

Northern Counties Eventide Home Limited

Northern Counties Eventide Home Limited

Inspection report

36 Lancaster Road
Birkdale
Southport
Merseyside
PR8 2LE

Tel: 01704568019

Website: www.eventidehome.co.uk

Date of inspection visit:
05 February 2020

Date of publication:
24 February 2020

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Northern Counties Eventide Home Limited (Eventide Home) is a residential care home providing personal care to 21 people aged 65 and over at the time of the inspection. The service can support up to 29 people in one adapted building.

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

The leadership of the service promoted a positive culture that was person-centred and inclusive. We received positive feedback about the quality of care and support people received and the overall management of the service from people and their relatives.

The registered manager and the staff team showed a desire to improve on the service provided and in turn the quality of life experiences for the people living at Eventide. However, the systems in place to monitor the quality and safety of the service were not comprehensive to ensure a quality service was being provided. Documentation in some people's care records was not accurately recorded or was incomplete and checks had not identified this. Medication audits were not always completed regularly.

Staff treated people with kindness and compassion. The atmosphere was homely and staff knew people well and spoke about them fondly. A programme of activities was provided and access to a minibus enabled day trips to take place. People were supported to follow their faith and attend local churches if they wished.

There was a stable staff team who were knowledgeable about the people living at the service and had built trusting and meaningful relationships with them. People received enough to eat and drink and a diet suitable for their needs. People told us the food and drink on offer was good and that they were given a choice at mealtimes.

Safe recruitment procedures were followed by the provider to ensure staff were safe and suitable to work with vulnerable people. Staff received the training and support they needed to do their job effectively. The number of staff on duty was sufficient to meet people's needs. People told us they felt safe living in the home. Staff were kind and caring and knew how to safeguard people from the risk of abuse.

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

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 requires improvement (published 14 February 2019). At their last

inspection we identified breaches of regulations 12 (Safe care and treatment) and 17 (Good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12 (Safe care and treatment). Enough improvement had not been made and the provider was still in breach of regulation 17 (Good governance).

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Northern Counties Eventide 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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was asked to complete a provider information return just prior to this inspection and was yet to submit the document. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioners for feedback. They had no concerns about the service.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, team leader and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at the information the provider sent us in the provider information return.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines in a safe and appropriate manner. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The recording of homely medicines and the use of thickener in drinks on medicine administration records were now routinely completed. This was an improvement from the last inspection.
- People received their medicines safely and on time. However, the absence of regular medication audits gave the potential for medication errors not to be identifying in a timely manner.
- Staff received training in medicines management and had regular competency checks to ensure ongoing safe practice.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- People said they felt safe living in the home; their comments included, "Feel safe oh yes" and "Yes I feel safe here. Everyone is very good".

Assessing risk, safety monitoring and management

- Individual risks to people were assessed; risk assessments provided detailed information around people's individual risks and included guidance for staff to keep them safe.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs.
- Our observations showed staff were vigilant and attended to people's needs straightaway.
- Staff were recruited safely.

Preventing and controlling infection

- Arrangements were in place for making sure that premises were kept clean and hygienic so that people were protected from infections.
- Staff used personal protective equipment (PPE) such as disposable aprons and gloves.
- We found the home to be clean and tidy throughout.

Learning lessons when things go wrong

- Accidents and incidents were recorded and regularly analysed so any trends or patterns could be highlighted.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care and support was planned and monitored in line with people's individual assessed needs.
- Care plans contained enough detail to give staff the information necessary to best meet people's needs. The plans were easy to follow and contained the specific care to be carried out by staff.
- Care plans were reviewed each month to update people's support requirements. However, a person's care plan for mobility and nutrition had not been written to reflect a change in their health; their current support needs were recorded in the update. Staff were aware of the person's current needs. Oral health assessments had not been completed for the same person, despite staff supporting the person for dental care intervention.

Staff support: induction, training, skills and experience

- Staff received a good range of support including regular training.
- Training records showed staff training was being provided; however there had been some issues with the training provider which had delayed some training courses.
- Staff received regular supervision and appraisal to support their developmental needs.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. Where required people's weight was monitored.
- People were offered drinks and snacks throughout the day.
- People spoke positively about the food provided; comments included, "The food is excellent. Very good cook, two hot meals a day. I prefer it the way they do it", "They would consider it if I asked for something different. They are very good at listening", "The food is great. [Relative] is very fussy and the chef will always go out his way to make something she enjoys".

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use. Signage on the doors identified these facilities, to enable people to find them without assistance.
- People had identifying information on their bedroom doors to assist their orientation. People's bedrooms were personalised.

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

- Staff had good relationships with health and social care professionals who had contact with the service.
- People were supported to see their GP, district nurses and were referred to other healthcare professionals, such as, Optician, Speech and Language team and Dietician in a timely way, when required.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Each person when they came to live at Eventide had the capacity to make the decision to live there.
- No-one was currently subject to DoLS authorisations. We discussed this with the registered manager.
- The registered manager had taken advice from an MCA and DoLS trainer. However, we have asked the registered manager to discuss individual people living at Eventide with the local authority DoLS team to ensure they are not deprived of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff.
- There was a very caring and friendly atmosphere in the home between staff and people using the service.
- Staff clearly knew people very well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people, and we observed them chatting, which increased people's sense of well-being.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to share their views about the care provided.
- Regular 'residents' meetings were held and well attended.
- A person said, "They do ask if we want to do and ask for suggestions and in summer they go out in coach and go to places."
- People's care planning documents gave the opportunity to record specific needs and wishes in relation to their chosen lifestyle, hobbies and preferences.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent in aspect of their daily care. Staff supported people only when needed, to promote their independence.
- People's comments included, "Staff always knock at my door, they never just come in and they always knock at night", "Brilliant [staff], they are very professional, very keen to understand what we [issues] we have" and "Staff are respectful and they call me by my Christian name and they are friendly".
- A passenger lift to the upper floors and handrails throughout the building helped to promote people's independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a strong and visible person-centred culture with staff going out of their way to ensure that people were respected as individuals.
- People's routines and preferences were recorded. A copy of their morning and evening routines were in each person's bedroom which helped staff to support people how they preferred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records clearly recorded people's preferred method of communication and any impairments to their hearing or eye sight that could affect effective communication with others.
- Written records in people's bedrooms reminded staff to ensure people wore their spectacles and hearing aids.
- Information such as notices, books and cards were printed in large print. People had access to audio books.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities and experiences were arranged each day for people to avoid social isolation.
- Activities included, chair exercises, newspaper reading, quizzes, knitting and craft club, baking, film club, board games, reminiscence and history club.
- People had access to a minibus to enable them to enjoy outings to local attractions.
- People were supported to maintain their faith both in the home or at a local church.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy; complaints received had been investigated in line with the procedure.
- People and family members were given information about how to make a complaint when they moved into Eventide care home.
- People's comments included, "If I wasn't satisfied they would discuss and listen to what you have to say. No problems there" and "Never had to make a complaint".

End of life care and support

- People's wishes and preferences for their end of life care was recorded in their care records.
- People receiving end of life care had advanced care plans in place.
- Some staff had undertaken the 'Six Steps' end of life training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had 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.

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The provider audit process did not include a comprehensive check of care records to ensure they reflected people's current needs and that all necessary assessments were completed in a timely way.
- Some care planning documentation was not completed, despite support being provided.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medication audits were completed and had made administration safer; daily checks of stock were completed but weekly checks of all aspect of the administration process had not been completed in January 2020.
- The service had a registered manager and a care manager who were responsible for the day to day running of the home; they were supported by team leaders, care staff and ancillary staff. They understood their role and what was required to ensure the service provided good care to people.
- There was good communication between the management team and care staff. Important information about changes in people's care needs was communicated at staff handover meetings each day and regular staff meetings.
- Staff felt supported. There was a positive attitude in the staff team with the aim of trying to provide the

best care possible for the people living at the service.

- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.

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

- The registered manager, and staff promoted a culture of person-centred care by having a clear vision and values, engaging with everyone using the service and family members and supporting people to live fulfilled lives.
- People, staff and relatives gave very positive feedback about the registered manager. Comments included, "[Name] is available and can talk to her anytime. She knows me very well" and "[Name] is lovely and she is very good. I always see her around and talk to her when I come in".

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; Continuous learning and improving care

- The registered manager was open and honest with us when our inspection identified areas for improvement.
- Where complaints investigations had identified areas for improvement an apology was given and course of action to rectify issue confirmed.
- Staff meetings were opportunities to discuss any incidents or ways to improve the care people received.

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

- People living at the service met with staff regularly to discuss their care; this included any activities they wanted to do and different meals they wanted to try.
- The registered manager had recognised the need for a family support group for those with relatives living with dementia. Meetings would be attended by the Chair of Trustees who is a medical consultant specialising in dementia. The first meeting was due to be held imminently, on a day and time which had been chosen by relatives.
- Staff felt supported by the registered manager; they found them supportive of personal issues and willing to listen. A staff member said, "Staff are so lovely, and we work like we have known each other for years."

Working in partnership with others

- The registered manager had developed good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, to improve the quality and safety of care people received.

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 17 HSCA RA Regulations 2014 Good governance 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.