

Evergreen Lodge Limited

Evergreen Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Evergreen Lodge is a care home that provides accommodation for up to 40 people who need help with nursing and personal care. At the time of our inspection 28 people lived in the home. Some people living in the home lived with dementia or other mental health issues.

At our previous inspection in December 2019 the provider was in breach of regulations. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations. However, evidence that could be reviewed was limited as these improvements had been implemented following a change in management after the last inspection. The focus now needs to be on further embedding and sustaining improvements over a longer period of time in order to achieve an overall rating of good.

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

People and their family members told us they had seen improvements in the quality of care and support people received at Evergreen Lodge. One family member told us, "Since [Name] has become registered manager, we have noticed improvements in the environment, structure, communication and all standards."

Risks to people were assessed and their safety was monitored. Regular checks were carried out on the safety and cleanliness of the environment and equipment and prompt action was taken to mitigate any risk identified. Risks in relation to aspects of people's direct care was assessed and measures put in place to guide staff on how to keep people safe. People's safety was monitored, and outcomes recorded in line with risk management guidance.

Medicines were safely managed by staff with the right training and skills. Medication administration records were kept up to date with details of people's prescribed medicines and instructions for use

People were safeguarded from the risk of abuse. People told us they felt safe and were treated well and family members told us they were confident their relatives were safe. The registered manager and staff were knowledgeable about the different types and indicators of abuse. Allegations of abuse were managed in line with the providers and the local authority safeguarding procedures. Clear records of incidents of a safeguarding nature were maintained.

The providers systems and processes for assessing, monitoring and improving the quality and safety of the service were used effectively. Checks and audits were completed in line with the providers quality assurance framework and areas for improvements were identified and action taken. Records were regularly reviewed, kept up to date and checked for accuracy.

People, staff and family members told us they were engaged and involved in the running of the service and they were provided with opportunities to feedback about their experiences of the care provided. Family

members and staff spoke positively about how well the service was run and the improvements made since the registered manager had been in post. There was good partnership working with others including external health and social care professionals.

Risks relating to infection prevention and control (IPC), including in relation to COVID-19 were assessed and managed. Staff followed good infection, prevention and control (IPC) practices.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 15 January 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Evergreen Lodge' our website at www.cqc.org.uk.

Why we inspected

A decision was made for us to inspect, examine and follow up what improvements had been made since the last inspection in December 2019. Due to the COVID-19 pandemic, we undertook a focused inspection to only review the key questions of Safe and Well-led. Our report is only based on the findings in those areas reviewed at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Follow up

We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

This service has been in special measures since April 2019. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Details are in our safe finding below.

Good ●

Is the service well-led?

This service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

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.

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

This inspection was carried out by an inspector, medicines 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.

Evergreen Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We announced the inspection visit 48 hours before it took place. This was because we needed to give time to prepare in advance for our visit due to the COVID-19 pandemic.

Inspection activity started on 14 September 2020 and ended on 21 September. We visited the service on 16 September 2020.

What we did before the inspection

We reviewed the information we received about the service since the last inspection. We sought feedback from the local authority. 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. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experiences of the care provided. We contacted 10 family members by telephone about their experiences of the care provided. We also spoke with the registered manager, deputy manager, clinical lead and five members of staff including nurses, care workers and the activities coordinator. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at the recruitment files for two staff employed since the last inspection.

After the inspection visit

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested records and documentation to be sent to us and reviewed these following the inspection visit. We also contacted four external health and social care professionals to seek their views on the service and the care provided. In addition, we received further feedback from family members.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider failed to ensure that people's risks were properly identified and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, significant improvements had been made and the provider was no longer in breach of this regulation.

- Risks to people were assessed, and measures were in place to manage and monitor people's health, safety and welfare.
- Staff had a good level of knowledge and understanding of people's individual risks and followed risk management advice in order to keep people safe.
- People's care was monitored, and outcomes recorded in line with their risk management plan.
- Regular safety checks were carried out on the environment, equipment and utilities. records were kept which showed prompt action had been taken to mitigate any risks identified.

Using medicines safely

At our last inspection, the provider failed to ensure people's medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, significant improvements had been made and the provider was no longer in breach of this regulation.

- The implementation of a new electronic medicine administration system had supported improvements to the safety and management oversight of people's medicines.
- People were given their medicines at the times they needed them and as prescribed.
- Medicines were stored safely, and accurate records were kept of medication stocks.
- Personalised plans were in place to guide staff how to give 'when required' medicines', insulin, thickeners and creams, safely and effectively.

Preventing and controlling infection

At our last inspection the provider failed to ensure staff followed correct practice to prevent the spread of infection. This was a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 12.

- Staff completed IPC training including COVID-19 related training and had a good understanding of safe IPC working practices; this included staff following correct guidelines on the safe use and disposal of sharps (Sharp Instruments in Healthcare).
- Risks relating to infection prevention and control (IPC), including in relation to COVID-19 were assessed and managed.
- There was a good stock of personal protective equipment (PPE) which staff used and disposed of in line with current national IPC guidance.
- The environment, furnishing and equipment were kept clean and hygienic. Cleaning schedules were amended in response to COVID-19.

Staffing and recruitment

- Safe recruitment processes were followed and there was the right amount of suitably skilled and qualified staff deployed across the service to safely meet people's needs.
- A range of pre-employment checks were completed to assess new applicant's fitness and suitability to work at the service.
- People's needs and dependency levels were used to determine staffing levels and skill mix. People told us there were enough staff to meet their needs. Their comments included; "We don't have to wait long for staff to come when we need them" and "There's always plenty of them [staff] around."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and staff treated them well. One person told us, "I feel very safe here, the staff are lovely." Family members told us they had no concerns about their relative's safety or the way they were treated. One family member told us, "Yes, it is the entire package that gives me confidence. He [relative] always seems in good shape."
- Where physical restraint was needed to keep people safe, appropriate plans and guidance were in place to ensure the least restrictive methods were used in line with correct legal processes.
- Staff understood how to protect people from abuse and who to report any concerns to.
- A record of safeguarding incidents was kept, which was regularly checked by the registered manager to ensure appropriate action had been taken.

Learning lessons when things go wrong

- The provider had learnt from issues found during the previous inspection and had taken prompt action to address these and ensure people were safe and well-treated. This was demonstrated by the improvements found during this inspection.
- Records of accidents and incidents were maintained and analysed to help identify any patterns or trends. Lessons learnt on how to minimise the risk of further occurrences was shared across the staff team.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had improved. However, the service had been rated inadequate for the last two consecutive inspections and the improvements made need to be embedded and sustained over a longer period to achieve a rating of good.

At the last inspection, the governance arrangements in place were ineffective and the management of the service was poor. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17. However, the management of the service had changed since the last inspection and many of the improvements were recently made so evidence that could be reviewed was limited.

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

- The change in management of the service had been instrumental in improvements being made. One staff member told us, "[Registered manager] is focused. He concentrates on the important things and changes them first." One family member told us, "Since [Name] has become registered manager, we have noticed improvements in the environment, structure, communication and all standards."
- Staff were proud of the improvements that had been achieved since the last inspection. One staff member told us; "I feel like we have all worked so hard to get things better. We are all proud and passionate about what we have achieved."
- Since the previous inspection, the registered manager and provider had implemented and regularly shared with CQC, action plans to help drive improvement. These improvements now needed to be sustained.
- Effective systems were now in place to check the quality and safety of the service. Checks were carried out and audits completed at the required frequencies. Outcomes were recorded and acted on in a timely manner.
- Managers and staff had a clear understanding of their own and each other's roles and worked together as a team to deliver quality care and keep people safe. Staff spoke positively about the working relationship between the registered manager and senior staff and the benefits this now had to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clear emphasis on promoting a positive culture and ensuring people received person-centred care. This focus now needs to be further developed and sustained.
- Staff were person-centred in their approach and interacted well with people. People told us they felt

involved and listened to, their comments included, "I wanted to decorate my room. [Manager] has helped me do this. I have picked the colours and what I want" and "I love it here, everyone is nice, we all get on well."

- Family members spoke positively about the care and support their relatives received and the improvements that had been made. One family member told us; "Evergreen feels homely, well-led and safe and we are so glad [relative] lives there. Staff are amazing, kind and compassionate."
- Staff told us the registered manager had an open-door policy and welcomed everyone's feedback, views and opinions about the service and ways to improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged with and involved in the running of the service and how their care was provided. This was done through regular reviews, meetings, surveys and personal discussions.
- Family members were involved in people's care and updated about the service through telephone discussions, emails and newsletters during the COVID-19 pandemic.
- Staff told us they felt more engaged with since the new registered manager had been in post. One staff member told us; "We have monthly meetings that we never had before. We are given lots of updates and information and we more involved in the way the service is run."
- The service worked with a range of external professionals when planning and reviewing people's care to make sure specialist advice was sought when required.
- Positive feedback had been received from a range of professionals about the improvements made and how managers and staff worked collaboratively with them to ensure people's health needs were met. One professional told us; "The home is more organised, staff are more on top of [people's] problems and highlight these quickly."

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 manager and provider were open and honest with people, their family members and others about previous failings and the methods they were using to improve the quality and safety of the service.
- The manager shared appropriate information with other agencies in a timely way and learnt from incidents.