

Eventide Residential Home Limited

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Inspection report

22 Downs View
Bude
Cornwall
EX23 8RQ

Tel: 01288352602
Website: www.eventideresidentialhome.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eventide Residential Home (Eventide) is a residential care home providing personal care to up to 18 older people. At the time of our inspection there were 17 people using the service.

Eventide Residential Home Limited is a charitable organisation which is overseen by a voluntary committee. Eventide is an older style property close to the centre of Bude and local beaches. The accommodation is spread over three floors and there was a working lift.

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

People received their medicines as prescribed and in line with their personal preferences. When people preferred to administer their own medicines there were robust systems in place to support this. Records to show when people had received medicines for use as required did not contain the necessary detail to minimise any risk. The registered manager addressed this at the inspection.

The service was clean and people's rooms reflected their personal taste. Any necessary repairs were completed quickly. Shared bathrooms were functional but did not provide a relaxing environment.

There were enough staff to support people and ensure they were safe and occupied. Staff had received relevant training and told us they were well supported and enjoyed working at Eventide. Pre-employment checks were in place to ensure new staff were suitable to work in the sector.

People and their relatives said Eventide provided a safe and caring service. One relative commented; "[Family member] feels safe there. They make sure she is okay. They give her full attention." Staff had access to safeguarding information and were confident about systems for raising concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked in line with the principles of the MCA and sought people's consent before providing personal care. People were fully involved in decisions about how their care was provided. Staff supported people to maintain their independence.

The registered manager was supported by the organisations trustees who made monthly quality assurance visits. These were also used as an opportunity to gain feedback from residents. This was underpinned by regular meetings for residents, families and staff.

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

Rating at last inspection

The last rating for this service was good (published 30 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made recommendations about the management of medicines for use when required and supporting people's sensory needs in the environment.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well-led.

Eventide Residential Home Limited

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 Health and Social Care Act 2008.

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

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Eventide is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eventide is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 30 May 2023 and ended on 1 June 2023. We visited the location's service on 30 May 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed 2 people's care plans and risk assessments. We reviewed all staff training and supervision records. We also reviewed other records relating to the management of the service. We spoke with 4 people who lived at Eventide and one relative who was visiting on the day of the inspection. We spoke with 2 professionals who were in the service on the day of inspection and 5 members of staff including the registered manager. We spoke with 6 relatives of people living at Eventide on the telephone and received feedback from a further professional.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Some people had medicines for use as required (PRN), including pain killers. There were no protocols in place to help ensure staff were consistent in their approach when administering these medicines.
- Staff did not consistently record at what time PRN medicines were administered; this meant there was a risk of administering doses without leaving the recommended gap. There was no information about the reason for administering PRN's or whether they had been effective.

We recommend the provider seek advice and guidance from a reputable source about the safe management of PRN.

- Following the inspection, the registered manager created a system for more accurately recording the administration of PRN. People told us they received their medicines when they needed them.
- People received their medicines as prescribed. Staff responsible for administering medicines had completed training.
- One person took responsibility for self-administering one particular medicine as required. This was clearly documented, and robust systems had been agreed with the person to mitigate any associated risks.

Assessing risk, safety monitoring and management

- One person had been identified as having difficulty swallowing and had been assessed by the appropriate specialist team. They had recommended the person was able to have a normal diet but had provided a list of high-risk foods and some basic advice. There was no risk assessment in place in respect of this.
- Following the inspection, the registered manager created a risk assessment for this person around support with eating. Staff had been made aware of the updated information. The list of high-risk foods was clearly displayed in the kitchen.
- Risk assessments were in place to highlight when people were at known risk of falling and provide guidance for staff in relation to minimising risks.
- Checks to the environment and utilities were carried out and actions taken to rectify any necessary repairs.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. On the day of the inspection an external contractor was completing a check of fire safety systems at the service. They had no concerns and commented on improvements made to the paperwork since their previous visit.

Staffing and recruitment

- Pre-employment checks such as Disclosure and Barring Service (DBS) checks were completed before new employees started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people and meet their individual needs. People told us staff were quick to respond if they used their call bell or asked for support. A relative commented; "They have a buzzer system and they answer straight away. They keep popping in frequently."
- We observed staff supporting people to move around with patience and at a pace that was led by the person. The atmosphere was calm, and staff took time to chat with people throughout the day.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had received appropriate training and knew how to recognise signs of abuse.
- Staff told us they would report any concerns to the registered manager and were confident these would be addressed. If necessary, they would escalate concerns to the appropriate external agency. One member of staff commented; "It might make me unpopular, but it's just my job. It's their [residents] lives."
- One resident told us how they had felt unsafe living at home on their own but now felt safe as they were able to call for help any time they needed it.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visitors were encouraged to spend time with their relatives or friends.

Learning lessons when things go wrong

- Incidents and accidents were recorded and tracked monthly. This was an opportunity to identify any trends or patterns.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service was an older style property and some of the décor was dated. Shared bathrooms were functional but did not provide a relaxing environment or take into account people's sensory needs.

We recommend the provider seeks advice and guidance about supporting people's sensory needs in the environment.

- People's rooms were personalised and reflected their tastes and interests. One person told us they had brought some of their own furniture with them to help them feel more at home.
- There was a small conservatory and further seating in the front garden. We spoke with 2 people who were in the conservatory who told us it was a pleasant place to sit and chat.
- A maintenance worker was employed. Staff informed them of any required repairs and these were completed quickly.

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

- People's needs were assessed when they moved into the service. Care plans were regularly reviewed to check they continued to reflect people's needs.
- People's diverse needs were considered. This included consideration of their mental health needs as well as any support they required with their physical health.

Staff support: induction, training, skills and experience

- New staff completed an induction which included a period of shadowing more experienced staff. Staff completely new to care were required to complete the Care Certificate within 12 weeks of starting work. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training was regularly refreshed so staff would be up to date with any changes. Face to face training was provided for First Aid and Moving and Handling. When new equipment had been purchased all staff had received training to ensure they were able to use it confidently and safely. Staff told us the training was informative and useful.
- Additional training for senior staff and night staff had been booked to develop their knowledge around the management of medicines.
- Since July 2022, all providers have been required to provide training on supporting autistic people and people with a learning disability. This training was not in place at the time of the inspection. The registered

manager assured us they would source some appropriate training.

- Staff told us they were well supported and received supervisions which were an opportunity to raise concerns or discuss training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the meals provided at the service. They told us they ate well and were offered choices. A relative commented; "The food is really good. If she doesn't like something on the menu, they give her something else of her choice."
- The day of the inspection was particularly hot. Throughout the day we observed people had easy access to drinks.
- Kitchen staff had access to important information about people's dietary needs and allergies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Records showed people had access to external agencies as needed. For example, people had seen physiotherapists and opticians.
- Many people living at Eventide were able to leave the service independently. Staff recognised this was beneficial for people's well-being and encouraged this. Action was taken to support people to continue to go out safely and with confidence.
- The community nursing team supported the staff with any nursing requirements. The local GP visited regularly.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- At the time of the inspection no-one living at Eventide lacked capacity to make decisions about where they lived or their care and support. People told us they were happy living at Eventide. One commented; "If I can't be at home this is the next best thing."
- People had consented to their care plans and the use of photographs. This was well documented.
- In our conversations with staff it was clear they worked in line with the principles of the MCA. One member of staff described how someone preferred to have their hair washed in a certain way. They said, "It's not the usual way but it's how they want it done, so it's how I do it."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by 2 assistant managers. Roles and responsibilities were clearly divided and understood by the whole staff team. Trustees of the organisation made regular quality assurance visits to monitor how the service was operating.
- The registered manager had notified CQC of any events in line with regulatory requirements. When any concerns had been raised, they had responded quickly and appropriately, making sure all concerns were thoroughly investigated and shared with trustees and any other relevant stakeholders.

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

- The registered manager had been in post for 7 months and had worked to improve the culture of the service and instil an ethos of putting people at the centre of their care.
- Systems were flexible to ensure people received care and support in a way which reflected their preferences. For example, night staff ordinarily checked each resident every 2 hours throughout the night. Everyone was asked if they were happy with this arrangement and some had opted for one or more of the checks to be missed.
- Staff consistently told us the service was well managed. Comments included, "It is better organised now. [Registered manager] has been a breath of fresh air."
- Relatives commented on the positive management style. One told us; "They are very good at communicating with us. We really haven't had any issues. We are happy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs, accidents or injuries.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns with managers. Staff said they were confident any concerns would be listened to and acted on promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were all encouraged to feedback about their experience of the service. This

was done formally through questionnaires and meetings, as well as informally through everyday conversations.

- When trustees visited the service to complete monthly checks, they spent time speaking to people. At a recent visit one person had highlighted some issues with their room and these had since been addressed.
- Local children visited the service regularly as part of a multi-generational project. This benefitted residents and the children and was thoroughly enjoyed by all involved.

Continuous learning and improving care

- Audits were completed and information used to drive improvements in the service.
- The registered manager was a member of a local manager forum which provided opportunities to share ideas and suggestions as well as being a platform for peer support.
- The management team completed announced and unannounced observations of staff practice. This enabled them to identify any areas for improvement.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people's needs were met. Professionals were complimentary of how the service communicated with them and told us, "They will phone us if there are any concerns and follow any advice."