

Mr David Thompson

# Evergreen Care Home

## Inspection report

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### 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

### About the service

Evergreen Care Home is a residential care home providing personal care for 19 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

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

The provider's governance systems to monitor the delivery and quality of the service provided for people were not consistently robust and required further improvement. For example, ensuring risk assessments and care plans were reflective of all medical conditions and clear protocols in place to support staff on what they need to do to support people effectively.

People living at the home and their relatives had shared concerns about the provider's management style. Staff reported feeling undervalued and not listened to.

All the people, relatives, and staff we spoke with said the staff provided good quality care.

People were safe using the service. Staff knew how to protect people from harm and reduce the risk of accidents and incidents. There were enough suitably recruited staff on duty to meet people's needs and to keep people safe. People were supported by staff who knew their needs well. Staff supported people with their medicines and this was done safely. Staff understood how to prevent and control the spread of infection.

People were assessed before being accepted to the service to ensure the provider could meet their needs. Assessments addressed people's physical and health needs, their cultural and language needs, and what was important to them. Staff received training which helped them to deliver personalised care. People were happy with the choice of food available and where appropriate, received additional support with their dietary needs. The provider worked well with external health and social care professionals and people were supported to access these services when they needed them to ensure their health was maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests; the policies and systems in the service required some improvement to ensure the provider continued to support this practice.

Staff were knowledgeable and kind. People and relatives told us how friendly and caring the staff were. Staff enjoyed their work and got on well with the people they supported. Staff encouraged people's independence, protected their privacy and treated them with dignity.

Some of the people using the service at the time of the inspection could not always tell us about their experiences. However, whilst on site, we saw positive interactions between people and staff and people looked comfortable with the way they were being supported. Relatives we spoke with gave us good

feedback on the service and the way the staff supported their family members to remain safe. Staff provided responsive care to people in line with their preferences and choices. If people communicated non-verbally staff knew how to engage with them.

People were supported by staff who knew their preferences. Complaints made since the last inspection had been investigated and families knew who to contact if they had any concerns. Relatives and staff were happy with the way the service was being led and there was a clear culture amongst the staff team in providing person-centred care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was requires improvement (published 10 April 2019) and there were multiple breaches of regulation. The provider had submitted monthly reports since the last inspection to show what improvements have been made. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 effective findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Evergreen Care Home

## 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 was carried out by one inspector, an inspection manager and an Expert by Experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Evergreen Care Home 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 they 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 on the first with an announced visit on the second day.

#### What we did before the inspection

We used the information the provider had sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed feedback available through Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who lived at the home and five relatives about their experience of the care provided. 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 four care staff, the administrator, deputy manager, the registered manager and the provider.

We reviewed a range of records. This included six people's care records and five 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.
- Although there had been an improvement to the content of risk assessments, there was further improvement required. For example, there was no risk assessment for one person at risk of high blood pressure, detailing information for staff to identify the symptoms the person may exhibit if their blood pressure was high. This meant there was a potential risk of increased harm to the person because staff may not recognise the person becoming ill.
- Body maps had been completed for people that had acquired unexplained bruising or marks to their bodies. However, two documents we looked at, had recorded the marks, but we could not see there had been any investigation into how the marks and bruises had been obtained. We discussed the importance of accurately recording and investigating unexplained bruising and marks with the management team at the time. The bruising was historic and we could see the person was in good spirits.
- Discussions with staff showed they had a good understanding of the risks to people and we saw they took care to keep people safe. For example, one person was at risk of developing sore skin and staff encouraged the person to rest and change their positioning on a regular basis.
- We saw from care records, changes in people's needs were referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.

### Using medicines safely

- At the last inspection the provider's homely remedies policy was not effective. At this inspection all unprescribed medicines had been disposed of and all medicines stored on site had been prescribed by the GP.
- Staff had completed training on how to administer medicines. However, when we asked three staff how they would support a person who continually refused their medication, we were given three different accounts. We discussed this matter with the management team at the time and arrangements were put in place immediately to ensure staff would be consistent in their approach.
- Where staff supported people with their medicines, records showed there were no areas of concern. We saw staff administering medicines to people in a safe way.
- Staff competency in relation to medicines had been checked since the last inspection.

### Staffing and recruitment

- There were some mixed opinions about staffing levels expressed by people living at the home, however, our observations showed there was sufficient staff available to support people.
- People, relatives and most of the staff told us the staffing levels had improved but explained there were times of the day when an additional staff member would be beneficial. For example, first thing in the morning to support people to get up.
- We discussed with the provider their plans to develop a day centre at the home for people who did not live there and the potential impact of this additional service on current staffing levels. The provider gave reassurances staffing levels would be reviewed and increased as and when people's support needs increased.
- People and relatives we spoke with told us there had been a number of staff changes since the last inspection but there had been an improvement and the staffing at the home had begun to settle.
- The provider had a recruitment process in place to prevent unsuitable staff working with vulnerable adults. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

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

- People and relatives told us they felt the home was a safe place to be. One person said, "I feel safe here, it's better than being at home. It's lovely." A relative said, "We have no concerns about mum being safe here."
- The management team and staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "I would raise with the manager and if they didn't do anything I'd phone social services, the police, or CQC, always CQC."
- There were effective systems in place to monitor and manage allegations of abuse or harm.

#### Preventing and controlling infection

- Staff told us personal protective equipment (PPE) was readily available for them to use.
- Additional clinical waste bins had been put into place since the last inspection to reduce the risk of cross infection.
- The home was clean and free from any unpleasant smells.
- No concerns were raised by people, relatives or staff about the provider's infection control.

#### Learning lessons when things go wrong

- There had been an improvement in the provider's processes to record, investigate and monitor incidents and accidents. We saw records were completed and analysed for trends to mitigate future risk of re-occurrence.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were good and relative's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last inspection the provider had not ensured all staff had sufficient skills and knowledge to deliver safe and effective care and there was no formal assessment of their competence. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.
- The provider explained they had introduced the Care Certificate since the last inspection in addition to a new three day training course to support the Care Certificate. Staff that had attended this course told us they had found it beneficial to their learning and development. One staff member said, "We did 'the day in the life of...'" and the one (next training event) after that was basic first aid. We could do with practical training for fire safety to show us how to use the fire extinguisher, that would be good." We gave the provider this feedback at the time of the inspection.
- Staff confirmed they received support from the registered manager and deputy manager that included an assessment of their competencies, appraisals and supervision. One staff member told us, "[Registered manager] completed my competencies."
- People and relatives told us they were confident staff had the right level of experience and knowledge to support them effectively and safely. One person said, "I do think they (staff) know me well and know what my needs are."

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

- People told us they were given a choice of meals available. One person told us, "We have choices and we always have pudding." However, we found some people were not always provided with a culturally appropriate choice of food. We discussed with the provider the feedback we have received. Immediate action was taken to ensure menus reflected meal choices for people from different cultural backgrounds.
- Jugs of fresh cordial and water were readily available and within easy reach for people located on side tables next to their seats. Meals and snacks were prepared and staff were aware of people's individual preferences.
- We saw people were encouraged to eat their meals and received appropriate support if they were having difficulty with supporting themselves to eat.
- People were encouraged to eat in the dining room (located in the conservatory); this meant people at risk of skin damage were encouraged to move or change position regularly throughout the day, and people could enjoy a joint meal time experience. One person told us, "We eat in the conservatory, it's nice in there."
- People at risk of weight loss were monitored and provided with a fortified diet (extra calories) to help them

gain and maintain a healthy weight.

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

- People's needs were assessed at the point of admission. The process included assessing people's protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements. One person told us, "My daughter knows of my care plan; she is always updated."
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

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

- People had access to healthcare services when required to promote their health and well-being.
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs.
- People and relatives spoken with confirmed there was access to healthcare professionals when needed to maintain and improve people's health.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency. They told us they would liaise with family members, the provider and others, including health and social care professionals, and seek urgent medical help for the person if necessary.

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

- The provider had made improvements to the home environment since the last inspection. For example, the artificial lighting had been improved and the re-decoration of some of the bedrooms.
- There was a spacious conservatory to the rear of the home that was bright and airy and people were making use of the additional space to sit and talk with their visitors, to read and to relax.

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

At our last inspection the provider had failed to ensure people were not being deprived of their liberty without lawful authority. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

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.

- Where people did not have the capacity to make some decisions, the service had ensured decisions were taken in people's best interests in line with the MCA.

- Staff had received training to aid their understanding of the MCA and DoLS.
- We saw the service had applied for DoLS where appropriate and were waiting for some of these to be authorised by the local authority.
- Staff understood the importance of giving people choice and asking for their consent. People told us staff would always seek their consent before supporting them.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- We observed staff treating people with patience, humour and respect.
- People and relatives we spoke with told us they were happy with the way care and support was delivered. One person told us, "I think that the staff know what they are doing when they look after me, they are kind and treat me with respect."
- Staff told us how much they enjoyed working with people and how they wanted to make sure people were well looked after.
- Staff had received equality and diversity training.
- People's equality and diversity was respected. For example, the provider arranged for a member from the local church to visit the home on a regular basis.

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

- We saw people were given opportunities and asked to make choices about everyday life in the home such as what drink and food they wanted and where they wanted to sit.
- People and relatives told us they felt staff listened to them.
- Staff told us they would always do their best to involve people in decisions about their care. One person said, "They (staff) do come and speak to you (about the support)."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's privacy and we saw people could spend time on their own if they so wished.
- Care plans were individualised to make sure people were supported to do things for themselves where possible, for example encouraging people to walk with their walking aid.
- Staff explained to us how they encouraged people to try and do some tasks for themselves to maintain some level of independence. One staff member told us, "We do what we can to try and encourage people to as much as they can for themselves. We are quite lucky here because a lot of people are quite independent."
- People's dignity and privacy was respected
- People were supported to maintain and develop relationships with those close to them.
- Relatives told us they were free to visit anytime and always made to feel welcome by the staff.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Care plans we looked at were person centred and we could see people and their relatives had some involvement with the planning of care and support.
- Staff we spoke with were knowledgeable about people's care and support needs.
- Staff provided responsive and flexible care. One relative told us, "I have seen mum's care plan and it is reviewed."
- Staff knew how to communicate with people where verbal communication was limited and ensured they used their knowledge about people when providing choices.
- Staff responded to changes in people's needs. For example, if staff found that a person's skin had become sore, they would make sure they contacted the community nursing team or discussed it with the relatives. This helped to ensure people continued to receive the right amount of care and support they needed.

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.

- The registered manager and deputy manager understood their responsibility to comply with the Accessible Information Standard (AIS) and assured us if there was anyone who required additional information in an accessible format, they had arrangements in place to provide this. For example, large print and picture menus were being discussed with the intention of introducing them into the dining experience.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection people had told us there was not enough meaningful engagement to reduce boredom. At this inspection, we found this had improved, in the last few weeks, because the provider had employed a dedicated member of staff to develop interests, hobbies and had introduced exercises.
- We saw people were engaged with each other with lots of talking amongst themselves and those spoken with told us they enjoyed the exercises, music, singing (lyrics for the songs provided in large print) and dancing.
- Some people chose to remain in their room and we asked what was in place to reduce social isolation for them. The staff explained they tried to encourage people to participate but this was not always what people

wanted to do.

- People we spoke with and their relatives told us they were happy with how they spent their time.
- There were opportunities for people to attend religious services should they wish.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to raise a complaint.
- The provider's procedures outlined the process for dealing with complaints. We saw there was a process in place to monitor complaints and record action taken to identify trends and improve the service for people.

End of life care and support

- The service was not supporting people with end of life (EOL) care at the time of the inspection. The provider had appropriate processes in place to ensure people would be supported in a dignified, personal and sensitive way.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At our last inspection the provider had not ensured their governance processes were robust to effectively monitor the quality and delivery of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.
- Although there had been improvement since the last inspection, the provider must ensure they sustain the improvement with robust quality assurance systems in place to prompt action to be taken. For example, audits had not identified unexplained bruising and marks had not been investigated or monitored until they improved. Reviews of policies had not identified the guidance for staff instructing them what action to take when a person has refused their medicine over a period of time, required improvement. Risk assessments had improved but there remained some inconsistency with protocols for some health conditions not being reflected in the care plans. For example, protocols for staff to support people with their inhalers. Reviews with people had not identified the service was not consistently offering a choice of alternative food for people from different cultural backgrounds. However, it is recognised this matter was addressed promptly at the time of the inspection.
- The provider had complied with their registration conditions and submitted monthly reports to us following their last inspection.
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed in the hallway of the home.
- The registered manager had notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People and relatives had shared with us their views on the management style of the provider. One relative told us, "The owner (provider) doesn't let the manager and staff manage and sometimes undermines them by telling them what to do in front of people." One person said, "The owner will tell off the staff if they sit and talk to us, they (staff) must be always on their feet working." Conversations we had with staff supported the experiences of people and relatives. We discussed the feedback with the provider and explained this situation had not improved since the last inspection and could not continue because it could have an adverse effect on the operation of the home. The provider acknowledged our feedback and assured us they

would take a step back and leave the management of the staff and home to the registered manager and deputy manager.

- Staff felt supported by the registered manager and deputy manager and told us they were approachable.
- Staff we spoke with demonstrated they were motivated and shared an enthusiasm to provide good quality care. One staff member said, "The quality of care is good, we work hard to make sure our residents are happy and safe." One person told us, "The home has gone back to being more homely in the past three months or so."
- Changes to how the service operated were discussed at staff meetings to keep staff up to date.
- The management team conducted spot checks on the support provided by staff. For example, medicine competency checks.

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 had notified relatives, the local authority and CQC of any incidents as they are required to do so.
- We found the provider to be open throughout the inspection about what the service does well and what needed further improvement.

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

- People and relatives were supported to have their say in the day to day care, support and management of the home. One relative told us, "We suggested at meetings that they (the provider) put in sanitizers in the home and use air freshener and this has been done." Another relative said, "We suggested that they (the provider) close the kitchen, office and laundry room as they always would be left open. These are now closed, and they have put signs on them. Little things which don't cost much has now been done."
- Relatives told us staff kept in regular contact with them concerning any changes in people's health.
- The overall feedback from people living at the home and relatives was the service had improved since the last inspection

Continuous learning and improving care. Working in partnership with others

- The provider had worked in partnership with other health care organisations for people's benefit. For example, we saw evidence in people's care plans of the provider working with the district nurses and the local GP.
- The provider and staff displayed a commitment to improving care and support where possible.