

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?	Good ●

Summary of findings

Overall summary

About the service

Evergreen Lodge is a residential care home providing accommodation and personal care. The home accommodates up to 12 people in one house. At the time of our inspection 10 people with mental health conditions were living at the home.

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

The provider supported people with their medicines safely. Risks to people, including those relating to their mental health conditions, were well managed. The provider carried out recruitment checks on staff to ensure they were suitable to work with people. There were enough staff to support people safely. Staff followed suitable infection control practices and received training to understand their responsibilities.

Staff received a suitable induction with ongoing training and support to care for people with mental health conditions. People received their choice of food, were supported to maintain their health and their needs were assessed and monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were positive about the staff who supported them and developed good relationships with them. Staff knew people well and treated people with dignity and respect. People were involved people in their care. People's care plans were based on their need and preferences and people received personalised care. People had enough activities they were interested in to occupy themselves. The provider had a suitable process to respond to any concerns or complaints.

A registered manager was in post who understood their role and responsibilities, as did staff. A clear hierarchy was in place and staff felt well supported by the management team. People, visitors and staff told us the service was well-led and the provider engaged well with them, and our findings were in agreement. The provider had sufficient oversight of the service and carried out a range of checks to ensure standards remained high.

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 (report published June 2017).

Why we inspected

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

Follow up

We will continue to monitor intelligence we receive about the service 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Evergreen Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Our inspection was completed by one 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 Lodge is a residential care home that provides accommodation and personal care for adults with mental health conditions.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 the registered manager and 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 before the inspection

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs).

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people using the service, two relatives and two visitors. We spoke with the registered manager, acting deputy manager and one support worker. We reviewed three people's care records, medicines records, three staff files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Our checks of medicines stocks and records showed people received their medicines as prescribed. The provider carried out checks on medicines after every administration as well as weekly audits to assure themselves medicines management was safe. One person told us, "They have an audit to check my medication."
- The provider had assessed the risks relating to medicines for people and support plans were in place to guide staff.
- Staff understood how to administer medicines safely as they had regular training.
- The provider identified some medicines were stored at temperatures which may be damaging and took immediate action to improve.

Staffing and recruitment

- People told us there were enough staff to support people safely and our observations were in line with this. One person told us, "Staff are always here when you want something." The registered manager and staff told us staffing numbers were high and staff were never rushed in their work. Several people had dedicated staff to support them through the day and night.
- The provider carried out recruitment checks to ensure staff were suitable to work with vulnerable people. This included checks of criminal records, previous work history, proof of identification and any health conditions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood risks relating to each person and the support people needed to stay safe. For example, staff understood the triggers unique to each person which caused a person to display behaviour which challenged the service. Staff received training in supporting people to manage their behaviour positively. One person told us, "Everything is safety here" and a relative said, "On safety there is nothing I can fault them on."
- The registered manager told us there were very few incidents of behaviour which challenged the service since they had improved the culture in the service, with staff now being fully present, interactive and supportive towards people. People, relatives, visitors and staff did not raise any concerns about such incidents and told us they felt the service was safe.
- Accidents and incidents were recorded appropriately and analysed by the management team to look for any patterns to help reduce recurrence. The registered manager told us they were reintroducing a system to record any incidents of behaviour which challenged as the previous system was unsuccessful.
- The provider assessed risk to each person well, providing robust guidance for staff to follow. The provider

assessed risks and carried out regular checks relating to the premises and equipment including the risk of falls from height. The provider used specialist contractors to assess and monitor risks including those relating to fire, water hygiene, gas safety and electrical installation, and put action plans in place to rectify any concerns.

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

- Systems were in place to protect people from the potential risk of abuse. The registered manager had taken the necessary action in relation to any allegations of abuse, including reporting to the local authority safeguarding team and CQC.
- Staff understood their responsibilities in relation to safeguarding. Staff received training in safeguarding and this topic was discussed at team meetings to keep their knowledge current.

Preventing and controlling infection

- People, relatives and visitors told us the service was always clean. We also found the service was clean and free of malodours and found staff followed a cleaning schedule. Staff received training in infection control and food hygiene and followed best practice to reduce the risks to people. The management team carried out regular checks of infection control practices to ensure high standards.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service was large with various communal spaces for people to meet including a well-used garden. Some people had their own flats with self-contained facilities where staff encouraged them to build independent living skills.
- People were encouraged to personalise their rooms to their tastes and could choose the colour scheme. An under-utilised room was converted to a private lounge for one person who preferred to spend time away from others.

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

- The provider met people before they began using the service and reviewed any professional reports to assess whether they could meet their needs.
- The provider continued to assess whether people's care met their needs through regularly reviewing their care plans with people and those who funded their care.

Staff support: induction, training, skills and experience

- People were supported by staff who received a suitable induction with regular training in a range of topics to help them understand people's needs. Topics included mental health, learning disabilities and autism, positive behaviour support and diabetes.
- Staff received regular supervision and staff felt supported by the management team and received regular supervision with annual appraisal.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Staff understood people's mental healthcare needs as they had received training and had regular support to understand people's individual needs. The service was developing dental care plans for people and sent us some they completed after our inspection.
- People were supported to see the healthcare professionals they needed to maintain their physical and mental health, including seeing their care coordinators and GPs.
- Staff understood and met people's individual dietary needs and preferences and people were positive about the food they receive. Comments included, "The food is very good food, it's cosmopolitan", "They give you a choice and you pick what you want. Good cooks!", "The food is healthy and I like it a lot, it's the best!" and "They try and vary my diet as best they can."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had followed the MCA and assessed people's capacity in relation to specific decisions where necessary. The provider had recorded their assessments and carried out meetings to make decisions in people's best interests.
- The provider had applied to deprive some people of their liberty as part of keeping them safe and kept authorisations under review. The provider ensured information relating people's DoLS authorisations was recorded in their care plans. Staff understood their responsibilities in relation to DoLS and they had received training in this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 spoke about staff positively. Comment included, "Staff are top class: caring, kind and compassionate", "They look after you very well, they care about you", "Staff are very good and will do anything you like" and, "They do ask you how you are feeling. I like people to enquire about my wellbeing." We observed people were comfortable approaching staff and engaging in conversation with them. We saw staff treated people with kindness, respect and patience.
- Staff received training in equality and diversity and were aware of people's religious, cultural and social needs. These were reflected in care planning. Relatives told us they had celebrated a religious festival with staff at the service and said, "We celebrate our beliefs together."

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

- Our discussions with staff showed they knew people well and offered choices, such as food and personal care, based on people's known preferences. One person told us, "They respect you if don't want to do something."
- Each person had a member of staff who worked closely with them, a 'keyworker', to help them express their views and make decisions about their care. One person told us their keyworker encouraged them with "...positive talk regarding your talents, your dreams are what you aiming for."

Respecting and promoting people's privacy, dignity and independence

- Our discussions with staff showed they respected people's privacy and dignity when carrying out personal care. One person told us, "There always knock one the door before they come in." Staff also maintained people's confidentiality and information was held securely. Staff received training relating to this.
- Staff supported people to be as independent as possible to enable them to live independently in the future where possible. People were supported to build their daily living skills including cooking, cleaning and laundry. One person told us, "I do the cooking and they encourage you to do your own washing." One person was recently supported to save up for a large purchase to help with their mobility.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 plans detailed their mental health needs, their backgrounds, personalities, those who were important to them and how they preferred to receive their care. Care plans were personalised and kept up to date so they remained reliable for staff to follow. One person told us, "I do my own care plan, the way I like it."
- Our discussions with staff showed they had a good understanding of people's needs and preferences. Staff followed people's care plans so people received consistency of care.

Meeting people's communication needs

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

- The registered manager told us key information could be provided to people in alternative formats if necessary.
- The provider ensured people's communication needs were recorded in their care plans. Some people with complex communication needs had 'communication passports', informed by healthcare professionals, to guide staff on the best ways to communicate with them. We saw staff adapted their communication style to aid understanding.

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

- Most people occupied themselves inside and outside the home, leaving the service freely. However, the service did provide some activities such as individual arts and crafts, professional art therapy, visits to local attractions, barbecues and individual cooking sessions. People told us there was enough to keep them occupied. One person told us, "They want you do activities. I exercise, dance, do press-ups, a little stretching."
- Staff supported people to stay in touch with people who were important to them. Some people who used the service previously chose to visit most days and staff welcomed them. The registered manager explained it helped maintain friendships. Also, as some developed skills and moved into more independent settings, the visitors were good role models.

Improving care quality in response to complaints or concerns

- The complaints procedure in place remained suitable. The registered manager ensured any complaints

were logged, investigated and responded to and complaints were reviewed by senior management.

- People knew how to raise a concern and they had confidence the provider would investigate and respond appropriately. One person told us, "If you have something to say they listen to you." A second person told us if they had a complaint they believed the registered manager would "listen to find a solution to the problem with a bit of wisdom and common sense."

End of life care and support

- Training in end of life care was available to staff. The registered manager told us they planned to support people to develop advance care plans, setting out how they would like to receive their end of life care.

Is the service well-led?

Our findings

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

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

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

- The provider had a system of audits to check people received a high standard of care, covering all aspects of the service. These checks included regular checks by the quality assurance team which followed CQC inspections. The service was receiving additional support from the peripatetic manager.
- The registered manager was experienced and our discussions showed they understood their role and responsibilities. However, they had chosen to step down into a role where they could develop people's skills and abilities directly and a new manager was due to start at the service. There was a clear hierarchy as the registered manager was supported by two deputy managers and senior management. People, relatives and staff were positive about the management team. Comments about the management team included, "I cannot find a fault with management team, they go above and beyond" and "[The registered manager] is good because she always caring, checking if I'm all right."
- The provider had sent us notifications in relation to significant events that had occurred in the service as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us how they had transformed the culture of the service since they started to one which was positive and supportive of people using the service and their equality characteristics. They ensured staff were always available to support people and took disciplinary action in relation to poor practice. Some staff were provided additional support to allow this cultural change.
- The provider kept people and staff informed of any developments at the service through regular meetings. People and staff told us they valued these meetings and always felt listened to. Relatives told us staff always kept them informed of any important information about their family members.
- People and staff were asked their views on the service through an regular surveys and recent surveys showed people were happy with their care.

Working in partnership with others

- People were encouraged to be active within their local community by using local services.
- The provider communicated with external health and social care professionals, including the local mental health care team and review officers from the local authority, to ensure people received the care they needed.

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 understood their duty of candour responsibilities and their management style was open and transparent.