaged with these activities. One person told us, "I enjoy my time with staff. We have fun." One person didn't want to participate in one activity, however liked to sit and watch. They were happy watching people enjoying a memory exercise.
- People told us they were happy at The Elms. Including going into the home's balcony area, enjoying religious services and activities. Comments included: "I think we have fun" and "I'm content, I'm happy with what goes on." One relative told us, "There are activities going on."
- Where people were being cared for in bed, staff told us they took time to sit with these people and provide

them with company. One member of staff told us, "We sit and talk to [person]. They can't talk back however we know they enjoy the company.

End of life care and support

- People were supported at the end of their life by care staff. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available.
- People's end of life wishes had been explored with people and their representatives. These included preferences in their end of life care and support and identifying any specific religious or cultural needs.
- The provider had sought training and guidance from the local care home support team in relation to people's changing needs and the 'deteriorating need of people'. Staff spoke positively that they were gaining the skills they needed to meet people's changing needs, including the needs of those people at the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided to people in a format which was appropriate for them. For example, people could have access to information in a large print format, braille or in different languages. The provider and staff ensured people were communicated to in the most effective manner to their needs and preferences.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise complaints and were confident the provider would take appropriate action. Comments included: "Any problem [provider] is very approachable. I always feel listened to" and "[Provider] goes out of her way to ensure things happens." A copy of the home's complaint procedure was available for people to access on noticeboards and service user guides.
- The provider had kept a record of compliments, complaints and concerns since they had taken over the home. They had one documented complaint, which they had acknowledged and responded to. They had made changes to the service and communicated this to the complainant who was happy with the response.
- The provider had received one complaint shortly after our inspection which they acknowledged and were working with other agencies to resolve the complaint. The provider was sharing this information with CQC.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At this inspection the rating of this key question was rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were supported by the provider and understood their individual roles in supporting people at The Elms. Comments included: "[Provider] is very supportive. You can ask anything and don't get looked at like you've got two heads" and "If you have a problem or want to discuss anything, with [provider] you know you get the support."
- The provider understood their regulatory requirements. At the time of the inspection, the provider was in the process of registering with CQC as the registered manager. They had a clear understanding of their duties to notify CQC.
- The provider ensured staff had additional duties and responsibilities which reflected their individual skills. For example, one member of staff had completed a qualification in dementia care and provided training and guidance to staff. Another member of staff had a speciality of moving and handling. One member of staff told us, "With [provider] I know I'm always going to be supported to develop."

Continuous learning and improving care

- The provider had implemented a clear service improvement plan for The Elm, which focused on improving people's care and promoting continuous improvements and development. Since the provider took ownership of the service in May they had completed a number of actions and had a clear, comprehensive plan on future actions they planned to take.
- The provider had implemented quality assurance systems to enable them to monitor the care people received. They had plans to develop these systems as they worked through their service improvement plan. Where actions were required, the provider had ensured that appropriate short-term action was taken to minimise the risk and impact to people.
- Staff were heavily involved in improving the home. Staff were asked for their views and were given opportunities to take ownership of areas of work. One member of staff told us "We're asked for our opinions on things we're improving."

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

- The views of staff, people and their relatives had been sought in relation to changes within the home. The provider had involved people in making decisions about the décor of the home, including furniture and colours.
- The provider had taken time to meet with people and their relatives and discuss how they can express their views. People and their relatives told us they felt the provider was approachable and listened to their

views. One relative told us, "the provider is incredibly approachable. I always feel listened to." Another relative said, "I feel I am supported as well."

- Care staff were provided clear information they needed on people's needs, the providers expectations and changes in the home, through meetings, memos and staff handovers. For example, changes to the home's medicine administration systems had been discussed and actions implemented.

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

- The provider had a clear vision for The Elms which had been shared with people, their relatives and staff. They wanted to provide a service which focused on high quality and family. Staff told us the provider had clearly communicated this to them and welcomed their families to the home.

- Care staff were encouraged and supported to reflect on how they supported people. Staff spoke positively how training and support had been tailored to the needs of people living at the home. The provider supported to staff to reflect on people's care and events in the home to help improve the quality of care people received.

Working in partnership with others

- The provider had sought and acted upon the advice and support from a number of healthcare professionals. When the service changed to a new medicine administration system they welcome the support and advice of the local care home support team pharmacist to help audit their systems. This audit had generated some guidance and actions which had been shared with care staff.

- The service worked with a range of services aimed at supporting care homes in Gloucestershire. This included accessing training from local care home support team and accessing a local providers group. The provider had a track record of working with local authority commissioners to provide emergency respite for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following concerns, they had ensured people and their representatives, as well as relative agencies were informed.