

Evergreen House Care Home Limited

Evergreen House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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 House Residential Home is a residential care home providing personal care to up to 38 people. The service provides support to older people, some of whom have physical disabilities or are living with dementia. At the time of our inspection there were 28 people using the service.

Evergreen House accommodates people in 1 adapted building.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Although people's mental capacity had been considered, people's capacity to make specific decisions had not been assessed or recorded. This placed people at risk of having decisions made on their behalf unlawfully. People's lunchtime experience was not always positive. Some people experienced delays in receiving their food and due to the layout of the dining room were unable to leave when they wanted to.

Audits were not always effective at identifying concerns. This included in relation to people's mental capacity assessments and promotion of people's rights. The registered manager and provider could not be assured all people were regularly repositioned, as assessed and planned. Staff recruitment records did not consistently evidence staff's identities or employment histories. Where actions had been identified these were not always promptly undertaken by the provider to drive improvements in people's care.

People felt safe receiving care at Evergreen House. Risks to people's safety were assessed and managed safely and there were enough staff to meet people's needs and act responsively when people needed them. People received their medicine as prescribed and systems used for the management of medicines were safe. Staff followed infection control guidance to reduce the risk of cross infection.

People's needs were assessed and reviewed and the environment was suitable for people's needs. Staff received training and support in their role and had the skills required to support people. Staff understood people's dietary needs and fluid intake was monitored to ensure people had enough to drink.

People described staff as friendly and caring and there was a relaxed atmosphere within the home. People's independence was promoted by staff who encouraged them to do as much as they could for themselves. People's privacy and dignity was respected by a staff team who knew them well.

People's care was planned in accordance with their individual needs and wishes. Staff understood people's life histories and experiences and supported them with these in mind. People were supported to take part in activities that interested them, although some people felt activities could be tailored more towards their

needs. There was a system in place for the management of complaints.

People, relatives and staff spoke positively about the management of the home. People and relatives were confident to give feedback and felt the registered manager took their concerns seriously. Staff expressed confidence in the registered manager and felt supported in their roles. The staff team worked in partnership with others to ensure people's needs were met.

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

Rating at last inspection

The last rating for this service was good (published 9 January 2021).

Why we inspected

We undertook this inspection to provide the service with a rating in all five key questions.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We have identified breaches in relation to mental capacity assessments and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Evergreen House Residential 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Evergreen House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Evergreen House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 4 relatives about their experience of the care provided. We also spoke with 5 staff, the operations assistant and the registered manager. We reviewed a range of records, these included 5 people's care records, repositioning records, Deprivation of Liberty Safeguards (DoLS) authorisations and medicines administration records. We also looked at governance and quality assurance records and 3 staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "There's people to talk to here. I have people around, that makes me feel safe."
- Staff received training in how to identify possible signs of harm and abuse. A staff member said, "If I thought a resident was in danger or saw any bruising, or a staff member not doing something properly that was unsafe for a resident, then I'd report it. [Name of registered manager] will ring up safeguarding, then report it to CQC."
- The registered manager understood their responsibilities in relation to keeping people safe. Where safeguarding incidents had occurred, they had made appropriate referrals to local authority safeguarding teams, and had notified us, as required by law.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were assessed and staff knew how to support people safely.
- Risk assessments were recorded and staff followed these to protect people from avoidable harm. For example, where people had diabetes there was clear guidance in place for staff to follow to alert them to any concerns, or changes in a person's health.
- The registered manager monitored people's safety and took action to reduce the risk of potential harm to people. For example, where there was an increased number of falls at night, the registered manager reviewed staffing levels and deployment as well as increasing night time checks to reduce the risk of reoccurrence.

Staffing and recruitment

- People and relatives told us they felt there were enough staff to meet people's needs. A relative commented, "There's enough staff. I've not seen any reason for me to worry about staff numbers. There's always plenty of staff around."
- We observed staffing throughout the day and saw there were enough staff to support people in both communal areas of the home and where people chose to spend time in their bedrooms.
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, we found a full employment history for some staff had not always been retained.

Using medicines safely

- People received their medicines as prescribed. We observed people being supported to take their medicines and saw staff took time to explain the purpose of the medicines and offer reassurance where needed.
- Procedures for the safe management of medicines were effective and systems to ensure the administration, storage and disposal of medicines were in place. Where people were prescribed controlled drugs, which have special regulations on ordering, storage, administration and recording; we found records we checked relating to the administration and storage of these medicines were accurate.
- Where people required their medicines 'as required', guidance was available to staff to ensure these were given in a consistent way. Checks were carried out on the medicines room to ensure the temperature remained safe.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The medicines room flooring was damaged and could pose a risk to infection control.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager was aware of their responsibilities in relation to supporting people's rights to have visitors at the home. Visitors could access the home freely.

Learning lessons when things go wrong

- The registered manager had taken action to ensure learning took place following incidents and events. For example, where a spot check had identified some concerns with the new medicines management system, action was taken to ensure staff were fully supported to use the system.
- Where the registered manager had identified areas of improvement that were required these were shared with staff for action. For example, a recent check carried out by the registered manager noted monthly reviews needed to be more detailed to improve their effectiveness. Staff had therefore been asked to add more information to their documentation.

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 our last comprehensive inspection, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Although people's mental capacity had been considered, people's capacity to make specific decisions had not been assessed or recorded. This placed people at risk of having decisions made on their behalf unlawfully, or not getting appropriate support if they needed assistance to make some decisions.

We found no evidence people had been harmed, or had decisions made on their behalf unlawfully. However, systems were not in place to ensure care and treatment of service users was only provided with the consent of the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they used to assess people's capacity to make specific decisions, but no longer did this following the introduction of an electronic recording system. They took action to review historical records and told us they would begin assessing people's capacity without delay.
- Where people were subject to DoLS, staff understood the restrictions and complied with any conditions.

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

- People's lunchtime experience on the day of the inspection was not positive. Some people experienced delays in receiving their food and due to the layout of the dining room were unable to leave when they wanted to. One person told us, "Today was the worst lunch time ever...I did ask to eat in my room today but

I couldn't get out. The staff do their best but it left me feeling frustrated."

- People's feedback reflected their mealtime experience was not always like this and some people spoke positively about the food. The registered manager told us they would review the dining arrangements and get further feedback from people to ensure the concerns we observed did not reoccur.
- Despite these concerns people's dietary needs were being met. Staff understood people's dietary requirements and fluid intake was monitored to ensure people had enough to drink. Where people were at risk of malnutrition, staff took appropriate action to ensure they received support from specialist healthcare professionals.

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

- Initial assessments were carried out when people moved into the home and these gathered information about protected characteristics, such as people's cultural needs and how they expressed their sexuality.
- People's health and support needs were recorded in care plans which enabled staff to provide personalised care. People's needs were reviewed regularly so the care provided reflected their current needs. Information about people's likes, dislikes and personal preferences were included in information used by staff to provide individualised care and support.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff had the skills and knowledge required to support them well. One person said, "I think they have been trained, they are all capable of supporting me."
- Staff told us they received training to equip them with the skills they needed to support people. One staff member told us, "I've recently re-done moving and handling. Training is good here, mainly online now but it's ok, and we can say if we don't understand anything."
- Staff received induction and support from an experienced senior and management team. This included 1 to 1 meetings which allowed staff to receive feedback about how they were performing in their role.

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

- People spoke positively about the support provided by staff if they became unwell. One person told us, "When I had a bad cough and a cold they [staff] looked after me in the night. They heard me coughing and brought me a drink and some lozenges."
- The staff team worked alongside other agencies to ensure people's needs were met. For example, we saw people had been referred to healthcare professionals for support with nutrition, mobility, and nursing needs.
- Information about people's health needs was shared with staff at the start of each shift. This included where people required additional monitoring, or if a decline in their health had been observed, what action had been taken.
- Where people were living with health conditions, such as diabetes, care plans were clear and offered staff specific guidance, tailored to each person, about how to support them.
- People received support with oral healthcare and staff followed guidance in people's care plans about their needs and preferences in relation to this.

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

- Following our observations at lunchtime the registered manager advised they would review the layout of the dining room to ensure it met people's needs.
- Facilities throughout the home contained adaptations, for example in bathrooms. This enabled people to maintain their independence, where possible.

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 our last comprehensive inspection we rated this key question good. The rating for this key question has remained 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

- People and relatives spoke positively about the way they or their family members were treated by staff. One relative said, "We are very happy with here. We would recommend it to others. [Person's name] is very happy here. They are all very kind, all the staff."
- We observed lots of positive interactions between people and staff, with shared laughter, chatting and encouragement.
- People shared examples with us of how staff treated them as individuals, knowing their personal experiences and choices. One person commented, "The staff have a wonderful sense of humour, they make me laugh."

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

- People were supported by staff to make their own decisions. We saw staff offering people choices in relation to drinks and snacks, as well as asking people where or how they would like to spend their time.
- Care plans contained guidance for staff about how people expressed their wishes and how best to support them to communicate their needs. Staff we spoke with knew people and their individual personalities well, and they spoke with fondness about the people they supported.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them to remain as independent as possible. One person said, "They [staff] help me to stay independent as much as they can. I still like to go into the garden by myself." Another person told us, "I can wash myself but if I need some support they do help me in having a wash. They do help me to keep my independence."
- In their PIR the registered manager shared with us an example of how they had sourced a mobility aid for someone to help them feel confident when accessing the local town.
- Support and personal care was provided in a dignified manner and people's privacy was respected by the staff team. For example, when spending time in their bedrooms, or with visiting family members.

Is the service responsive?

Our findings

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

At our last comprehensive inspection we rated this key question good. The rating for this key question has remained 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's care was planned with input from themselves or their family members, where appropriate. Care plans reflected people's cultural or religious needs as well as life experiences, interests and hobbies.
- The staff team had spent time with people exploring their wishes and interests and had developed goals and achievement plans with the aim of supporting people to have more fulfilling lives.
- Where people's needs changed, staff referred to external professionals for additional support and their advice was recorded and shared with the staff team. This ensured care was responsive to people's changing needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plan and known by staff. This included whether people used glasses or hearing aids, as well as their chosen language. Information, including the provider's policies were available in large print where required to ensure people's communication needs were supported.

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

- We received mixed views about the support people received to take part in activities that interested them. One person commented, 'We do chair yoga and sing along and we don't have to join in if we don't want to. We had a singer last week and they were good.' However, another person told us, 'I'm bored. There isn't a lot to do. No one has asked me what I would like to do. What's on offer isn't what interests me.'
- We reviewed records of activities and found a range of group and 1 to 1 activities were taking place. These included visiting entertainers, board games, knitting and crochet, gardening, music, reading and use of the internet. People were also supported to go shopping locally if they wanted to.
- We shared themes relating to the feedback we had received with the registered manager who advised they would, along with the activity coordinators, speak to people individually to ascertain their views. They planned to use this feedback to improve the activity options available.

Improving care quality in response to complaints or concerns

- People told us they felt able to raise concerns if they were unhappy with any aspect of the care they received. One person said, "I've not had any problems. If I did, I would feel confident in telling staff and they would sort it out. I've not had any problems though."
- Relatives we spoke with reflected similar views. One relative shared an example with us of how they had raised concerns about how their loved one spent their time. They told us, "They [staff] have listened and are trying to get them to join in more."
- We reviewed complaints records and saw the registered manager had taken appropriate action in response to concerns raised. There was a system in place to monitor complaints and identify any patterns or trends. This enabled them to make improvements where required.

End of life care and support

- People were supported to make decisions about the care they would like to receive at the end of their lives. Where possible, staff involved people and their relatives in developing care plans. These reflected people's preferences for end of life care including funeral arrangements.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Audits were not always effective at driving improvement where concerns were identified. For example, there was an infection control risk with the medicines room floor, which had been identified in June 2022. Despite multiple attempts by the registered manager to escalate this concern to the provider, we found the flooring was still a risk at our inspection.
- Checks carried out to ensure people's care planning information reflected their needs had not identified the lack of mental capacity assessments. This placed people at risk of having decisions made on their behalf unlawfully.
- Repositioning support for 1 person was not always consistent with their care plan, which may place them at risk of skin damage. Audits had not identified this, so action had not been taken to ensure the checks were being undertaken in a timely way.
- Further improvements were needed to recruitment documentation. We found not all staff had copies of their identity checks and full employment history records on file, however checks had been completed and staff were safely recruited.

The provider had failed to establish systems to effectively assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Despite these concerns we found no evidence that people had been harmed as a result of inconsistent governance systems. Staff we spoke with understood people's needs well, despite the lack of clarity in the records.
- The registered manager was responsive when we raised the concerns we had identified. They took immediate action to address the issues relating to repositioning and recruitment records and planned to review people's mental capacity and decision making without delay.
- Improvements had been made in notifying other health and social care professionals when incidents occurred.
- The rating from the previous inspection was displayed at the entrance to the home, as required by law.

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 registered manager was aware of their responsibilities under duty of candour. Where incidents occurred senior staff had been open and honest and relevant people had been informed.

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

- People and relatives spoke positively about the service. Relatives told us communication with staff at the home was good and they had confidence in the registered manager. One relative said, "Staff communicate well, they are always calling me with information. They have all been brilliant."
- People told us they found the registered manager and staff approachable and felt they could share any feedback or concerns. Staff held regular meetings with people who lived at the home. This enabled them to gather people's views and address any concerns.
- Staff spoke positively about the registered manager and told us they felt supported. One staff member said, "I find you can go to them with anything, they sort things straight away if you raise any concerns. They are very visible around the home."

Continuous learning and improving care; Working in partnership with others

- The registered manager was keen to make improvements within the home and was receptive to our feedback following the inspection. They were working to improve quality in areas they had identified through audit processes and reviews of documentation completed by staff.
- The registered manager had recently introduced a meeting so they could be updated on information about events that had occurred when they were not on site. They also had oversight of the resident of the day system. This involved checks on people's living environment, including mattress checks and fire evacuation plans, as well as reviews of people's health and any outstanding health referrals which could then be followed up.
- The staff team worked in partnership with external agencies to ensure people's needs were met. Social workers, health professionals and GPs had involvement in people's care to ensure staff had access to specialist support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure that where a person lacks mental capacity to make an informed decision, or give consent, staff had acted in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish systems to effectively assess, monitor and improve the quality and safety of the service.</p>