Partnerships in Care 1 Limited

Evergreen Lodge

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 19 and 22 June 2015. The first inspection day was unannounced.

The last inspection of Evergreen Lodge took place in August 2013. At that inspection we found the service was meeting all the regulations that we assessed.

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Evergreen Lodge provides accommodation and support for up to 12 men with complex and enduring mental health issues and a forensic history. Prior to this inspection a change of provider took place on 1st June, from Care Uk to Partnership In Care 1 Limited.

The provider had appointed a permanent manager who was registered with CQC but the person left in October 2014 . A management appointment took place in the interim to the vacant post but was unsuccessful. The provider informed us that a suitably experienced person was appointed to manage the service at Evergreen Lodge from 25th June 2015. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2010 and associated Regulations about how the service is run.'

The service had processes in place and suitably trained staff to support people with highly complex mental health issues. Risks to people's health and safety were assessed as part of their recovery pathway and the service developed plans to manage these appropriately.

Staff developed positive working relationships with the people they supported. People were supported to make their own choices and decisions. People felt they could share their problems and concerns with staff who were good listeners, and who supported them to overcome obstacles in their lives.

Staff worked closely with relevant mental health professionals and used the information provided to deliver suitable care and recovery programmes.

People using the service were involved in planning and reviewing their recovery plans with care staff and staff from the community mental health team. Recovery plans involved making suitable discharge arrangements for people moving on to less supported accommodation,.

People told us they often took part in activities to help them develop daily living skills. They told us they found it difficult to engage sometimes but staff were supportive and encouraged them.

People were supported to maintain relationships with their family and friends if they so desired. Twice weekly meetings were held for people to give their views on the service, to plan their week and arrange shopping and cooking sessions. People knew who to speak with if they had concerns about the service or the support they received.

The service had effective quality assurance processes in place. The manager of the service and their line manager undertook regular audits and checks to review the quality of care provided. Any areas for improvement were identified and where possible actioned.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were knowledgeable in recognising signs of abuse and in ensuring the relevant reporting processes were followed, and any concerns were appropriately addressed.

If there were concerns about a person's mental health condition and safety staff contacted the person's care co-ordinator promptly. Staffing levels were recently reviewed in light of concerns. The needs of people using the service were considered as a result and sufficient staffing levels were deployed in response.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to support people. Staff received training specific to the needs of people using the service so they had a greater understanding as to how to support them.

Staff consulted with individuals and sought their consent to any care and support delivered. Staff encouraged people to look after their physical and mental health and accompanied them to healthcare appointments as required.

People were able to choose their own meals and decide when they wanted to eat. Staff were available to support people if they need it with food shopping and meal preparation.

Good

Is the service caring?
The service was caring.

Staff were described as "patient but firm", "caring" and "friendly".

People were supported by staff who treated them with dignity and respect, they promoted their independence.

People were listened to and seen as individuals. Staff had developed positive working relationships with the people they supported.

Good

Is the service responsive?
The service was responsive. Staff supported people in a way that promoted their mental health, physical health, and engaged them in activities of daily living.

Staff encouraged people to develop new skills and undertake new experiences

Good

Summary of findings

Staff asked people for their feedback on the support provided through planning meetings and completing satisfaction surveys. There were processes to respond to complaints within timescales, and complaints were managed appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led. There was no registered manager in post for some months. Since the departure of the last registered manager arrangements for managing the service were not always satisfactory.

There were processes in place that staff followed to ensure any shortfalls in the delivery of the service were identified, action plans addressed shortfalls and any necessary improvements were made.

There was evidence of good team work, staff felt motivated and spoke positively of their role at the home.

Evergreen Lodge

Detailed findings

Background to this inspection

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

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We visited the home on 19 and 22 June 2015. Our first visit was unannounced. We told the acting manager we would return a second day to examine records and to speak with people using the service and with the duty staff team. The inspection team consisted of one inspector and a specialist professional advisor who was an approved mental health practitioner, 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 service.

During our inspection we spoke with eight of the 11 people using the service, seven support staff and the acting manager. We also met with the regional manager and the person appointed to the vacant manager's post. We looked at the care records for ten people. We also looked at records that related to how the home was managed. After the inspection visit we spoke with two mental health professionals who had involvement with the care of people who lived at Evergreen Lodge. We contacted the commissioner also for further information.

Good

Is the service safe?

Our findings

People told us that they felt safe and that they were well supported by staff. One person said, "12 guys with mental health needs in a house can be stressful, it gets a bit hairy at times but been in three homes and this one is the best." Another person told us, "If I didn't feel safe I would do something about it and seek the help of staff, which I have done on occasions." One person told us they did not always feel safe due to the behaviour presented by one person, but the person who presented with this behaviour was no longer using the service. The acting manager had informed us about recent events that had led to a person having to leave the home due to the deterioration in the person's mental health. They acknowledged events had impacted on people's experiences.

The home provided a service to a group of people with complex mental health needs, being both vulnerable due their individual needs and at times displaying behaviour that presented a risk to other people. We found the service dealt appropriately with difficult situations including supported people in crisis requiring mental health act assessments. We saw that on occasions when required they requested police assistance appropriately and the statutory services were also supporting them at the time.

Before people began to use the service a range of risk assessments were undertaken. These included detailed information from forensic mental health professionals and psychiatrists. The service also required people to come for trial periods. These helped identify any further risks presented and were used to determine if the person was compatible with others using the service. There were suitable management plans were put in place to help inform recovery plans and promote relapse prevention. There was guidance for staff on how to recognise relapse indicators.

Staff members were knowledgeable about the people they supported and described the known triggers that escalate behaviour changes in individuals such as use of illegal substances. One person told us of their progress since coming to Evergreen Lodge. They said, "After many hospital admissions I have found a place that helps me manage my condition much better, it is a good place to get well, staff listen to your troubles and help you stay well." We also found evidence of incidents being logged and the actions that managers had taken as a result of these.

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We saw that checks and general repairs undertaken to ensure people lived and worked in a safe environment. A team leader told us they were assigned the role of health and safety officer. We saw records of general risk assessments carried out to cover health and safety issues. Records were seen to confirm the service carried out frequent fire drills in line with the fire risk assessment, and there was fire fighting equipment supplied. Records showed equipment was serviced and maintained to satisfactory standards.

Staff followed safeguarding issues that helped to protect people from neglect and harm. Staff told of having sufficient guidance to help them support people to reduce the likelihood of any harm coming to them. For example, the risk assessments covered behaviour issues together with mental health conditions and social vulnerability. People using the service told us that they were not restricted from leaving the home and we observed people come and go during our inspection. We saw from care records that staff worked with people in one to one sessions to help them manage their own safety whilst out in the community. For example, discussions took place around people letting the service know when they were out; a signing in/out book was used. This helped make sure staff were aware of the person's whereabouts in the case of emergency.

All the we spoke with told us they had received training in de-escalation methods, and this was recorded in staff training records. We observed a staff member use this knowledge skilfully in our presence as they responded in a calm and reassuring manner to a situation. One staff member told us they liaised with the care coordinator

Good

Is the service safe?

when they had concerns about any individual. The provider had policies on safeguarding adults, whistleblowing and dignity at work covering bullying and harassment. The area manager told us these were due to be updated in light of recent changes to the provider organisation.

There were sufficient numbers of staff on duty to meet people's needs on both days of the inspection. A number of staff we spoke with described staff shortages in the past twelve months, and at times of working below the accepted levels but this had been resolved in recent months. Two mental health professionals commented also on staff shortages seen in the past twelve months but recognised recently there were improvements. The management team provided us with evidence of how they reviewed staffing levels and of making sure that minimum staffing levels were in place. Recent staff rotas showed staffing levels had a minimum of three support workers plus an acting manager during the day up to 10pm, and two night support workers were on duty. One person told us, "Staff always support me, no problems with the staff numbers."

We saw that improvements had taken place and the service responded flexibly to individual needs. For example the night time staffing level was increased on a night prior to the inspection in response to the additional needs presented by a person using the service. Regular agency staff were employed since March 2015 to fill vacant posts (four). The provider held a recent recruitment campaign to fill vacant posts, and they included community mental health professionals on the interviewing panel.

We looked at four staff files to examine recruitment procedures. We found that appropriate checks had been carried out for all these staff. The records we saw confirmed the service made sure that safe recruitment practice was followed and staff were fully vetted before appointment. The manager confirmed that no one would be permitted to work unsupervised at the service until all the relevant pre-employment checks had been completed and confirmation was received from the human resources department to proceed. We saw the provider had taken action when required to address poor practice, such as disciplinary action. Reasons for this action were shared with us during the inspection.

We examined medicine procedures in the home. Medicines were managed and stored safely. Staff told us only suitably skilled senior staff undertook this role. Two people were supported with self-administering their medicines. Records showed staff followed procedures to ensure people took the medicines as prescribed. People told us they were administered their medicine on time, and there was no problem with supplies. Timely reminders were in place for people prescribed specific medicines to attend appointments for blood tests. Audits were completed to ensure medicine procedures were robust, with a monthly audit by a team leader or the manager. We saw that staff recorded if people refused their medicines, and records showed this was reported to the care coordinator. A care coordinator told us staff kept them fully informed if a person was non-compliant with their prescribed medicines.

Good

Is the service effective?

Our findings

People we spoke with felt staff made time for them and listened to their concerns. One person spoken with said, "Staff are great, they are patient and supportive, and here for us." Another person said, "Staff are on top of things if someone kicks off, there are a couple of trouble makers that push the boundaries but it is managed well."

People told us they felt the staff were the right people to support them, patient and understanding and not easily frustrated. Staff told us they were well supported and had had regular one-to-one supervision meetings with a line manager or team leader, and felt they were always able to access support when needed despite all the managerial changes. Records and a matrix of supervision for 2014/15 supported the evidence by staff.

The manager told of a learning and development programme for staff developed by the provider. We saw staff were provided with opportunities to attend a range of training courses and acquire National Vocational Qualifications. Some staff told us the majority of training was on line and felt this was not as fulfilling as attending face to face training. Staff we spoke with considered the training provided was good and told us about the additional courses that had been sought in order for them to meet the needs of individuals. For example a psychiatrist from the community mental health team had provided training to staff on specific mental health conditions. Staff said their training provision was monitored, and they were prompted to attend training when it was due. We saw the provider maintained a record of all the training staff had received. We received reports from two mental health professionals who spoke positively of the staff team but felt the service could benefit from the presence of an occupational therapist on the team. The regional manager had confirmed with us the recruitment programme for new staff members, required candidates to possess specific skills and competencies other than vocational Qualifications.

We found staff were knowledgeable about their requirements under the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). (Applications are made to a supervisory body under the DoLS to decide whether it is in someone's best interests to be in a care home or hospital so that they can get the care and treatment they need, when they do not have the mental capacity to make decisions about this). No one using the service was subject to DoLS and people were free to come and go from the service as they pleased. If people did not return to the service within 24 hours staff followed the provider's missing person's procedures to ensure the safety of the person. At the time of our inspection people were assessed to have capacity to consent. People told us that they felt their consent was obtained and that staff took time to explain things to them. Staff told us that they would not change anything without a person's consent and were able to share examples of how they obtained consent from the people they supported. One member of staff said, "It's mainly prompting people to do their household tasks, attend to appearance and personal hygiene." A person using the service told us, "Staff listen when I exercise my rights and say no."

Each person had a care co-ordinator allocated from the community mental health team(CMHT) and were seen by the coordinator at least monthly. One person's care co-ordinator told us, "We work in partnership with staff and have developed a good working relationship." " The service liaised with people's care co-ordinators about people's mental health needs and keep them informed promptly if they have any concerns that a person's mental health was deteriorating." Staff discussed with us how the recovery pathway helped people achieve their goals by using milestones which helped people to focus on their discharge. Staff demonstrated with examples of how this model worked well for a number of people, with some people within the twenty four month period moving on to supported accommodation. Two more people we met were meeting their support worker and making plans for a planned discharge. A support worker told us suitable step down accommodation was being sourced to meet their individual needs. On person had been offered sheltered accommodation but declined the offer as they felt it was unsuitable for their needs.

People were supported by staff with shopping for groceries and with learning new skills such as the preparation of meals. One person told us of the hearty breakfast he had enjoyed earlier in the day. Staff had involved him in the preparation. Two people who were approaching their discharge had their own self-contained flats with cooking facilities. One person said, "I buy my own shopping and I get a weekly allowance of £15, it is not enough for food, the main supplies are provided, sometimes we sit together at meals with other people here and generally get on." People

Good

Is the service effective?

said they prepared food they liked, and that staff advised on what was healthy and nutritious. We saw that a number of posters were displayed in the dining area explaining the nutritional value of the various take away food sourced locally. Throughout the inspection we saw people helped themselves to refreshments from the kitchen. Staff had introduced initiatives to for people to motivate them in the morning; a breakfast club was set up. However this had not been sustained due to the lack of engagement. One person said they would like to see staff reintroduce this.

People said they were supported to see the doctor, dentist and optician when required. They said they were able to choose if they wanted to attend appointments alone or with staff support. The manager told us the local GP practice was supportive to people using the service; people went there independently but reported back if there were health issues they needed support with. We saw records to confirm that health checks were prompted by staff and these were done at the local community mental health centre.

Staff involved health professionals including psychology and psychiatric services. A health professional we spoke with was complimentary of the effective working relationship developed and good communication with the staff team of Evergreen Lodge. One person using the service said, “Staff do a good job here, they support me to see the doctor, and my health needs are being met.”

Good

Is the service caring?

Our findings

People using the service told us staff were caring and compassionate, and good listeners. They found that staff made time to talk with them about things that were worrying them. We observed this throughout the inspection. People told us they were able to approach staff about any concerns they had and felt listened to. One person said, “Staff take time to talk and listen about what’s bothering you unlike where I was in the past.”

People told us staff respected them as individuals, their privacy, dignity and independence was maintained. Staff had received training in promoting privacy and dignity as part of their induction to the service. Staff were able to share examples of good practice in promoting people's dignity and self esteem. Each person had their own bedroom key and kept their rooms locked.

Staff told us they encouraged good communication with the people they were supporting. They spoke to people every day and used activities such as accompanying them out in the community to shop, go to appointments to, “Check on their psychological state and make sure people are ok.” We observed staff addressing people politely and by their preferred name. One person’s care co-ordinator described the staff as “Helpful and approachable.” Staff we spoke with were knowledgeable about a person’s preferences and interests. Staff showed people empathy and reassured those at times when they showed signs of stress and anxiety.

People were involved in decisions about their care. Staff met with people weekly to discuss their support plans and to identify the goals and aspirations they wished to achieve whilst using the service. Staff supported people in line with the person’s preferences and wishes. For example, if people wanted, staff were available to support them in the community. Each week people had uninterrupted time with their dedicated support worker who was known as their keyworker. In these sessions they were able to share with staff their progress, talk about what milestones had been achieved, and request to undertake a specific activity.

People’s privacy was respected. People had their own bedroom keys and kept them locked; staff did not enter their rooms without the person’s permission, unless there were concerns about the person’s safety. Staff knocked on people’s doors and announced their presence before entering people’s rooms. Room checks were completed at regular intervals to ensure people received the support and guidance on keeping their environment safe and clean. Staff also completed room checks in line with agreements to ensure no illegal substances were used.

People were supported to build upon and maintain relationships with their relatives if they so desired. Some people had family members come to visit them and went out for meals together.

Staff explained to people about confidentiality and how they shared confidential information with other healthcare professionals involved in their care. People were informed this was done to ensure they received the care required, records confirmed this agreement. Information records about people were kept stored in a locked room, the majority of records were held electronically and password protected so that people using the service and visitors were not able to access the information.

Good

Is the service responsive?

Our findings

One person told us, “Staff are really good, they have helped me to build my confidence and deal better with setbacks.” During the visit we met a person who was nearing discharge time and had been supported successfully into permanent employment. Staff had supported them with preparing for suitable employment by helping them acquire a driving licence first.

Staff used the mental health ‘recovery star’ (a recognised tool to plan care and support for people recovering from mental illness) to structure and prioritise support provided to people. The recovery star allowed staff and people together to rate their needs on a scale for different aspects of their life including, their physical health, mental health, relationships, employment/education and daily living skills. During weekly key work sessions, when people met with a dedicated member of the staff team they discussed the person’s day to day progress. In the care records we looked at we saw the recovery plan was developed with clear information about how the person wished to be supported to attain their goals and become more independent. People also met with their key worker monthly to look at what progress they were making against their goals. If people were not progressing as expected staff liaised with the person’s care coordinator to obtain further advice about how to support the person. A mental health professional told us staff were responsive and addressed any issues of concern promptly, and they kept them fully informed of events.

A member of staff told us they tried, “To encourage people to go and try new things but found it difficult with keeping each person motivated." We saw from records and heard from people that staff supported them to access the community and supported them to undertake different activities and widen the places they went to visit.

One person’s care coordinator told us they would like to see staff engage people in more activities especially in relation to developing independent living skills. The staff told us they would also like to undertake more activities with people and encourage them to develop new skills and interests; however, they were finding it difficult to keep some people motivated as their moods and psychological states sometimes fluctuated which affected their willingness to engage.

People knew what to do if they had any concerns. They told us that they would speak to their keyworker and felt able to raise concerns with other staff at any time. They said they were satisfied with how issues raised with staff had been dealt with, it had been done effectively. People were asked during meetings if they had any complaints they wanted to raise about the service or the support they received. We looked at the complaints file; we saw that complaints were responded to within agreed timescales. Staff were aware of how to handle a complaint. Staff supported people to express their views and opinions through individual discussions with their key worker. There were twice weekly planning meetings held, we saw these in progress on both days of the inspection visits, and minutes were available of all weekly meetings. These meetings gave people the opportunity to raise any concerns they had about the service, to identify any activities people wanted to do.

People were asked annually to express their views about the service and the support they received through completion of satisfaction surveys. We saw that this included a survey about the general support received.

Requires Improvement

Is the service well-led?

Our findings

There was evidence the service was not consistently well-led. Reports from the community mental health team and from staff told of their concerns about the leadership of the service due to staff changes. The registered manager left in October 2014. The provider had made managerial appointments which were unsuccessful. A senior experienced member of staff was in day to day charge as acting manager since February 2015. Staff told us that although they found changes of management disruptive the acting manager had done "a good job", was supportive and that they encouraged an open, inclusive culture. Staff told of monthly staff meetings where they discussed a range of issues, such as responsibilities and staffing levels, recovery pathways, relapsing and staff training. The records we reviewed contained the minutes of monthly staff meetings. The provider informed us of the appointment of a suitably qualified and experienced person to manage the service and register with CQC. The person appointed to manage the service was present on day one of this inspection, and they confirmed they were taking up this position on 25 June 2015

Staff told us they felt supported in their work, and were able to speak to a line manager and raise issues and offer suggestions for improvement. Staff we spoke with were aware of whistleblowing procedures. We found the provider had responded appropriately and addressed issues raised by a whistle-blower in recent months. We found morale was good among the staff team and individual members of staff were motivated and looking forward to support and training from the new provider. Individual members of staff were singled out for praise in their role by one mental health professional. One staff member told us, "I feel valued here; I find words of encouragement from a manager are inspiring, such as acknowledging and appreciating what one does well." Another member of staff said, "I like working here despite the challenging environment we sometimes experience."

The previous provider had a number of quality assurance systems in place. These were used to recognise shortfalls and drive improvements. Monthly site visits were made and reported back to the board by an area manager. We saw audits were completed for most areas to identify any shortfalls, such as medicine checks, recovery pathway records, training requirements, staffing levels, and action plans were developed in response and shared with the team. We saw how these action plans resulted in improvements, for example the medication audit system has made a positive impact on the team and the way medicine was managed in the home. Safe staffing levels with minimum numbers on duty were also implemented as a result of the findings of staffing audits.

However we noted that audits did not identify areas of shortfall regarding paper records. Since staff transferred the care information to electronic recording information in paper records was minimal and was not consistently maintained. We shared with the manager and regional manager concerns should information became unavailable due to computer glitches. The manager agreed to check on paper records and ensure information was kept up to date.

We saw complaints, accidents and incidents were recorded and held centrally as well as in the home, monthly audits reported back to head office all events including incident. These ensured that patterns or areas requiring improvement could be identified and learning points shared. We noted that one incident was reported appropriately to the relevant professionals but the report had not been received by CQC on time.