

Eventide Residential 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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 5 July 2017 when we identified breaches of the legal requirements. The breaches related to the safety of the premises, management of medicines, the recording and management of identified risks to people's health, failing to comply with the recruitment policy, failure to implement an effective induction process for new staff, poor compliance with the requirements of the Mental Capacity Act 2005 (MCA), a failure to display the previous inspection ratings, a lack of effective quality assurance systems and a failure to effectively oversee the service and take action to address concerns raised at previous inspections. Warning notices were issued regarding the safety of the premises, management of medicines, the recording and management of risk, and the failure to effectively oversee the service. Statutory requirements were issued for the other breaches of the regulations.

After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this focused inspection to check that they had followed their plan and to confirm that the legal requirements were now met. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eventide on our website at www.cqc.org.uk.

Eventide Residential Home is a care home that provides care and support for up to 18 older people; at the time of the inspection 18 people were living at the service. Eventide Residential Home Limited is a charitable organisation which is overseen by a committee who give their time voluntarily. The accommodation was in an older style property close to the centre of Bude. The accommodation was spread over three floors and there was a lift available. There was a lounge and a conservatory where people could choose to spend their time. At the front of the building there was seating on a pleasant patio which was protected from the sun by an electric awning.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

At this inspection we found action had been taken to address most of the concerns raised in the warning notices. Valves to control the water temperature from taps had been fitted. New fire alarms had also been fitted to ensure the alarms could be heard throughout the building. The fire alarms were switched on and in working order.

Systems for the management of medicines had improved. Medicine Administration Records (MAR) were appropriately completed. One person self-administered their medicines and this was documented and reviewed regularly.

Some people had health conditions which meant they needed regular monitoring so staff would be aware

of any decline in their well-being. This was documented in care plans and monitoring records were completed appropriately.

Staff had received safeguarding training and there was an updated policy in place to guide them on the action to take if they suspected abuse was taking place.

Auditing and quality assurance systems had been developed to help the management team have an oversight of the service. This included training and supervision matrixes, a robust process for auditing care plans and the introduction of surveys to gather the views of people living at Eventide and their relatives. The registered manager was working in the office four days a week to enable them to complete management tasks effectively. They were supported by a deputy manager and administrative assistant.

Some areas of concern remained in respect of the management of potentially hazardous cleaning products and protecting people from cross contamination. Cleaning products were left unattended in an unlocked bathroom. There were items left in bathrooms such as unnamed flannels and mesh shower puffs. These pose a risk of cross contamination if shared between people. We have made a recommendation about this in the report.

At this inspection we also reviewed the action taken to address the breach of regulations in other areas. We found staff starting work at the service now received a comprehensive induction including completion of the care certificate for those staff new to care. Recruitment processes were robust and staff files showed references were followed up. The principles laid down by the Mental Capacity Act (2005) were adhered to. The recording of consent had improved and people were supported to make day to day decisions. The service ratings were clearly displayed both on the premises and on the provider's website.

There were enough staff on duty to help ensure people's needs were met. People and relatives told us staff were always available when needed. The registered manager used a dependency tool to assist in assessing staffing levels when people's needs changed.

People had access to a range of external healthcare professionals as necessary. Records showed GP's, community nurses and chiropodists visited regularly. People told us the food was good and staff were aware of their preferences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety.
Temperature regulators had been fitted to hot water taps.
Improvements to the fire alarm system had been made.

Systems for the management and administration of medicines were safe.

When people had been identified as being at risk of deteriorating health there were effective monitoring systems in place.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

We found that action had been taken to improve this area.

There were processes in place to help ensure people were supported in line with the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

Staff were supported by a system of induction, training and supervision.

People's dietary needs and preferences were met.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to improve this area.

Auditing and quality assurance systems had been improved.

The management team had acted quickly and effectively to address areas of concern raised in our previous inspection.

Requires Improvement ●

People were asked for their views on the service they were receiving.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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.

We carried out an unannounced focused inspection of Eventide on 24 October 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our July 2017 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well-led? This is because the service was not meeting some legal requirements in these areas.

This unannounced inspection was carried out by two adult social care inspectors. Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We reviewed the action plans sent to us following our comprehensive inspection. We had not requested a Provider Information Return (PIR).

During the inspection we looked at four people's care plans, Medicine Administration Records (MAR), staff files, a selection of policies and procedures and other records in relation to the running of the home. We spoke with the registered manager, deputy manager, two members of staff, four people who lived at Eventide and two relatives who were visiting on the day. Following the inspection we contacted the local fire authority to ask them about a recent inspection they had carried out.

Is the service safe?

Our findings

At our comprehensive inspection in July 2017 we found problems associated with the environment which posed a risk to people's safety. Water temperatures were not regulated and fire door alarms were turned off. Cleaning products were left unattended in corridors where they were easily accessible to anyone passing. In shared bathrooms we found various products and items which presented a risk including cleaning products and a razor blade. Staff had not received recent safeguarding training and it was not part of the induction process for newly employed staff.

Some people had been identified as being at risk of deteriorating health. Monitoring systems were not being followed to protect them from the identified risk. Handwritten entries on Medicine Administration Records (MAR) had not been signed by staff. One person was self-administering their medicines. There was no risk assessment in place and no evidence the decision was regularly reviewed. We found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued a warning notice.

At this inspection we found improvements had been made. Valves to control the water temperature from taps had been fitted. New fire alarms had also been fitted to ensure the alarms could be heard throughout the building. When we arrived at the service we walked round the premises and opened fire doors. The alarms were immediately triggered.

At our comprehensive inspection in July 2017 we found there were 26 handwritten entries on the MARs which were associated with four people's medicines; these had not been signed by staff. One person was self-administering their medicines. There was no risk assessment in place and no evidence the decision was regularly reviewed.

At this inspection we found the systems in place had improved. Any handwritten entries on the MAR were double signed. This is important as it helps guard against errors. There was a comprehensive risk assessment in place in respect of one person who had chosen to self-administer their medicines. They had signed a form to indicate they were able to do this. As the medicine was prescribed to be taken every other day, staff had developed a chart to help remind the person when they needed to take it. Lockable storage was in place to help keep the medicine securely. The person told us staff regularly checked to make sure they had taken the medicine. They told us they were very happy with the arrangement.

At our comprehensive inspection in July 2017 we found some people had been identified as being at risk due to their health needs. This was not always accurately reflected in their care plans. Monitoring systems to help staff identify any decline in health were not consistently followed.

At this inspection we looked at a sample of care plans for people who had specific health needs and compared this with records of the care they had received. People were receiving care in line with their care plan. For example, some people needed creams applied. The type of cream depended on the condition of their skin at the time. Cream charts showed people's skin condition was checked, noted and the appropriate

cream was used. One person needed regular checks of their blood sugar levels. This was done and recorded so staff would be alerted of any decline in their health.

At our last comprehensive inspection in July 2017 staff could not recall when they had last received safeguarding training. None of the staff files we looked at contained certificates to evidence they had received the training. Safeguarding training was not part of the induction process.

At this inspection we saw all staff had recently updated their safeguarding training. Staff told us they were confident about the processes for reporting any safeguarding concerns. A safeguarding policy was in place which contained contact details for CQC and the local safeguarding authority. Newly employed staff were required to read the policy as part of the induction process. We concluded the service was now meeting the requirements of the warning notice.

At our inspection in July 2017 we identified other concerns in relation to the premises. Cleaning products, including bleach, were left unattended in corridors where they were easily accessible to anyone passing. In shared bathrooms we found spray bottles containing Dettol. One bathroom contained a sharps box open at the top with a razor blade in it. There was also a razor blade by the side of the bath. In another bathroom we found a knife on an open shelf.

At this inspection we found improvements had been made. A new policy had been developed to direct staff on the management of cleaning products. Cupboards in bathrooms used to store cleaning products had been fitted with locks. However, we saw one bathroom had been left open and cleaning products were on the floor and easily accessible. A mop and bucket had been left which contained water and cleaning agents. One of the two cupboards was unlocked. A domestic worker told us they were working nearby and had not left the products unattended for long. However, we observed these were unattended for a period of approximately ten minutes. Another bathroom contained unnamed flannels, mesh 'shower puffs' and a comb. Sharing items such as these can lead to cross infection. Cleaning schedules in bathrooms were inconsistently completed. For example, the schedule in the downstairs bathroom had been completed on the 15, 16, 18 and 23rd October only.

We recommend that the service consider current guidance on the Control of Substances Hazardous to health and infection control practices and take action to update their practice accordingly.

Medicines were stored appropriately. There was a locked medicines trolley in the dining area which was chained to the wall. There were additional storage facilities for medicines which required stricter controls by law. We checked a sample of Medicine Administration Records (MAR) and saw there were no gaps in the records. The amounts in stock tallied with the records. Some people had some medicines 'as required' such as paracetamol. Staff offered people this option and recorded if it was accepted or refused. One person was accepting PRN daily. We discussed this with the deputy manager and registered manager who told us this had recently been reviewed and agreed with the person's GP. Staff with responsibility for administering medicines were up to date with the relevant training. The medicines policy in place gave staff clear guidance on the action to take in the event of any identified medicine errors.

At our comprehensive inspection in July 2017 we found the recruitment process was not robust. Staff files showed not all staff had two references in place before they started work. Of the four staff files we looked at two had only one reference on file and the other two had none. This was contrary to the service policy which stated; "At least two references will be taken up." We found the service was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found all the relevant checks were taking place before new employees started work. This included background criminal checks and obtaining two references including one from the previous employer. In addition staff were required to complete self-declaration forms to state they had not had any convictions every three years. We concluded the service was no longer in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us they considered Eventide to be a safe environment. Comments included; "I've no concerns, there have never been any problems" and "There's no getting away from it, the staff are brilliant!"

Care plans included risk assessments to cover a wide range of areas including falls, use of equipment when mobilising and bathing. Each assessment outlined the risk and directed staff on the action they should take to minimise the risk. For example, one assessment highlighted that the person could be unsteady when moving around. Staff were directed to walk alongside the person. This meant they could support them to be safe while allowing them to maintain their independence.

People were supported by sufficient numbers of suitably qualified staff. People and staff told us they thought there were enough staff on duty at all times. One relative commented; "I visit at all different times and there's always enough staff on." Rotas showed staffing levels identified as necessary to meet people's needs were consistently met. A dependency tool had recently been introduced to assist the management team to make decisions about the staffing levels required at any one time. This demonstrated people's changing needs were considered.

The environment was clean and free from malodours. There was a working lift in place. Electrical systems, gas appliances, portable electrical appliances and the water supply had been tested to ensure they were safe to use. The local fire authority had carried out a recent inspection of the premises and found the service to be compliant with the regulations. The service had been rated five (good) by the Food Standards Agency.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At our comprehensive inspection in July 2017 we found no evidence of any capacity assessments or best interest discussions taking place. Staff views on people's ability to consent were not always consistent. Systems for recording consent were not robust. It was not always clear when Lasting Power of Attorney (LPA) arrangements were in place. We found the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found no evidence of any restrictive practices taking place. No-one living at Eventide lacked capacity to make day to day decisions or decisions about where they lived. People told us they were able to make choices and were supported to do this. Although no-one had needed a mental capacity assessment to be carried out the paperwork was available to use if necessary.

People had signed to indicate they were in agreement with their plan of care. Some people had LPA's in place and this was clearly documented in their care files. The information stated if the arrangements in place were in respect of Property and Affairs and/or Health and Welfare. This is important as it impacts on the type of decisions attorneys are able to make on people's behalf. Staff had completed training in the MCA and associated DoLS. We concluded the service was now meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our comprehensive inspection in July 2017 we found new staff were not completing a satisfactory induction. Staff new to care were not required to complete the Care Certificate as part of their induction. Although this is not mandatory it is important care staff cover the 15 fundamental standards included in the Care Certificate by some means. This was not occurring. There was no introduction to the organisational policies and procedures or working practices. We found the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found staff new to care were required to complete the Care Certificate. In addition they were required to read through the organisations policies and procedures including the safeguarding policy. As part of the induction new staff worked a series of shadow shifts and observations during which their competency was assessed by a senior member of staff. There was a robust system in place for recording

staff competencies. We concluded the service was now meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Arrangements for refreshing staff training had recently been changed to help ensure staff training was kept up to date and reflected current working practices. All staff had completed a range of training in areas such as moving and handling, fire safety and first aid.

Staff were supported by a system of supervision and appraisal. Supervisions were a mix of one to one meetings and observations of their working practice by senior staff. A supervision matrix had been developed to help ensure these occurred regularly and were kept up to date. Staff confirmed they had recently had a supervision session or were booked to have one in the near future.

People and staff were complimentary about the food provided. We observed the lunchtime period and saw it was a relaxed occasion. People were provided with specialised cutlery and crockery to enable them to eat independently if necessary. There was a choice of meals and people were asked daily what they would like to eat the following day. Comments included; "The meals are lovely, and there's always fresh fruit and juice available" and "I don't like red meat much and they know that." The menu was displayed in the dining room. Vegetables were served separately so people were able to help themselves.

People had access to external healthcare professionals such as occupational therapists, chiropodists and GP's. Care records contained records of any multi-disciplinary notes and any appointments.

Is the service well-led?

Our findings

At our inspection in July 2017 we found the previous inspection ratings were not displayed, either on the website or within the service as required by law. This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We checked the provider's website and saw the inspection rating was now displayed on the website landing page. On the day of the inspection we saw the previous inspection report was displayed on a noticeboard in the ground floor corridor where it could be seen by people living at Eventide and any visitors. The ratings were also displayed in the staff room. We found the service was now meeting the requirements of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At our comprehensive inspection in July 2017 we found systems to oversee the service were not well established or effective. Auditing systems had failed to identify the concerns found at inspection. Where an increased risk to people's well-being had been identified action was not taken to minimise the risk. There was no system to identify when staff training required updating and the induction process did not cover the required areas. Staff were not receiving regular supervisions or appraisals and staff meetings were not held. Records of accidents were kept together which could have resulted in people's confidentiality being breached. There was no formal system in place to gather the views of relatives and other stakeholders. Action to address concerns raised at previous inspections had not been taken in a timely manner. Improvements made directly following an inspection were not sustained. We found the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 and issued a warning notice.

At this inspection we found improvements had been made in all these areas. The registered manager had four days protected time when they were office based. An administrative assistant role had been created and they worked two days a week in the office. Part of their role was to oversee care planning reviews. A member of staff told us; "Having an admin assistant has made a big difference." The deputy manager's main role was to deliver care and oversee the care staff team on a day to day basis. They also had responsibility for ordering and auditing medicines and organising rotas. They had protected time to complete this. This demonstrated staffing had been arranged to help ensure there was good oversight of all aspects of the service.

Systems to gather the views of people living at Eventide and those of their friends and relatives had been introduced. A questionnaire had been circulated asking for their views on various aspects of the service. The results had not yet been collated. We saw a sample of completed questionnaires and these were all positive. A 'resident and relatives' meeting had been arranged and was due to take place in November.

A falls overview tool was in place to give the registered manager a clear picture of the number of falls occurring and alert them if anyone seemed to be at increased risk. Where a risk was highlighted action was taken to minimise the risk and this was appropriately recorded.

Systems to support staff had been introduced. A staff training matrix had been put in place to allow the management team to have clear oversight of any gaps in training. A member of staff told us; "[Registered manager] lets you know when anything will need updating. I know my meds training will need doing in March." Similarly, a supervision matrix had been developed and staff told us they had received supervision recently or were booked to do so.

The induction process had been developed to help give new staff an understanding of the requirements of their role. A staff meeting had been organised and this had been well attended. Two members of the management committee had also attended the meeting to support the registered manager. There were plans to hold six monthly meetings to allow staff to raise any concerns and enable the registered manager to speak with staff as a team. Staff told us this was welcomed and they viewed this as a positive development.

Following any accident or incident resulting in an injury accident forms were completed. These were kept in people's individual files to protect people's confidential information. We found the service was now meeting the requirements of the warning notice in respect of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service was a registered charity and was overseen by a committee. The registered manager told us they were well supported by the committee and received yearly appraisals. They met with members of the committee bi-monthly when they provided them with a manager's report. A member of the committee visited the service each month to talk with people and staff and carry out a check of the premises. In addition one visited weekly to chat to people informally.

The registered manager had connections with other registered managers in the area and told us they spoke regularly with each other to share ideas and examples of working practices.

Policies and procedures had been updated and new ones developed as necessary. Most staff had signed to say they had read and understood these updated versions. Some staff had not completed this at the time of the inspection. Staff told us the organisation of the service was "much better" since our previous inspection. One commented; "The paperwork has improved, if you've been off you can read up and catch up on any changes."