Evergreen Lodge Limited

Evergreen Lodge

Inspection report

38 Haddon Road
Birkenhead
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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

The inspection took place on 29 September and 3 October 2016 and was unannounced. Evergreen Lodge is located in the Rock Ferry area of Birkenhead. The home is registered to accommodate up to 40 people. The home has a car park at the front and a secure garden at the back.

At the time of the inspection, the home had a manager who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The people accommodated at Evergreen Lodge were living with dementia-related conditions or had other mental health needs. Some people had challenging behaviour and required one to one support from staff to ensure their safety and/or the safety of others. We observed that people were treated with dignity and respect and support was provided in a non-judgemental manner.

The manager and staff had knowledge of the Mental Capacity Act (2015), and Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately. People were supported to make everyday choices within their capacity to do so. People had a choice of meals and received the support they needed to eat and drink. Staff we spoke with had a good understanding and knowledge of people`s individual care needs. Family members visited during the day with no restrictions.

The home was clean, tidy, comfortable and safe. Adaptations had been made to support people with mobility difficulties. People's medicines were managed safely.

We observed that there were enough staff on duty and people did not have to wait for staff to attend to them. The rotas we looked at confirmed that these staffing levels were maintained by some use of agency staff.

Care records we looked at showed that people's care and support needs were assessed before they moved into the home. Plans were in place for meeting people's needs and these were reviewed regularly.

The home employed two social activities organisers who facilitated social support for people both in the home and in the community.

We saw evidence of regular staff meetings and meetings for people who lived at the home. A series of quality monitoring audits was carried out.

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.

There were enough staff to meet people's needs and keep them safe.

The environment was clean and well maintained.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

A programme of staff training and development was in place.

The requirements of the Mental Capacity Act were implemented appropriately.

People received enough to eat and drink and their individual dietary needs and choices were catered for.

Is the service caring?

Good

The service was caring.

Staff supported people in a respectful way which protected their dignity.

People told us that the staff were kind and caring.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed and planned for.

Staff had a good understanding and knowledge of people`s individual care needs.

The home employed two social activities organisers and people

had opportunities to go out in the community.

Is the service well-led?

Good

The service was well led.

The home had a manager who was registered with CQC. People described the manager as approachable and supportive.

There were regular staff meetings and meetings for people who lived at the home.

A series of quality monitoring audits was carried out.

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 was planned to check 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. The inspection took place on 29 September and 3 October 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public since our last inspection in 2013.

During the inspection we spoke with three people who lived at the home and observed the care and support that was provided for other people who were not able to communicate verbally with us. We spoke with four visiting relatives and three professional visitors. We spoke with the manager, the providers, the deputy manager, and six other members of the staff team.

We looked at the care records of four people who used the service. We looked at staff records, health and safety records, medication and management records. We looked all around the premises.

Good

Our findings

All except one of the people we spoke with believed that people were safe at Evergreen Lodge. One relative told us "I know he is safe and well looked after."

Polices were in place to guide staff on how to deal with any safeguarding concerns that arose or how to whistle-blow if they had any concerns. Training records showed that all members of the staff team had attended training about safeguarding and this was updated every year. We saw records of safeguarding referrals that the manager had made and these had also been notified to CQC. During our inspection, a visitor raised concerns and the manager took immediate action to make a safeguarding referral.

We looked at staff rotas which showed there was always a registered nurse on duty, with a senior care worker on each of the units. There were 20 support staff on duty during the day, and ten at night. The rotas we looked at confirmed that these staffing levels were maintained with some use of agency staff as needed. These staffing levels accommodated one to one support for a number of individuals. The manager and the deputy manager worked as part of the care team as and when needed. The nurses employed were a mix of mental health and general nurses.

In addition to the care staff there were two social activities coordinators, one full-time and one part-time. There were three housekeeping staff and a laundry assistant on duty each day; also a cook and a kitchen assistant.

People we spoke with said that there were enough staff working at the home to meet the needs of the people living there. Throughout the day we observed there were sufficient staff available to respond quickly to requests for support and to spend time interacting with people on a social basis as well as meeting their care needs and keeping them safe.

We looked at the recruitment records for four new staff members. We found that, for three of these people, safe recruitment processes had been followed before they were employed at the home and the required records were in place, including a completed application form, identity documents, interview notes, references, evidence of a Disclosure and Barring Service check, job description and a contract of employment. However for the fourth person there was insufficient information to be able to make a decision whether the candidate was suitable for their post.

We discussed this with the manager who told us he would ensure that further information was obtained

before the member of staff completed their probationary period at the home. He also told us that an administration assistant had been employed recently to provide support for him with maintaining staff records.

Key pads were fitted to external doors and doors leading to the first and second floors, including the passenger lift. This meant that people who were unable to access these areas safely were not able to do so without support from staff. People who had been assessed as having full mental capacity were aware of the codes needed to operate the doors. Window restrictors were fitted to windows and guards fitted to radiators. Electronic door openers were fitted to hold some doors open, but would close in the event of the fire alarm sounding. We saw that bed sensors and door sensors were in place to alert staff when people got out of bed. This all helped to make the premises safe for the people living there.

One of the team leaders carried out a monthly health and safety audit. We looked at the maintenance file and saw that regular checks of the water temperatures, fire alarms, emergency lighting systems and mobility equipment were carried out and any issues were reported to the maintenance person. We saw that up to date certificates were available and provided evidence that equipment and services in the home were tested and serviced as required. The home shared a maintenance person with another local care home owned by the same provider.

During our walk round the home we noticed that some bedroom doors did not close properly and therefore would not provide an effective barrier in case of fire. We were also shown a faulty tap in one of the bedrooms. The manager said that he would ask the maintenance person to attend to these issues. There was a personal emergency evacuation plan for each of the people who lived at the home to advise staff and emergency personnel how to evacuate people safely in the event of an emergency.

We found that all parts of the home were clean, tidy and odour free. Gloves and aprons were available for staff to use when providing personal care. The kitchen had a four star food hygiene rating.

We saw records of accidents and untoward incidents that had occurred and these were analysed monthly to find out if any additional safety measures were needed.

We looked at the arrangements for storage, administration and disposal of medicines. There was a locked medication room on the first floor, which was small but clean and tidy and contained appropriate storage for controlled drugs and medication that required refrigeration. Medication was stored safely and at the correct temperature. The deputy manager told us that medication storage was going to be relocated to the ground floor in the near future.

Medicines in current use were kept in trolleys which were tidy and well-ordered which made it easy for nurses to find the right medicines for each person. Medication administration record (MAR) sheets were completed well with no missed signatures. Medication rounds were carried out by registered nurses, however care staff who had completed appropriate training assisted with supporting people who needed time to take their medication.

The deputy manager told us there was currently no covert (hidden) administration of medicines.

Good

Our findings

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 decisions 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that they were. We found that, where people required the protection of a DoLS, an application had been made to the local authority. Records confirmed that these decisions had been made on an individual basis depending on the person's needs.

During the inspection we spoke with an Independent Mental Capacity Advocate (IMCA) who provided a service to some of the people who lived at Evergreen Lodge. They told us "They generally get the idea of mental capacity here. They are taking positive steps to ensure people go out. I have never had to raise any concerns about this home but I have raised issues with the manager and they have been addressed. The manager is responsive and understands the need to give people choices."

A programme of staff training was provided in-house. The training programme included safeguarding, health and safety, food hygiene, infection prevention and control, fire safety, moving and handling, mental capacity, and management of challenging behaviour. The manager told us that all except the newest staff had completed the training programme, but the planned annual updates were not all up to date. We saw that this was being addressed, with a number of training sessions planned over the next few weeks which would result in all staff being up to date.

We saw evidence that staff also had opportunities to develop their knowledge and skills through external training. For example, a nurse we spoke with had a level 5 management qualification and all of the senior care staff had a minimum NVQ level 3. A senior member of staff had completed training to deliver cognitive behavioural therapy for people who were living with alcohol related brain injury and provided both group and individual counselling on a regular basis.

During the inspection we spoke with an NVQ assessor who was visiting the home. They told us that all of the staff who didn't already have a qualification were signed up for a level 2 or 3 apprenticeship. They told us "I love coming here, the staff are so welcoming and treat everyone with respect. The staff are calm and really know the service users. The staff get the support they need with their training, the manager is great."

We saw that supervision and appraisal planners were in place. They showed that the manager supervised the senior staff, and supervision of the other staff was devolved to the nurses and team leaders. We saw records of supervision meetings in the staff files we looked at.

The home was divided into three units known as Rosewood, Maplewood and Oakwood. All of the communal areas and some bedrooms were on the ground floor, with other bedrooms on the first floor. The second floor was a staff area with kitchen and laundry. Bedrooms varied in shape and size and most had en suite facilities. There were large communal areas on the ground floor. There was level access to all areas of the ground floor including a pleasant, secure garden at the back. There was a covered outdoor sitting area where people could smoke.

Adaptations had been made to the environment to support people who had mobility difficulties. These included a passenger lift, handrails in corridors and accessible showers and bath. At the time we visited, a programme of redecoration was underway and this meant that a lot of doors which had recently been painted did not have any identification to help people find their bedroom or show which were bathrooms. The manager told us that these would be replaced as soon as possible.

People who were being looked after in bed had adjustable beds and pressure relieving mattresses. Portable moving and handling equipment was available for people who were not mobile.

Relatives we spoke with said that people enjoyed their meals and had put weight on since moving to Evergreen Lodge. Lunch on one of the days we visited was beef stew, but people also had a choice of soup and sandwiches or pasta, and a member of staff told us that any special requests were always accommodated by the catering staff. We observed that people received the support they needed to eat their meal. People ate at their own pace and were not rushed.

There were two satellite kitchens where care staff could make drinks or people who lived at the home could make their own drinks, snacks or meals. Drinks and snacks were available throughout the day and night. A malnutrition universal screening tool (MUST) was used to identify people at risk of malnutrition. We saw evidence in care records that people's weight was monitored monthly, or weekly if there were concerns. People who were at risk had diet and fluid charts to monitor their daily intake.

Good

Our findings

A person who had almost completed a period of rehabilitation told us "This is my family. They have a real understanding of the support I need and they have treated me with respect." Another person told us "People [staff] are very nice. It's pleasant here, everybody's in a good mood."

All but one of the relatives we spoke with were very satisfied with the way that care was provided. A family member who had visited the home every day for a number of years told us "My [relative] is very well looked after, the staff are wonderful. Paul (the manager) listens and sorts out any issues. It amazes me that when people are agitated the staff are so calm and kind with them."

Two other visitors told us that they were pleased that their relative was able to take in his own items of furniture for his bedroom. They described the care as "very good" and the staff as "brilliant". They named three members of staff who they had found particularly helpful. They told us "He loves the food. We are very happy with everything."

A visitor from a local church told us "I am always received with a welcome from the manager. The staff are all so courteous, they are all very caring. I admire the staff, they have a beautiful caring attitude. The people who live here are all very special." They told us about an incident they had witnessed that morning when a person became distressed whilst being transferred using a hoist. They described how the staff worked together as a team to reassure the person and to keep them safe.

We read a letter from the family of a person who had received end of life care at the home earlier in 2016. They wrote "The care she had at Evergreen never once had me doubting she was in a really special place, being looked after by some amazing people. During her final week, the compassion and dignity shown is something we won't forget."

During our inspection we found that when staff were talking with and socialising with people they had a caring approach and communicated with the person in a way the person preferred. We also found that staff knew people well and knew how to reassure or distract them if they were upset or unhappy and they took the time to do so. People who lived at the home were comfortable with the staff and we observed warm and caring relationships. We saw that staff treated people kindly and supported them at their own pace.

People's needs were tended to promptly and staff responded to people in a positive manner. Staff we spoke with were knowledgeable about people's care needs, their likes and dislikes, and what might cause them to

become distressed. Staff spoke about people in a caring and respectful manner; a member of staff told us about one person they supported saying "She has no family so we are everything to her."

The student nurse we spoke with told us "The staff have been very helpful, they have a brilliant knowledge of people, they know their triggers. They always promote people's dignity."

Each bedroom was different and was decorated and personalised to reflect the individual. We saw that throughout the day visitors were made welcome and relatives we spoke with said they could visit anytime and they were always made welcome. Monthly family meetings were held but were not well attended. Records showed that the meetings varied in content and aimed to provide support for families. The manager told us he had plans for the further development of these meetings.

Good

Our findings

Evergreen Lodge had three residential living units. Rosewood accommodated people with early onset dementia and challenging behaviour; Oakwood accommodated people with more advanced dementia; Maplewood provided a care and rehabilitation service for people with acquired cognitive impairment. All of the people living at the home had complex care needs.

Most people were admitted to Evergreen Lodge following a period of time in hospital. A very detailed pre-admission assessment was carried out by the home manager to determine the individual's needs, to establish whether the home could meet their needs, and to provide a costing for the funding authority. Other senior members of staff told us they were also involved in pre-admission assessments.

We asked the manager about information sharing when someone new, who may have a history of challenging behaviour, was going to live at the home. He told us that before the person moved to the home, the pre-admission assessment was shared with the staff team and they were involved in the decision making process to determine whether they would be able to meet the person's support needs. Relatives we spoke with said they went to look around the home before their relative went to live there earlier in 2016.

Some of the people living on Maplewood unit had made a choice to go into the home for a rehabilitation programme that could last up to three years. They were supported to regain daily living skills and encouraged to follow a programme of activities which was written on a white-board in each person's bedroom. This gave a structure to their week and their day. They were involved in a weekly residents' meeting where they were encouraged to plan their own menus and organise the activities they wanted to do for the week. A therapeutic group meeting was held each afternoon and topics discussed included health awareness and future planning. People were supported with developing life skills such as cooking, ironing, changing duvet covers and changing an electrical plug.

We looked at the care records of four people who used the service. Each care record included a series of detailed risk assessments specific to the individual. Risk assessments covered areas such as nutrition, medication, pressure risk, going out, falls, seizures and continence. Risk assessments clearly identified what each person's care risks were and how they should be managed. The risk assessments were linked to the Mental Capacity Act and the person's ability to make specific decisions.

The care plans were very lengthy and followed an 'activities of daily living' rather than a person-centred model. Some of the care files contained little biographic information to help staff understand the person's

past life. We discussed with the manager and the nurse on duty how the care plans might be developed to describe the person's life history, preferred daily routine, likes and dislikes, and important family members. This information was included in some people's files but this was not consistent. People's assessments and care plans were reviewed regularly, however the reviews often consisted of just a date and signature.

Daily records showed the care and treatment people had received and gave information about the person's general wellbeing. Records showed that people were supported to access GPs, district nurses and other health professionals as and when required. There was evidence of discussions with relatives. The home had a GP visit every week, and weekly support from mental health professionals who were also available by phone. Most people were up and about and spent time in the lounges. A small number of people were being cared for in bed due to declining health.

We spoke with the two activities organisers. They had a large summer house in the garden which was furnished with comfortable sofas and had a pool table. They said that people enjoyed going to the activities room as it gave them a different environment. One of the activities organisers was qualified to do aromatherapy, reflexology, and Indian head massage. These treatments were provided following consultation and consent from the person and/or their relatives.

Activities were mainly provided one to one and included hand massage, pampering, and trips out by foot or public transport. Some group activities took place, for example Bingo. People enjoyed visits to a cinema in New Brighton and some liked going to Liverpool. One person had a weekly visit to a family member.

Policies and procedures were in place to guide staff on the process to follow when a complaint was received. Information about how to make a complaint was available for visitors to the home via a poster displayed in the entrance area. The complaints procedure informed people of who they could contact both within and outside the organisation and provided contact details for them. Records showed that complaints received had been investigated and the manager had taken action to address the issues and replied appropriately to the complainant.

Good

Our findings

The home had a manager who was registered with CQC. Support was available for him from an area manager who knew the service well. The deputy manager was recently in post and told us she was enjoying her new job. The service providers were also present for part of the inspection. We observed that the manager knew the people who lived at the home well and was able to tell us in detail about their support needs. Visitors we spoke with knew the manager and felt able to approach him to discuss any concerns.

We found evidence that staff were encouraged to develop their knowledge and skills. We spoke with a nurse who had worked at the home for several years. She had completed a level 5 management qualification. She told us "There's good teamwork with the night nurses and the seniors. Paul is a good manager, he's very patient-centred. We're always moving forward, it's not a stagnant place, we're always making changes for the better." One of the unit managers also told us about how they were involved in developing their team of staff. Some of the senior support workers had achieved NVQ level 5.

We looked at records of annual satisfaction questionnaires that were distributed to people who lived at the home, their relatives, and visiting professionals. These generally reported a high level of satisfaction, however only a small number of forms had been returned for the most recent survey.

We saw records of a series of weekly and monthly internal audits that were completed to monitor the quality of the service. One of the senior staff completed a monthly health and safety audit. Other audits completed by the staff at the home included checks of care plans, accidents and incidents, catering, and medication. There was scope for further development of the quality assurance system to ensure that it provided information that was both relevant and useful in the development of the service.

The area manager also completed a monthly audit to check the management of the home and the service provided. The most recent had been carried out on 26 July 2016. The audit included safeguarding, DoLS, care documentation, medicines, staffing, health and safety. The area manager audits included time spent talking to people who lived at the home and staff. An action plan was written following the area manager's visit.