

Northern Counties Eventide Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15 and 16 January 2019 and was unannounced on the first day.

Northern Counties Eventide Home is registered to provide accommodation and personal care for up to 29 people. At the time of the inspection there were 24 people living at the home.

Eventide is a Victorian property situated in a residential area of Southport. Accommodation is provided over three levels and a passenger lift provides access to all floors. Facilities at the home include three lounge areas, a spacious dining room and gardens to the front and rear. The home operates as a charitable trust with strong links to the Christian faith.

Eventide is a 'care home.' People in care homes receive accommodation and nursing or personal care as a 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.

At the time of our inspection a manager was in post who had made an application to CCQ to become registered. A registered manager is a person who has registered with CQC 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 2008 and associated Regulations about how the service is run.

At the last inspection in June 2016 we rated the home as 'Good.' At this inspection, we rated it as 'Requires improvement'. This is the first time the home has been given this rating. This is because we found the service to be in breach of 'Safe, care and treatment' and 'Good governance' which are breaches of Regulation 12 and Regulation 17 of the Health and Social Care Act (Regulated Activities Regulations) 2014.

Systems in place to manage topical medication, thickening agent, PRN medications (as and when required medication) were not always being properly managed and systems to manage the quality and safety of the service were not always effective.

We found that topical medicines were not managed safely. This meant that people were at risk of not receiving their topical medication as prescribed and in a safe and appropriate manner.

We also found that the use of thickening agent in fluids was not recorded on fluid input charts. This placed people at risk as it was unclear as to whether thickening agent had been added to their fluids.

We looked at the management of PRN medication. We found that for some people who were on PRN medication (such as pain relief), staff had not recorded the time of administration and some people did not have PRN protocols in place.

We also found systems to manage the quality and safety of the home were not always effective. Although we saw evidence some audits were carried out in relation to the safety and cleanliness of the environment and for the management of medication, there were no audits in place in relation to written documentation such as care plans, daily records and risk assessments.

You can see what action we asked the provider to take at the back of the full version of this report.

All of the people we spoke with and their relatives told us they felt safe living at Eventide. Staff understood their responsibilities in relation to safeguarding people from abuse and mistreatment and were able to explain how they would report any concerns.

Arrangements were in place with external contractors to ensure the premises were kept safe.

We looked at how accidents and incidents were reported in the service and found they were managed appropriately.

We looked at recruitment processes which were in place. We reviewed personnel records for four members of staff. We saw that each staff member's suitability to work at the service had been checked prior to employment to ensure that staff were suitable to work with vulnerable people.

We looked at care records belonging to four people. We saw that people's care requirements were identified and people were appropriately referred to external health professionals when required. This helped to maintain people's health and well-being.

People and their relatives were involved in the formulation of their care plans. We saw that people's preferences were considered. Staff supported people in a person-centred and dignified way.

Staff sought consent from people before providing support. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) to ensure people consented to the care they received.

We found there were enough staff on duty to meet people's needs. Interactions we observed between staff and people living at the service were genuine and caring. Staff treated people with the utmost respect and took care to maintain people's privacy, dignity and independence. People living at the service and their relatives told us that staff were extremely compassionate and professional.

There was an open visiting policy for friends and family. This helped both people and their visitors feel supported. Friends and family told us the service involved them in the care of their relative and made them feel welcome. For people who did not have anyone to represent them, the service supported them in finding an independent advocacy service to ensure that their views and wishes were considered.

All meals were home cooked on the premises using locally sourced fresh ingredients. Staff were knowledgeable about people's preferences and dietary requirements.

The service had a complaints procedure in place. People and their relatives told us they would feel comfortable in raising any concerns they had with the manager. Complaints were recorded and acted upon appropriately.

We found the environment to be clean and well maintained. People could decorate their own room so that each room was completely unique to them. We found that the environment required some improvement to

adapt to the needs of people living with dementia.

Feedback about the management of the service was positive. People and staff told us the manager was supportive and approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not always managed and administered safely.

Staff were knowledgeable about safeguarding and measures were in place to address any concerns which helped keep people safe.

Checks were carried out to ensure the premises were safe.

Accidents and incidents were reported and recorded appropriately.

Is the service effective?

Good ●

Staff were knowledgeable in their understanding of supporting people when they lacked capacity to make informed decisions.

Staff were supported in their role through training and regular supervisions.

Staff were knowledgeable about people's dietary requirements and preferences.

Staff supported people to attend external health appointments.

Is the service caring?

Good ●

The service was caring and compassionate.

Interactions between staff and people living in the home were warm, genuine and positive.

We observed people's privacy and dignity being respected during our inspection.

Family and friends were made to feel welcome and could visit when they chose.

Is the service responsive?

Good 

The service was responsive.

Staff were knowledgeable regarding people's care needs and preferences. People were matched with key workers based on shared characteristics and interests.

The service promoted the delivery of individualised and person-centred care.

Systems were in place to gather feedback from people and listen to their views.

Is the service well-led?

Requires Improvement 

This service was not always well led.

The service had not always undertaken audits to help maintain quality and safety.

Some policies and procedures were outdated and did not reflect current guidance.

Feedback regarding the management of the service was positive.

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Detailed findings

Background to this inspection

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

This inspection took place on 15 and 16 January 2019. The inspection was conducted by an adult social care inspector.

Before the inspection we reviewed the information we held about both the service and the service provider. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law. A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also invited the local authority commissioners to provide us with any information they held about the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the manager, the care co-ordinator, two members of care staff, a team leader, three people who lived at the service, a visiting professional and relative. We also spoke to four relatives of people using the service on the telephone to gain a better understanding about their relative's experience of care at Eventide.

We looked at care records belonging to four of the people living at the home, four staff recruitment files, a sample of medication administration records, policies and procedures and other documents relevant to the management of the service.

We also undertook general observations of the service over the course of our two-day inspection.

Is the service safe?

Our findings

During this inspection we checked how medication was managed, we found that the home did not always manage and record the use of topical medicines, PRN (as and when required) medication and thickening agent safely.

We checked a sample of TMARS (Topical Medication Administration Records) and found gaps in records. Topical medicines are medicines which are usually applied to the skin such as creams, gels and ointments. We found that although TMARs were in place, staff had not always recorded the administration of topical medicine. For example, some people were prescribed cream two or three times per day but records did not evidence that this had been administered. This meant that people were not receiving their topical medication as prescribed.

We also found the administration of PRN medicines (for example, painkillers) was not recorded accurately. This meant it was not possible to ascertain times of administration and determine if the correct period had elapsed between doses. This is important as some PRN medications such as painkillers, require a minimum period of time between doses. We also saw that some people did not have PRN protocols in place. PRN protocols provide guidance to staff on when and how to administer PRN medication. This is important because as PRN medications are available outside of normal medication rounds, it is important that staff have clear instructions about how to manage, administer and record them.

We looked at how thickening agent was managed and found that its use was not always recorded appropriately. Thickening agent is a prescribed product and is used to reduce the risk of choking for people with swallowing difficulties. Although staff were aware of how much thickener to add to people's fluids, the use of thickener was not being recorded on people's fluid input charts. This is important as thickening agent is prescribed for people with swallowing difficulties to prevent them from choking. By the end of our inspection, the manager had amended the current fluid input charts to enable care staff to correctly record the use of thickener.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

We found that medicines were stored in three different areas of the home. The temperature of the rooms where medication was stored were not recorded daily to ensure they were within a safe limit. This is important as if medication is not stored at the correct temperature it may not work as effectively. We fed our findings back to the manager.

We looked at how controlled drugs were handled and found they were managed safely. Controlled drugs are subject to the Misuse of Drugs Act and so require extra checks.

A medicine policy was in place to advise staff on the provider's medication policy procedures. Nationally

recognized best guidance on the administration of medication was also available.

People we spoke to told us they felt safe living at the home, comments included, "Yes, I feel safe here, perfectly safe," and "I feel safe because the staff are always around."

We looked at how the home was staffed and found there were enough staff on duty to meet people's needs. On some occasions the home used agency staff but the manager was careful to request staff who had visited the service previously. This provided continuity of care and meant that agency staff were familiar to people and their needs.

We looked at how staff were recruited within the home. We looked at staff personnel records and saw that appropriate checks had been carried out to ensure they were safe to work with vulnerable people. We also saw that previous employer references had been obtained prior to employment and criminal conviction checks had been made.

We spoke to staff to check their understanding of safeguarding people from abuse, maltreatment and neglect. Training records showed that staff had received training in this area and staff we spoke with were aware of the procedures in place to follow regarding any suspicion of abuse. Staff told us they would not hesitate to report any concerns or signs of mistreatment or abuse. One staff member told us, "I would tell my manager if I saw anything, I also know I can take it externally." We did note however that the safeguarding policy was outdated and did not reflect current guidance, we spoke to the manager about this.

We looked at people's care files which showed evidence of a wide range of risk assessments and tools used to help keep people safe. Care files included individual risk assessments for areas such as moving and handling, falls and nutritional risks. Assessments were regularly reviewed to help ensure that people were kept safe and risks to people were kept to a minimum.

Staff had access to personal protective equipment (PPE). This is equipment used to help reduce the spread of infection. The home employed domestic staff to oversee the cleaning and feedback from people's relatives about the cleanliness of the home was positive. During our inspection we observed the environment to be clean and well-maintained.

We looked at systems in place for monitoring environmental risk in the home. Firefighting equipment was maintained and people had personal emergency evacuation plans (PEEP) in place. This meant that staff and emergency personnel had important information on people's needs and the support they required to evacuate in the event of an emergency.

External contracts were in place for gas, electric, fire safety and legionella. Records also confirmed that gas and electric appliances had been tested and were compliant. Additional checks and audits were completed by the home such as water temperature, automatic door closure devices, fire alarms and call bells. The home employed a maintenance person to help maintain the internal and external parts of the service.

We looked at accidents and incidents reporting within the home and found they were recorded in sufficient detail and managed appropriately. The manager analysed records monthly to help identify any trends or patterns. This helped to further improve people's safety, for example, by implementing changes to people's care plans and risk assessments to reduce the risk of reoccurrence.

Communication within the home was good. Staff had daily handovers during which any accidents, incidents

and the health status of people were discussed.

Is the service effective?

Our findings

We looked at people's care plans. We saw that care plans reflected both the health care needs of the person in addition to their personal preferences. For example, people could choose whether to have a bath, shower or a body wash and choose the gender of their care staff.

Care records also contained a pre-admission review so that people's health care requirements were identified and could be met from the time they arrived at the service. One person told us, "I was involved with my care plan from the start."

We saw that people were referred to external health care professionals appropriately, this included the GP, district nurses and physiotherapists. Staff supported people to attend any external health appointments, this helped to preserve their overall wellbeing. A relative told us, "If they [relative] need a doctor they see one, staff are always quick to respond."

We checked whether the home was working within the principles of the MCA (The Mental Capacity Act 2005), and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection, there was nobody with an DoLS authorisation in place. For some care records we looked at there was no written evidence that people had agreed to their plan of care and treatment. We discussed our findings with the manager.

Care records contained information on how staff supported people with their dietary needs, for example, a low fibre diet. Records also demonstrated that people were weighed regularly to ensure that people were not losing or gaining weight inappropriately. Both care and kitchen staff were aware of people's individual dietary requirements.

All meals were home cooked on the premises using locally sourced ingredients. Menu boards were clearly displayed around the home. If people didn't want what was on the menu, they would be made an alternative of their choice.

Comments from people we spoke to included, "The food is very good here" and "There is plenty of choice, if I don't like what's on the menu I can have a different option." We observed lunch time in the dining room.

Tables were laid with tablecloths and condiments. Whilst most people ate their meals in the dining room, people could dine in their own rooms if they chose.

Records showed that staff members received supervisions to support them in their job role. Supervision enables management to monitor staff performance and address any performance related issues. In addition to their professional development, we saw that the manager also encouraged staff to discuss issues they felt important to them both personally and professionally. This ensured that staff were kept up to date with current guidance and good practice.

We saw that training was provided to staff on a range of health and social care topics such as moving and handling, fire safety, first aid, safeguarding and cardio pulmonary resuscitation (CPR). Some staff had received training in more specialist areas such as dementia awareness and end of life care. Most staff had completed external courses in care such as National Vocational Qualifications (NVQs). These qualifications were encouraged by the service. NVQs are work based qualifications which recognise the skills and knowledge a person requires to do a job helping them to carry out the tasks associated with their job role.

Although all staff had completed mandatory training, many staff had not updated this training. We discussed this with the manager who provided evidence to confirm that gaps in training had already been identified and refresher training had recently been completed and/or organised. A revised training matrix was presented to us on the second day of our inspection.

The home also promoted staff to become champions of themes such as palliative care and dementia. These staff members acted as a source of information and education for other staff and helped to promote best practice within the home. The home also encouraged senior members of staff to participate in training in areas in which they had an interest, for example, nutrition.

People we spoke with felt that staff had the knowledge and skills to meet their needs, one person told us, "The staff are highly professional, they know what they are doing." A relative told us, "The staff definitely have the experience and skills to look after people."

During our inspection we looked at people's bedrooms and saw evidence that people had personalised them. For example, some people had brought in their own items of furniture, others had pictures on the walls. Most bedrooms had an en-suite facility. People could choose their own wall paper, furniture, paint colour and bedding. Staff asked people's relatives how they had their room set out at home and replicated the lay out. This helped people feel a sense of belonging and familiarity and that Eventide was their home.

We found that the environment required further adaption to make it more suitable to the needs and requirements of people living with dementia. For example, bedroom doors to be painted different colours to help orientate people to their bedrooms, and the use of plain carpets, as patterns on floors and carpets can be disorienting to people with dementia. We spoke to the manager about this who told us they had plans to further develop both the indoor and outdoor space to make it more dementia friendly.

The home had an enclosed outdoor space which people accessed in the summer months. The manager told us about their plans to renovate this space with the use of sleeper beds and potting plants to create a 'sensory' garden and encourage people to engage in gardening and vegetable growing.

Is the service caring?

Our findings

People living at the home told us they were satisfied with the service and how well staff cared for them. Comments included, "You could not get better care, they are committed and focused on the job" and "[Staff] are caring and kind, I don't have to wait for anything." A visiting volunteer told us, "The staff are genuinely helpful, encouraging and supportive, kind and loving." We also spoke to relatives of people living at the home, comments included, "It's a magical home" and "I wouldn't want [relative] to be anywhere else."

We observed compassionate and warm interactions between staff and people living at the home. It was clear there were genuine bonds between staff and the people they were caring for. People were treated respectfully. Staff were patient and kind and showed great empathy.

We observed the delivery of care at various points throughout the day. We saw people were comfortable and relaxed with staff and it was evident staff knew the needs and preferences of the people they were caring for well. Staff took time to explain what they were doing before any intervention and spoke to people using their names. A member of staff told us, "The people here are like family, I treat them as I would treat my own grandparents."

The service operated a 'key worker' system. Staff were matched with people they supported based on their personalities, shared characteristics and interests. This helped staff to build good relationships with the people they supported and helped to ensure people received personalised care and support dependent upon their preferences. This type of care focused on interaction between staff and people based on their preferences, routines and activities they had an interest in and which were meaningful to them. A member of staff told us, "The [key worker system] helps us to get to really know a person and build up a bond."

We observed staff support people in a way that maintained their privacy, dignity and independence. Staff took care to adhere to people's preferred routines. We observed staff closing doors to bathrooms and people's bedrooms when delivering personal care.

Care records contained guidance for staff on how best to emotionally support and communicate with people, for example, 'Speak slowly and clearly and repeat if needed until [person] has understood' and 'Hold hand when speaking with [person].'

Some people living at the service had a 'Living Well with Dementia' profile. This provided information about the person such as their preferred name, life history, family members, childhood friends, favourite holidays and former occupation. These documents helped staff get to know the people they cared for and to provide care based on people's individual preferences.

We saw that the service adhered to the principles of the Equality Act 2010. This is legislation designed to preserve people's protected characteristics such as age, disability, sexuality, culture and religion. The home had strong links to the Christian faith and ministers from different Christian denominations attended daily for devotions and readings. Staff also supported people to attend Church services. A relative told us, "This is

the reason why [relative] chose the home and it has certainly delivered on [relative's] expectations." For people who were not Christian, the home respected and adhered to their differing beliefs. The home also had a number of double rooms so that married couples could remain together.

We asked staff what equality and dignity meant to them, one member of staff told us, "We put ourselves in the shoes of that person and respect their choices."

The home had an open visiting policy so that relatives and friends could visit at any time. Relatives we spoke with told us they were always warmly welcomed when they entered the home. One told us, "I am always made welcome, the staff are very accommodating."

For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Is the service responsive?

Our findings

The home did not adopt a fixed routine and instead adhered to people's preferences and choice in relation to how their care was delivered. For example, people could choose what time they liked to get up and go to bed. Care records provided staff with information as to what people could do for themselves and what assistance they required.

Care records contained emotional and psychological care plans which provided information about the person such as how to best support them when they were distressed or sad, what made them happy, how to communicate with them effectively and what activities they liked to do. These documents helped staff get to know the people they cared for and provide care based on people's individual likes and dislikes. One person told us, "The staff know me very well as a person."

Care records were maintained by staff who reviewed each person's care daily. Relatives we spoke with were involved in decisions about their relative's care. One told us, "I am always kept up to date and involved despite living miles away."

The home had its own mini bus which enabled people to get out and about in the local and wider community. Outings included shopping days, canal boat trips, trips to garden centres and Blackpool. This helped people to feel a sense of belonging and inclusion in the community.

The home provided activities every morning and afternoon. Activities included history and book clubs, singing and music, arts and crafts. The home also celebrated commemorative days such as Christmas, Burns night and people's birthdays. One person told us, "There is always something going on."

People had access to a complaints procedure and relatives we spoke with knew how to make a complaint. A relative who had made a complaint in the past told us, "They always listen and do everything to put things right." The manager maintained a record of any complaints received and the actions taken to resolve them. People we spoke with told us they would raise concerns without hesitation if they had anything to say. We noted letters and cards from relatives of people thanking the home for the care of their loved one, comments included, 'Thank you for all your kindness and patience, 'We are so grateful for all you do' and 'Thank you for all your hard work, support and loving care.'

We looked at processes in place to gather feedback from people and listen to their views. We saw that the home had recently reintroduced resident and relative meetings. The home used quality assurance surveys in the form of questionnaires to gather feedback. For people unable to write their responses, staff helped people in recording their oral feedback.

We saw evidence that the home supported people with End of Life Care. We noted people's end of life wishes recorded in their care files and that family members had an active role in supporting the person. Some staff had undergone specialised training in end of life care. This also included practical training at a local hospice. This helped people receive dignified and compassionate care in their final days.

We observed the home was well maintained and easy for people to move around. The use of handrails helped to keep people supported.

Is the service well-led?

Our findings

During our inspection we saw that audits were in place with regards to the safety of the environment, fire safety, accidents and incidents and medication. A member of the Management Committee and Trustee Board of the home undertook monthly inspections of the premises. During these visits they spoke to both people and staff to ask if there was anything that could be improved upon. This was good practice as it gave people a say in the running of the home. However, audits were not in place to regulate paperwork such as care plans, daily notes and records and risk assessments. The audits we did review were up to date but were not always effective as they had not identified areas of concern highlighted during our inspection.

For example, medication audits had not identified our concerns in relation to the administration of topical medicines, PRN medication and the use of thickener in fluids.

This was a breach of 'Good governance' Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the manager about our findings. They told us they were in the process of organising a pharmacy visit to provide support, advice and further training to staff in relation to medication management.

The manager had been in post since September 2018. People's feedback about the manager was positive. People we spoke with told us the manager was open, supportive and approachable and they felt able to raise any issues or concerns with them. Comments from staff included, "[Manager] is very good and approachable" and "The manager is always around and gives support, they even help looking after people." Relatives we spoke with also spoke positively about the manager, one relative told us, "The manager is very supportive, there's a good culture here."

During our inspection, the manager was receptive to our feedback and responsive to our findings. They had a clear vision on what improvements they wanted to make to enhance the quality of life for people living at the service, this included adapting the environment to better meet the needs of people living with dementia and plans to develop the outside space. This included installing a ramp for easier access to the garden and plans to install a summer house.

Staff meetings were held regularly which enabled staff to share their views and opinions. We looked at a selection of minutes of meetings which showed topics discussed included appraisals, staffing, confidentiality, training and record keeping. It was evident that best practice was also promoted during these meetings.

There was a wide range of policies and procedures in place to guide staff in their roles. Topics included safeguarding, equality and diversity, infection control, whistleblowing, dignity and privacy, medication and end of life care. However, policies had not been reviewed since 2015 and some did not reflect current guidance and best practice. The manager confirmed they were in the process of redrafting policies. Staff we

spoke with were aware of the home's whistleblowing policy and told us that they would not hesitate to raise any issues they had. Having a whistleblowing policy helps to promote an open and transparent culture within the service.

The manager had notified CQC of any events that had occurred in the home in accordance with our registration requirements. This meant that CQC were able to monitor information and risks regarding the service.

Ratings from the last inspection were displayed within the home as required. The providers website also reflected the current rating for the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed in a safe and appropriate manner. This meant that people were at risk of not receiving their medication as prescribed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were no audit processes in place to evaluate care records and risk assessments. Audit processes which were in place were not always effective at identifying concerns. This meant that risk to people was not always properly monitored and mitigated.