

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?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

About the service:

- Evergreen Care Home is a care home providing personal care and accommodation for up to 24 people. At this inspection 16 people lived within the service.

People's experience of using this service:

- ☐ People were not always protected from the risk of harm. New staff did not receive any formal training or competency checks. Staff had limited awareness of how safeguarding issues could be escalated to other agencies. We observed some poor infection control practices as staff did not have easy access to personal protective equipment and there was insufficient sanitary waste bins. The provider had a recruitment process to ensure the appropriate checks were carried out when recruiting staff. People received their medicines as prescribed although the procedures for administering homely remedies were not robust.
- ☐ There were mixed views about the quality and quantity of the food provided, some people told us the food was good whilst other people's views were not so positive. Staff supported people to access health care when needed.
- ☐ People did not always receive care and support that respected their dignity and privacy. People's views on the staff that supported them were mixed. Some people thought staff were kind and caring whilst other people's views were not so positive. People's equality and diversity was respected.
- ☐ Care plans in place for people were limited in detail about how people would like their care to be provided although staff knew how to care for people in practice. People were not always involved in reviews about the support they received. People told us they felt bored and there were not enough activities. The provider was in the process of recruiting an activities co-ordinator in order to provide more activities for people. People's views on how complaints were handled varied.
- ☐ The registered manager and provider did not understand the legal requirements within the law to notify us of Deprivation of Liberty Safeguards (DOLS). Risk assessments contained conflicting information and though updated did not give clear information of people's needs. There was a lack of robust oversight of accidents and incidents. Staff consistently reported feeling undervalued and not listened to. Leadership arrangements were unclear. The environment was clean and comfortable. The registered manager and provider did understand the legal requirements within the law to notify us of other incidents of concern, deaths and safeguarding alerts.

Rating at last inspection:

- Rated Good (Report published 17/11/2015).

Why we inspected:

- This was a planned inspection based on the rating at the last inspection.

#### Enforcement

- Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

#### Follow up:

- We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# 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. 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 an inspection manager, an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Evergreen Care Home is a care home. People in care homes receive accommodation and nursing or personal care. 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:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted a number of local authorities who commissioned services from this provider.

The provider completed a provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information provided by the provider was used to plan our inspection and taken into account when we

made judgements in this report.

During the inspection process we spoke with nine people, three relatives, five members of staff, two health professionals, the registered manager and the provider.

We looked at the care and review records for four people who used the service and two staff files. We looked at recruitment and training files. We looked at records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident monitoring, auditing systems and complaints. We observed people's interaction with staff by completing a SOFI (short observational framework of inspection).

# Is the service safe?

## Our findings

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

Requires Improvement: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- The provider's poor infection control practices placed people at risk of cross infection. Staff told us and we observed that personal protective equipment (PPE), such as plastic gloves and aprons, were not readily available for staff to use. There was no PPE in any of the communal bathrooms and toilets.
- There was only one clinical waste bin in the home which meant that staff had to carry sanitary waste products through the home to dispose of them appropriately which posed the risk of cross infection.
- The clinical waste bin was not permitted to be emptied until completely full increasing the risk of cross infection and unpleasant odours.
- The provider's infection control policy contained insufficient detail and guidance for staff on how to protect people from the risk of infection.

### Systems and processes

- Systems and processes to investigate and monitor accidents and incidents were not robust.
- There was not a clear system for staff to follow for recording accidents and incidents. Where accidents and incidents had occurred, we saw that records were not always completed in sufficient detail. For example, we found records that were not signed or dated. Whilst some monitoring of incidents had occurred, further detail and analysis was needed in order to reduce the chance of re-occurrence and to keep people safe.
- New staff had not received any training on how to safeguard people from abuse from the provider. Although all staff told us they would report any concerns about the people they cared for to the registered manager, they had limited awareness of how safeguarding issues could be escalated to other agencies.

### Assessing risk, safety monitoring and management

- Risks to people's care had not always been clearly identified and managed well. Effective risk management was not consistently embedded in staff practice. For example, one person had fallen over a piece of equipment that had been left at the side of their bed, injuring themselves. This piece of equipment had not been risk assessed to see if it was needed by the person to keep them safe. On further investigation, it was found the person actually had no need for the equipment and it had been delivered as part of a package of other equipment. The person suffered avoidable harm as a result.
- Risk assessments contained conflicting information. For example, one person's risk assessment contained conflicting information about what foods were safe for them and the current level of risk was unclear. Conflicting and unclear risk assessments placed people at risk of receiving unsafe or inappropriate care as staff did not always have sufficient guidance to follow.

This was a breach of Regulation 12 (2)(a)(b)(c)(h) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014 safe care and treatment.

- Although we identified issues with infection control practices, the home environment was clean and well maintained.
- Whilst oversight of the safety of the service was not consistent, there were examples of where the registered manager had implemented new processes to reduce risk. For example, escorting people to the 'Ring and Ride' bus to reduce the risk of falls.

#### Staffing and recruitment

- People and their relatives told us there was not enough staff on duty. One person told us, "Staff do not have enough time to sit and talk to us." One staff member we spoke with said, "Sometimes there is enough staff, sometimes not. We don't get chance to sit and have a chat." On the day of inspection we observed there was enough staff to support people with their daily tasks. We observed some good social engagement between staff and people during the day, however, on the evening staff did not have so much time to engage with people.
- People, their relatives and health professionals told us there had been a high turnover of staff which impacted on the consistency of support people received
- We saw evidence of recruitment checks taking place before staff were appointed to ensure suitable staff were recruited.

#### Using medicines safely

- The provider's homely remedies policy was not fit for purpose and guided staff to look for contra indications before administering any homely remedies. As staff were not medically trained, this could result in people being given homely remedies that were not suitable for them and could react adversely with other medication they were taking. This could potentially put people at risk of harm.
- Only senior staff members administered medication and they told us the registered manager completed an audit every morning to check medication was administered as prescribed.
- We observed people's prescription medicines were administered safely. We observed staff recording in a medicines administration record once medicines had been administered which meant that people were receiving their medication as prescribed.
- We observed when several medication errors had occurred for one person's particular medicine, the registered manager had introduced a new checklist and since the introduction of this checklist there had been no further errors.



# 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

Requires Improvement: □ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- The provider had not ensured all staff had sufficient skills and knowledge to deliver safe and effective care and no formal assessment of their competence had been carried out. New staff did receive an induction programme which involved shadowing experienced staff, however, they did not receive any formal training when they commenced employment. The provider's training matrix confirmed that five new members of staff had not received any training from the provider since commencing employment.
- The registered manager told us these staff had received relevant training from other employment. However, the provider had not carried out any observations to assure themselves training staff had previously received was effective and that staff had the right competencies, skills and values to meet the specific needs of people living in the home.
- New staff had not received any training on dementia care, despite there being a number of people living with dementia. Whilst staff had some understanding of effective dementia care, their understanding and observations of care practices had not been checked or overseen to ensure they had sufficient skills to provide appropriate care

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 staffing.

- Whilst staff felt they had support from the registered manager, they did not feel supported by the provider. They told us the provider did not listen to their views and concerns and they did not feel valued.
- There was ongoing training for existing staff.
- Staff received supervisions and appraisals with the registered manager.

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

- People's views on the food the home provided were mixed. Some people told us the food was good whilst other people's views were not so positive. One relative told us there was not enough fresh fruit available.
- Some people told us they thought there was plenty of food, whilst staff expressed concerns that basics such as milk and bread would sometimes run out. The provider told us they were confident there was enough food and they had sometimes reduced the bread and milk order as it often went to waste. On the day of inspection we observed that the kitchen was well stocked.
- People were offered plenty to drink.
- People told us their dietary needs were known by staff.
- On the day of inspection, the meal we observed was of good quality.

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

- There was an orangery at the back of the building which was light and airy and a pleasant place to sit, however this made the living room very warm. One person said, "It is very warm in here, it makes us sleepy and our legs swell with the heat." We observed it was very warm on the day of inspection. When we spoke with the provider about this, they said there were blinds they could use to block out the sunlight and that when the doors were opened there was a nice breeze. They said they would look into the use of fans.
- The environment where people lived was pleasant, well maintained and decorated and we saw that people's bedrooms were decorated nicely. However, the furniture in the lounge was not arranged to be 'homely' or inviting. All the chairs were arranged around the walls which did not encourage social engagement.

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.
- Where people had restrictions within their care plans which they did not have capacity to consent to, the provider had made appropriate applications to the local authority for a DoLS.
- People told us staff always gained consent before carrying out a task and we observed this in practice.
- People described how they could choose what time they got up and went to bed and what clothes they would like to wear.

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

- People's needs were assessed in their care plans. However, these were not easy to follow and meant new staff may not know what people's care needs were. However, regular staff were aware of people's likes and dislikes and knew people well.
- People's religious beliefs were respected. Staff told us how one person's beliefs meant they could not eat a certain food and they were offered an alternative.

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

- We found people had access to health care professionals when needed. One person told us "The optician, chiropodist and GP come to the home." We saw evidence of healthcare appointments in people's files. People who had specific health care needs received visits from a district nurse to ensure they were supported with appropriate medicines.

# 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

Requires Improvement: ☐ People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were not always respected. On the day of inspection, people had access to only one toilet on the ground floor which was located just off the lounge. We heard people shouting for help whilst using the toilet which was audible to everyone sitting in the lounge area. The provider had not considered how this had compromised people's dignity and privacy. In addition the providers infection control practices did not always support people's dignity. We observed staff walking through communal areas with used incontinence aids which was unpleasant for people to see and undignified.
- People were encouraged to be independent. One person said, "The staff support me to be independent by just being there whilst I get myself ready and I do get in and out of the lift on my own."

Ensuring people are well treated and supported; equality and diversity

- People's views on the staff that supported them varied. One person said, "Some night staff rush me and are sometimes rude." Another person commented, "Night staff are ok as I can do more for myself." People told us that day staff were kind and caring. One person said, "They have a laugh and speak to me when they deliver personal care to me." We observed some warm and friendly interactions with staff on the day of inspection.
- People's equality and diversity was respected. Staff had recently arranged a day to celebrate Chinese culture and one person told us how a Catholic priest visited the home each month.

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- People's privacy and dignity were not always respected. We observed people were escorted to a toilet which was located just off the lounge. Whilst there were two other toilets on the ground floor, one was out of order and the other was not as close for people with limited or reduced mobility to access so easily. We heard people shouting for help whilst using the toilet which was audible to everyone sitting in the lounge area. The provider had not considered how this had compromised people's dignity and privacy. In addition the providers infection control practices did not always support people's dignity. We observed staff walking through communal areas with used incontinence aids which was unpleasant for people to see and undignified.

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

- Some people we spoke with told us they did not feel they were listened to. One person told us, " They don't ask our opinion, no surveys or questionnaires to fill in." A relative said, "I don't remember any survey forms, questionnaires or meetings." Whilst we did observe some feedback forms in people's files, they were very basic and did not contain any outcome of how the provider had improved the service in response to the feedback.
- The provider held residents' meetings where people could express their opinions if they so wished.

## Is the service responsive?

### Our findings

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

Requires Improvement: ☐ People's needs were not always met. Regulations may or may not have been met.

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

- People's needs for occupation and engagement were not always met. People told us they were bored. One person told us, "I would like more activities and exercise."
- Staff said there were not enough activities for people to do and said they had little time to engage with people on a one-to-one basis.
- During the morning of inspection we observed a group singing activity taking place which people enjoyed. However, there was little evidence of people engaging in activities after lunch and we observed one person say that they were going to their room early because they were "just sitting here."
- The provider had arranged other activities such as a Chinese New Year meal and quizzes. They were aware that people wanted more activities and were in the process of recruiting a new new activities co-ordinator to facilitate this.
- Care plans were in place to show the support people needed and contained person centred information to help staff to support people's needs. However they were limited in detail about how people would like their care to be provided. We observed staff, on the day of inspection, knew people's needs well and how to support them. For example, we observed staff offering people a cup of tea and they knew exactly how people preferred to take their tea.
- There was no evidence that people or their relatives were consistently involved in the review of their care. One person told us, "I don't remember a care plan."

Improving care quality in response to complaints or concerns

- People's views on how complaints were handled varied. One person told us about a complaint they had raised. They said, "Management promised that they will sort it a while ago, it's not done yet." However, one person said, "I only had to complain once about someone's television being too loud in the night. It was dealt with."
- Staff did not feel that they were listened to by the provider when they raised concerns. They gave several examples of where they had asked for equipment they needed to perform their duties better and this had not been actioned. For example, they had requested more clinical waste bins so they did not have to carry used sanitary wear throughout the home increasing the risk of cross infection.

End of life care and support

- People did not consistently have end of life care plans which meant that people's wishes, values and beliefs may not be respected at the end of their life.

# 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

Inadequate: □ There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

- The registered manager and provider did not understand the legal requirements within the law to notify us of Deprivation of Liberty Safeguards (DOLS). They had not notified us of a Deprivation of Liberty Safeguards (DOLS) application as required by law. The registered manager and provider did however understand the legal requirements within the law to notify us of other incidents of concern, deaths and safeguarding alerts.

This is a breach of Regulation 18 (Registration) Notification of other incidents

- Governance and oversight systems had failed to ensure risk assessments provided sufficient guidance to staff to ensure they received safe care. Although these documents were updated, they were not clear or easy to follow and contained conflicting information. There was no robust system in place to ensure risk was appropriately managed.
- The provider's audits and checks of the service did not promote person-centred care and focused more on the standards of the environment.
- Although the provider had a number of quality assurance processes in place at the service, these had not been effective in identifying the number of significant shortfalls in safety and quality.
- The provider's infection control systems were inadequate and meant people were being put at avoidable risk of cross infection.
- We found the provider did not have robust systems in place to investigate and monitor accidents and incidents. The provider did not have clear oversight to identify patterns or trends to prevent such accidents or incidents from happening in the future. We, therefore, could not be assured people were safe from the risk of harm or abuse. We found two accident and incident forms in people's care files which the registered manager told us they were not aware of at the time of inspection. Since the inspection, the provider has sent through copies of their accident summary book which records the two incidents.
- The provider's systems to oversee induction and training for staff was inadequate and staff had not received the training required to enable them to support people's needs.
- Competency checks had not been carried out to ensure staff were skilled and competent to meet people's needs.
- Policies and procedures we sampled were not fit for purpose and lacking in detail. For example, the provider's infection control policy stated that staff should follow procedures but gave no guidelines on what these procedures were.

#### Continuous learning and improving care

- The provider had not ensured staff had access to regular ongoing training as a way of ensuring staff knowledge and skills were kept up to date.
- Whilst there was some evidence of learning and improvement, oversight of the service was not effective enough to ensure that this was consistently done in practice.

This was a breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website in order that people, relatives and visitors are kept informed of the rating we had given. We found the provider was not meeting this legislation at the time of inspection as the rating was not displayed on their website, however, this was rectified by the provider on the day of inspection.

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

- Leadership arrangements were unclear and staff were unsure what their roles were and who to report to.

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

- The provider's activity programme was not always effective and people did not always have enough activities to keep them engaged.
- People's views and opinions were not gathered effectively and their input analysed to drive forward improvements at the home.
- Openness and transparency was lacking within the home. Staff consistently reported feeling undervalued by the provider, not listened to and intimidated by some of the management practices.

#### Working in partnership with others

- We saw that the provider worked in partnership with a number of other professionals as a way of ensuring people received the support they needed. The provider worked in partnership with nurses, doctors and other health care professionals.