

Eventide Residential Home Limited

# Eventide Residential Home Limited

## 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

We carried out an unannounced inspection of Eventide on 31 July 2018. The last comprehensive inspection took place on 5 July 2017 when we identified breaches of the legal requirements and rated the service requires improvement. On 24 October 2017 we carried out a focused inspection and found improvements had been made and the service was no longer in breach of the regulations. We did not change the ratings at that time as we wanted to be sure the improvements would be sustained.

Eventide is a 'care home' that provides care for up to 18 adults. At the time of the inspection 17 people were living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Eventide Residential Home Limited is a charitable organisation which is overseen by a voluntary committee. The accommodation was in an older style property close to the centre of Bude and local beaches. The accommodation was spread over three floors and there was a working lift. There was a lounge and a conservatory where people could choose to spend their time.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

People told us they felt safe living at Eventide. Comments included; "I feel safe, I just press the call bell and they come quite quickly" and "I had a fall in my room and the staff heard me fall and came straight away so I feel safe." The atmosphere was relaxed and friendly. Staff supported people to move around and encouraged people to be independent.

People received their medicines as prescribed and their health was well maintained. We identified some concerns in how medicines were administered and medicine recording systems and we have made a recommendation about this in the report.

There was a stable staff team in place who knew people well. New staff were required to complete and induction and some initial training. Training was regularly refreshed. Supervisions, annual appraisals and staff meetings enabled staff to raise any issues or suggestions.

People were supported to have maximum choice and control of their lives. There were no restrictive practices in place and people were able to make day to day choices about where and how they spent their time. They were asked for their views of the service regularly and told us they would not hesitate to raise any concerns. members of the management committee visited the service regularly to talk with people and staff

about their experiences.

Care plans outlined people's needs in terms of care and support. There was also information about their personal histories and life experiences. This enabled staff to identify what mattered to people and helped facilitate meaningful conversations. The care plans were reviewed regularly to help ensure they gave an accurate picture of people's needs. Staff told us they worked well as a team and were kept up to date with any changes in needs.

People had access to a range of activities both inside and outside of the service. Staff told us this was an area of the service that had improved since our last inspection. The activities provided were in line with people's interests and preferences.

The registered manager was supported by a deputy manager and senior care workers. Key workers had oversight of individuals care plans and arranged appointments for people. Regular audits were carried out to identify any areas for improvement. The registered manager informed CQC of any significant events in line with their legal obligations.

## 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. Staff were knew how to recognise and report potential abuse. They were confident any concerns would be taken seriously.

People received their medicines as prescribed. However, some associated records were not always an accurate reflection of what medicines people had received.

Staffing levels were sufficient to meet people's needs. Staff responded quickly to any requests for support.

### Is the service effective?

Good ●

The service was Effective. Staff were supported by a system of induction, training, supervision and appraisals.

People had choice and control over their day to day lives.

People received support from external healthcare professionals when required.

### Is the service caring?

Good ●

The service was Caring. People told us they were treated with compassion and kindness.

Family and friends visited when they wished and were made welcome.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans gave clear direction and guidance for staff to follow to meet people's needs and wishes.

Staff supported people to take part in social activities of their choice and access the local community.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

### **Is the service well-led?**

The service was well-led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

**Good** ●

# Eventide Residential Home Limited

## **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.

This unannounced inspection took place on 31 July 2018 and was carried out by an adult social care inspector, a specialist nurse advisor and an expert by experience. The specialist advisor had a background in nursing care for older people. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with twelve people and four relatives. We looked around the premises and observed care practices on the day of our visit. We also spoke with four care staff, the cook and the registered manager. We looked at three records relating to the care of individuals, medicine administration records, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Eventide. Comments included; "I feel safe here", "I feel safe, I just press the call bell and they come quite quickly", "I didn't feel safe at home because I kept falling but I feel safe here" and "I had a fall in my room and the staff heard me fall and came straight away so I feel safe." A relative told us; "When I first left Dad here, a resident grabbed my arm as I was leaving and said, 'No one will hurt him here, or make him do what he does not want to do', this made me feel so much better about leaving him."

People were protected from the risk of being abused. A safeguarding policy and information on how to report any concerns, was easily available to staff. Safeguarding training was included in the induction process for new staff, and was refreshed regularly. Safeguarding issues were also discussed in staff meetings. Staff told us they would be confident raising any concerns both within the organisation and outside if they felt that was necessary. When people first moved into the service they were given information about abuse as part of the service user guide. This included definitions of the different kinds of abuse and how people should report any concerns.

There was an equality and diversity policy in place and staff received training in this area as part of the induction process. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

When people had been identified as being at risk action was taken to protect them while supporting them to continue to make choices and stay independent. Risk assessments were developed so staff knew how to support people safely. These covered areas such as falls and the use of mobility equipment. When it had been identified that a risk had increased in any area the assessments were updated accordingly. For example, one person had recently fallen. Their risk assessment had been updated to reflect the fact that the person was becoming less mobile and needed to be reminded to call for assistance. It also identified times when the risk was higher so staff could be more mindful of the person's whereabouts at these times.

Staff supported people who needed assistance with their mobility safely. They were patient when assisting people to move around the service and displayed an approach which centred on encouraging people to be as independent as possible. One person told us staff had accompanied them on a short walk outside using a mobility aid. They commented; "It's marvellous, the help I've had so I can go for a walk in the sun." Equipment used in the service such as moving and handling aids, wheelchairs and the lift were regularly checked and serviced by appropriately skilled external contractors to help ensure they were always safe to use.

Accidents and incidents that took place in the service were recorded by staff in people's records. These events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced.

We checked the arrangements for the management and administration of medicines. Medicine Administration Records (MARs) were kept to show when people had received their medicines. Some of the

listed medicines referred to old prescriptions which were no longer in use. There was no evidence of what medication was still current and what medication was discontinued which meant there was a risk of confusion and medication errors. We highlighted this to the deputy manager. They immediately spoke with the pharmacy to arrange for the MARs to be updated.

Some people were prescribed medicines which required stricter controls by law. There was a separate cabinet for these drugs and a register available detailing the amounts of each medicine in stock. We checked and found there was none in stock. Staff told us this had been returned to the pharmacy and the pharmacy returns book verified this.

We had some concerns in relation to the administration of medicines. We observed a member of staff signing the MAR to indicate the medicine had been given after they had collected the medicine but before it had been taken. Staff administering medicines did not wear gloves or undertake any other hand hygiene tasks. This was not in line with good practice guidelines.

Some people had been prescribed creams or mouthwash to help them maintain their health and well-being. In these cases, staff completed records to show when people had creams applied or had used mouthwash as prescribed. The records to evidence the care people received were not consistently completed by staff. For example, one person's cream records for July had several gaps where nothing was recorded. It was not possible to establish if people had not had the creams applied or whether staff had failed to record this.

We recommend the service provide staff with refresher training to help ensure they are working in line with the latest good practice guidelines when administering medicines and completing associated records.

The systems for supporting one person with diabetes care was robust and there was evidence of good working partnership with the diabetes community nurse. There was a detailed care plan in place and associated risk assessment. There was clear guidance for staff on the action they should take if the person became unwell. Any changes to medicine dosages were clearly recorded. Staff had received specific training on how to administer insulin. We did not see any related competency assessments. We discussed this with the registered manager who said they would ensure competency checks were formally recorded in future.

The environment was clean and there were no unpleasant odours. Cleaning equipment was available and any potentially hazardous products were securely stored. Any maintenance faults were reported to the maintenance worker and recorded in the log book. These were signed off when completed. The records showed faults were quickly attended to. Staff had completed infection control and food hygiene training. Hand gel was available throughout the premises and staff had access to gloves and aprons for use when appropriate. Domestic staff were employed to help maintain the cleanliness of the service throughout the day. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a five-star rating.

Each person had information held at the service which identified the action to be taken in the event of an emergency evacuation of the premises. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service. There was a thorough business continuity plan in place outlining the actions to be taken in the event of an emergency.

There were enough staff available to help ensure the care and support people received met their needs and was provided when people needed it. Staff responded quickly to call bells. Once a week an additional



member of staff was employed so people could go into the local town for a café trip. If anyone needed support to attend a hospital appointment extra staff were put on duty to help ensure everyone's needs were met. As well as care staff, kitchen staff, domestic workers and a maintenance worker were employed to help ensure the smooth running of the service.

People were protected from the risk of being cared for by staff who were unsuitable for the role. Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of suitable references. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

People's monies were secured securely and individually. Records of expenditure and accompanying receipts were kept and these were audited regularly. We checked the money held for two people and saw the amounts tallied with the records.

## Is the service effective?

### Our findings

Care plans identified people's requirements and preferences in relation to their physical and mental health and their emotional well-being. This enabled staff to get a complete picture of people's needs. Staff told us they knew people well and supported them in all aspects of their lives.

Apart from the call bell system we did not see any examples of technology being used to support the effective delivery of care and support. People were independent and there was no use of pressure mats or other systems to alert staff if people were out of bed or leaving the premises without support.

The premises were arranged to meet people's preferences and offer a choice of seating areas. There was a lounge where there was a TV and a conservatory with several magazines and puzzle books for people to choose from. This room was very popular in the afternoon. There was also seating at the far end of the dining room where people could sit in the bay window.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff had an induction when they started employment with the organisation which involved any staff new to care work completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced staff. New staff members competency and confidence was continually assessed until a point where they and the registered manager were satisfied they were ready to work independently. This involved gathering the opinions of colleagues and people using the service as well as formal observations of practice. One member of staff explained; "I will watch and see if they are comfortable and how residents respond to them."

Training identified as necessary for the service was updated regularly. This included safeguarding, the Mental Capacity Act and associated DoLS and moving and handling. Additional training could be provided to enable staff to meet people's specific needs. For example, some staff had elected to complete dementia training.

Supervision meetings were held which gave staff an opportunity to discuss working practices and raise any concerns or training needs. There was also a system of announced and unannounced observations and annual appraisals in place for all staff.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. The service had an equality and diversity policy in place.

People were supported to eat a healthy and varied diet. We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. One person was a vegetarian and they told us; "I am a vegetarian and they cater well for me. There are 2 choices each day and I can also have a salad or jacket potato." The cook prepared fresh cakes, puddings and a fresh fruit salad daily. Most people told us they were satisfied with the standard of food provided. Comments included; "The food is nice and nice pasties"

and "The food is good, I don't like beef or chicken so they give me something else." One resident and one relative told us the quality of the meat was poor. We made the registered manager aware of this feedback.

People had access to cold drinks throughout the day in the lounge and dining area. We noted in the morning that no prepared juices were available for people in the conservatory. It is important people have ready access to drinks so they are not reliant on staff to provide them. We discussed this with the registered manager and they took immediate action to remedy this.

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. The service held an appropriate MCA policy and staff had been provided with training in this area.

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). Everyone living at Eventide at the time of the inspection had capacity to make decisions about their day to day lives. There were no general restrictions in place. People were supported to have maximum choice and control of their lives. People chose when they got up and went to bed, what and then they ate and how they spent their time. People were able to go out in the local area as they chose. Some people required support to do this and this was provided by staff.

People were supported to access external healthcare services if required. Staff supported people to attend hospital appointments if they had no relative or friend to accompany them. One person had recently been seen by a physiotherapist. They had been given some gentle exercises to do. We saw staff encouraging the person to complete these.

## Is the service caring?

### Our findings

During the inspection we spent time in the lounge, conservatory and dining areas to observe staff interaction with people and how people responded to the care and support received. People were relaxed and comfortable with staff, and had no hesitation in asking for assistance when needed. The atmosphere was light hearted and people spent time chatting with each other and staff.

People spoke positively about staff and their caring attitude. People told us staff treated them with kindness and compassion. Comments included; "The staff bring me a cup of tea in the mornings and help me put drops in my eyes at night, they are very kind and caring", "The staff are wonderful", "I love the girls (staff), they do so much for me, all staff are kind and helpful, if they can help night or day, they will" and "I like the staff, they are kind, marvellous." Relatives were also complimentary. One told us; "The staff are dedicated, when it snowed heavily they walked to the home. At Christmas all staff work three hours each so that they can see the residents and also have time at home."

People's care plans contained information about people's life histories and backgrounds. This can help staff gain an understanding of people's background and what is important to them. Staff were able to tell us about people's backgrounds and past lives and used this knowledge to help them engage meaningfully with people.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. We saw staff knocked on bedroom doors and waited for a response before entering.

People could make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. One care plan stated; "[Person's name] may ask to have her breakfast in her room."

People told us they were able to get up in the morning and go to bed at night when they wanted to. People could choose where to spend their time, either in one of the shared lounges or in their own rooms. There was also seating outside the building where some people chose to spend their time. This was protected from the sun by an awning. Sun cream was kept by the front door as an additional precaution.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and could visit at any time. A member of staff told us they helped people to write birthday cards for their relatives if they needed it.

Care plans included information about people's communication needs. For example, one person's communication care plan stated; "[Persons name] sometimes finds it difficult to find the right words when conversing. ...she may need time and to be given reassurance when required."

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings with people and their families. We saw details of a residents and relative meeting displayed in the foyer.

## Is the service responsive?

### Our findings

The registered manager met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs before moving into the service. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. These were reviewed monthly or as people's needs changed.

Daily notes provided a complete picture of people's well-being. These were completed consistently and included information about their health and moods. For example; "Very cheery", "A little confused" and "Cheerful and chatty."

People, who were able to, were involved in planning and reviewing their care. Where appropriate family members were also invited to care plan reviews. Some people told us they knew about their care plans and staff would regularly talk to them about their care.

Staff attended handovers at the start of their shift. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately. An 'end of life record sheet' had been developed for inclusion in people's care files. This included space to record where people wanted to receive care if they became very unwell and information about any funeral plans. The registered manager told us of one person who had recently passed away who had no family. They had been aware of the person's wishes and had arranged their funeral as they would have wanted.

People were able to take part in a range of group and individual activities. One member of staff had

responsibility for overseeing activities and they arranged regular events for people. These included jigsaws, board games, craft work and visits by external entertainers. Staff tried to identify what pastimes were meaningful for people. For example, one person had worked as a cabinet maker. They had been given a table to sand down and were enjoying this pursuit. An activity file was kept which included ideas for new activities as well as recording what had worked well in the past.

The registered manager had recently sourced an accessible mini bus which they were able to hire for trips out. A recent trip had been a great success and another was planned. The registered manager told us people had thoroughly enjoyed this. They commented; "I was going round asking people if they would like to come on the trip. When I got to [person's name] they said, "Oh yes! I could hear you asking people and was hoping all the places wouldn't go before you got to me!"

Some people were able to go out independently. Others needed support and an extra member of staff was on the rota once a week so staff were free to accompany people on café trips in the nearby area. Staff told us the amount and range of activities provided had improved since the last inspection. Comments included; "We're getting people doing things."

People and their families were given information about how to complain. A comments book was available in the foyer for people to note any suggestions. Staff told us if they knew people had any complaints they would make the registered manager aware of it. A member of the management committee visited the service weekly. They spent time speaking with people and always asked if there were any areas for improvement. People and their relatives told us they knew how to raise a concern and they would be comfortable doing so. Comments included; "If I want something I ask and if I was not happy, I would say", "I would tell [manager's name] if I am unhappy about anything", "If I feel aggrieved, I speak up" and "I would tell staff if I wasn't happy."

## Is the service well-led?

### Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported in the running of the service by a deputy manager. Other members of staff had clear roles. For example, one member of staff had protected time to complete administrative duties. There was a key worker system in place. Key workers have oversight of named individuals care planning and help to arrange their health appointments.

During the inspection the registered manager was able to provide us with all the information we requested. They demonstrated an excellent knowledge of the people living at the service. Both the registered manager and deputy manager were responsive to any suggestions the inspection team made. For example, the specialist advisor identified areas where improvements could be made in the management of medicines. Action was taken immediately to follow up on these points. Following the inspection, we were provided with further evidence to show what action had been taken.

Staff told us both the registered manager and the deputy manager were visible in the service and very approachable. They had a positive attitude and morale in the staff team was good. One member of staff said; "We're a good team and if we're happy it helps the residents." Since our last comprehensive inspection, the registered manager had been given protected time to complete their managerial duties. This had had a positive impact on the running of the service. Both the registered and deputy manager told us the improvement had been; "Huge."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. There were regular staff meetings and staff told us they could contribute to the agenda.

Meetings for people and their families where they could share their views about the running of the service were organised. The registered manager told us these were not well attended and they were trying to identify ways of encouraging families to engage with the meetings. Residents were asked for their views of the service formally by means of an annual survey. The results of the 2017 survey were positive.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Members of the management committee completed bi-monthly health and safety audits of the environment and monthly audits of service records. One member of the committee visited weekly to maintain an oversight of the service and speak directly with people and staff. The registered manager completed a bi-monthly report for the committee.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Additional support to complete training was provided for staff who required it.



People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately. The previous CQC report and ratings were displayed within the service.