Eventide Residential Home Limited

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Inspection report

22 Downs View
Bude
Cornwall
EX23 8RQ

Tel: 01288352602

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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 caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 12 September 2016. The last inspection took place on 11 March 2014, there were no concerns at that time.

Eventide Residential Home is a care home offering care and support for up to 18 older people; at the time of the inspection 17 people were living at the service. Some of these people were living with dementia. 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 and local beaches. It was based in a residential street overlooking the golf course. 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 available 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.

People told us they felt safe and were treated with respect and dignity. Relatives and external healthcare professionals were also positive about the service provided at Eventide. Comments included; "I have been fortunate to work with the care home and care team for a number of years. At all times the care staff present as caring, open and approachable. They are able to offer an in depth knowledge of their residents needs and requirements" and "The care is excellent."

Risk assessments were in place for a range of circumstances such as using a wheelchair and bathing and showering. One person had suffered a series of falls in recent weeks. There was no risk assessment in place for this person to guide staff on the action they could take to minimise the identified risk.

A member of staff had taken a decision to stop one person's medicine because they were concerned it was making them unwell. They had not consulted with any medical professionals before taking this decision. There was no effective system in place to ensure staff recorded when they had applied creams to people in line with their care plan.

We identified some areas of concern associated with the premises. A bath hoist was not securely attached to the floor and was unstable. A fire alarm connected to fire exits had been turned off and so staff would not have been aware had a resident left the building via this route. Water from hot taps in hand basins became extremely hot very quickly which meant there was a risk from scalding.

Staff had not received training in the Mental Capacity Act and associated Deprivation of Liberty Safeguards. The service policy in this area did not contain the most up to date information. Some people were under

constant supervision and were not free to leave the service unsupervised due to risks to their well-being. No applications to authorise these restrictions had been made to the local authority as is required by law.

Staff starting work at the service received an induction and training was refreshed periodically. The induction process was not planned in line with current best practice and we have made a recommendation about this in the report.

Staff were empathetic in their approach to people and offered reassurance and support to people when they became anxious or upset. Staff had no concerns about people's safety and told us if they had they would report them immediately to the management team. They were confident any concerns would be listened to and acted on.

There was a stable staff team in place many of whom had worked at the service for a number of years. Staff told us they enjoyed their work and were well supported. Before they started work unsupervised they were required to complete an induction process including shadowing more experienced staff and some basic training.

Care plans were well organised and contained information regarding people's day to day personal care needs. Staff told us the systems for ensuring they were up to date with people's needs were effective.

Some activities were provided at the service. However, the programme of scheduled activities was limited with only occasional visits from entertainers. Staff and committee members were proactive in taking people on trips into the local town. There were plans to introduce more activities such as bingo sessions.

People were encouraged to remain independent. They were able to maintain control over day to day decisions such as where they spent their time, when they went to bed and got up and who administered their medicines. Some people chose to spend most of their time in their rooms and staff checked on these people regularly to ensure they had all they needed.

There were systems in place to audit various aspects of the service including the environment and care plans. However, these audits had failed to identify the concerns highlighted within this report.

We identified two breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

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 entirely safe. The range of risk assessments in place did not cover all identified risks.

Decisions in respect of people's medicines were taken without consulting with relevant professionals.

There were sufficient numbers of staff to help ensure people's needs were met quickly.

Is the service effective?

Requires Improvement

The service was not entirely effective. Some people were subject to constant supervision to keep them safe. However, this was not being done in accordance with the law as laid down in the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

Staff had a good understanding of people's day to day needs.

People's dietary needs and preferences were met.

Is the service caring?

Good

The service was caring. Staff showed patience and understanding when supporting people.

People told us they were well cared for and staff ensured their needs were met.

People were protected from the risk of social isolation.

Is the service responsive?

Good

The service was responsive. Care plans were well organised and up to date.

There were systems in place to help ensure staff were aware of any changes in people's needs.

People were supported to access the local community.

Is the service well-led?

Requires Improvement

The service was well led. There were clear lines of responsibility and accountability in place.

There was a strong and stable staff team in place.

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

Eventide Residential Home Limited

Detailed findings

Background to this inspection

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

This inspection took place on 12 September 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR, 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.

During the inspection we looked at three people's care plans, Medicine Administration Records (MAR), three staff files, staff training records and other records in relation to the running of the home. We spoke with the registered manager, the deputy manager, a committee member and five other members of staff. We spoke with nine people who lived at Eventide. Following the inspection we contacted two relatives and two external professionals to ask them about their experience of the care provided at Eventide.

Requires Improvement

Is the service safe?

Our findings

Care plans included risk assessments which identified what level of risk people were at in various circumstances such as using a wheelchair and bathing and showering. There was accompanying guidance for staff on the actions they could take to minimise the risk. One person had fallen several times over the past few weeks. Accident reports showed they had fallen seven times during July 2016. There was no assessment in place to outline what the risk was and in what circumstances the person was most at risk. Staff did not have access to information to help them support the person in a way which would protect them from the identified risk of harm. The registered manager assured us they would arrange for the assessment to be carried out as soon as possible. We observed staff supporting the person throughout the day and saw they supported them to use mobility aids safely. Following the inspection visit we were sent a copy of the risk assessment which had since been developed.

One person had recently been prescribed a new medicine. A member of staff told us over the previous weekend they had observed the person become lethargic and generally unwell after taking the new medicine. They had decided not to continue giving the person their medicine as prescribed. On the Monday morning they had phoned the GP who had agreed this was the correct action and prescribed a lower dosage of the drug. We discussed with the member of staff why they had not phoned the local out of hour's medical service to discuss this decision and the concerns they had regarding the person's health. The member of staff told us they found the out of hours service difficult and time consuming to contact. They thought they would probably have advised them to phone the GP on Monday as they had done. It is important staff get advice from the appropriate healthcare professionals when making decisions regarding changes to people's medicines.

Creams were dated on opening so staff would be aware if they were out of date. Records showing when creams had been applied were not consistently completed. For example, in one person's room there was a body map to indicate where and when two types of creams should be applied. Accompanying records in the room showed a third cream had been applied on the morning of 10 September but had not been completed on the 11 September. There was no record of the other creams being applied. Staff told us all creams would have been applied and this would be recorded in the daily notes which were kept in people's care files. These records were also inconsistently completed. The systems were confusing and it was difficult to see if people were receiving their medicines as prescribed.

We looked round the service and saw there was a bath hoist in one shared bathroom on the ground floor. The tiles around the base of the hoist were cracked and the flooring underneath the base felt spongy underfoot. The hoist was unstable and moved easily. We discussed this with the registered manager who contacted a builder during the inspection to ask them to come and look at the hoist and how it was attached to the floor. They assured us it would not be further used until the base had been made secure. They told us staff had raised concerns about the stability of the hoist but an insurance inspection had passed the mechanism as safe to use.

During our inspection of the premises we opened a fire exit door. No alarm went off as a result of this. Staff

told us one person sometimes exited the building through a fire exit in order to access the rear of the property. Staff turned off the alarms when this happened to avoid people being disturbed and staff being desensitized to the alarms. This had occurred the previous day and the fire alarm had not been reactivated. This meant people could have left the building through the fire doors without being observed. Some people were living with dementia and would have been at risk had they left the building without support. Staff told us they were confident the alarm had not been switched off for any longer than 24 hours. We discussed this with the registered manager who told us they would develop a system for checking alarms were activated at regular intervals.

Some hand wash basins had signs above them warning the water temperature was not regulated and might be hot. We ran the tap and found it quickly became very hot which could present a risk of scalding. Some people had health conditions which meant their cognitive abilities were affected and they could have been unable to read or understand the written warnings. We discussed the risks with the registered manager who told us they would raise the possibility of installing temperature regulating valves with the committee.

All of the above contributed to a breach of Regulation 12 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. One person said; "They treat you lovely." Staff received training in safeguarding adults when they joined the service. Staff told us they had no concerns about any working practices or people's safety. They would be confident to report any worries to the manager and believed they would be dealt with appropriately. If staff felt their concerns were not being taken seriously they knew where to go outside of the organisation to report any worries. Staff told us they would have no hesitation in doing this if they felt it necessary.

When people required assistance from staff to move around the building or transfer from standing to sitting they were supported safely. Staff carried out the correct handling techniques and used appropriate equipment. Staff were unhurried and focused on the task, offering encouragement to the person while staying alert to any trip hazards or other people moving around.

Medicines were stored appropriately. There was a locked medicines trolley in the dining area which was chained to the wall. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A recent pharmacy inspection had identified some areas for improvement in the management and recording of medicines and action had been taken to address all the points raised. All staff with responsibility for administering the medicines had received the appropriate training.

We checked a sample of Medicine Administration Records (MAR) and saw these had been completed appropriately. Handwritten entries were double signed and there were no gaps in the records. We observed a delivery of medicines which required stricter controls by law and saw they were checked by two members of staff and recorded in a separate book as required. One person told us; "They [staff] bring my medicine every day."

One person chose to administer their own medicines. The care plan contained a list of the medicines they took and a risk assessment had been completed. There was lockable storage in the person's room where they could keep their medicines safely. An up to date policy in respect of people self-medicating was in place.

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. People had a call bell in their rooms to call staff if they

required any assistance and we saw people received care and support in a timely manner. One person told us; "They come quickly when you buzz." Arrangements had been made to use an agency for additional staff if required. The deputy manager told us they rarely needed to do this. One member of staff commented; "You can usually get extra shifts if you want but there's no pressure on you to do them."

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean and hand gel was available throughout the building. There was a working lift in place. The carpets in some rooms and corridors had become stained and worn. The registered manager told us they were planning to replace carpets in these areas in the near future. The kitchen was clean and well-equipped. Staff told us everything was in working order. The service had been rated five (good) by the Food Standards Agency.

Requires Improvement

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

No applications for DoLS authorisations had been made to the local authority. There were no restrictions within the service and the front door was unlocked. We discussed with staff what action they would take if they saw certain people leaving the building unsupervised. Staff said they would go after these people and try and persuade them to return to the building. If they refused to do this they would stay with the person in order to keep them safe. Staff described an occasion when this had happened recently. This indicated some people were under constant supervision and therefore applications to authorise this restriction on their liberty should have been made in line with the legislation.

Staff had not received training for the MCA and DoLS during the past two years and new staff not at all. This meant staff were unaware of changes to the law which occurred in April 2015 following the Cheshire West case. The service's policy did not include the latest information. We discussed this with the registered manager who told us they would update the policy accordingly and speak with the local DoLS team about putting in DoLS applications for some of the people living at the service.

No capacity assessments had taken place for people who may not have been able to consent to their care and there was no evidence of any best interest meetings taking place.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for by staff who were familiar with their preferences. It was clear from our discussions with staff that they knew people well and understood how to meet their needs. An external healthcare professional commented; "They [staff] are able to offer an in depth knowledge of their residents needs and requirements." People told us they made day to day decisions and felt they had choices about how and where they spent their time. Care plans reflected this. For example, one stated; "[Person's name] likes to choose her outfit."

Newly employed staff were required to complete an induction which included training in areas identified as

necessary for the service such as fire, first aid, health and safety and safeguarding. The induction included a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported. Staff were not expected to work on their own until they were confident to do so.

The registered manager told us they did not require new staff to complete the Care Certificate as part of the induction. The Care Certificate replaced the Common Induction Standards in April 2015 and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. Skills for Care state; "The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers." The registered manager told us they believed the induction process they had in place covered all the necessary areas effectively. However, as noted above, staff were unaware of recent changes to the legislation in respect of the MCA and associated DoLS.

We recommend that the service finds out more about training for staff new to the care role, based on current best practice.

Responsibility for monitoring training was assigned to the deputy manager. Recent training had included First Aid, fire safety and moving and handling. They told us they were planning to ask all staff to work through the Care Certificate to help ensure they were up to date in all training. Some staff had received training in areas specific to people's needs such as dementia awareness. All staff who worked in the kitchen had completed food hygiene training. Relatives told us they found the staff to be competent.

Staff received annual appraisals. Regular face to face supervision sessions were not in place. The registered manager told us they worked three days a week on the floor and used this time to observe staff working practices. A member of staff laughed; "They're always watching us!" Staff told us they felt well supported by management and were able to ask for additional support as needed.

People and staff were highly complimentary about the food provided. One person told us; "It's like a five star hotel!" A member of staff said; "Everything is home cooked." There was always a choice of meals and if anyone wanted something other than what was offered it could be provided. A relative told us; "[Relative] can be picky but she eats everything there." We spoke with the kitchen staff on duty who talked knowledgably about people's dietary needs and preferences. A whiteboard in the kitchen listed people's preferences.

We observed the lunchtime period and saw it was a relaxed and social occasion. There was music playing which people enjoyed. One person needed some support to eat and this was done with respect and in a dignified manner. The member of staff sat alongside the person and chatted with them in a friendly and social manner.

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. The registered and deputy manager told us they had developed good relationships with local GP's and the pharmacy.

Good

Is the service caring?

Our findings

Everyone was complimentary about the care they received. People told us; "It couldn't be better" and "It's just lovely." External healthcare professionals told us they considered it a caring environment. One told us; "At all times the care staff present as caring, open and approachable." A relative commented; "They're very sensitive with [relative]." Plants and fresh flowers were on display in seating areas and the dining room. One person had taken responsibility for caring for the plants as this was something they particularly enjoyed doing.

Staff spoke fondly and with affection for the people they supported. During the day two people became distressed at various times. Staff spent time talking quietly to them and offering reassurance. They established and maintained eye contact with people in order to bring their attention into focus so they could communicate effectively. Staff demonstrated patience and empathy during these times.

Staff were alert to people's needs at all times and observed people unobtrusively and discreetly. For example, one person was taking longer than usual to finish their breakfast. Staff asked if they would like anything else and provided them with what they asked for. A little later they asked if they would like to go back to their room and arranged for staff to support the person to do this. They told us the person was normally more independent but seemed a little tired that day. We saw they later checked on the person in their room and saw they had gone back to bed.

Bedrooms were decorated to reflect personal tastes and preferences. People had photographs on display and personal ornaments in their room. Some people had chosen to bring their own furniture into the service. This helped people develop a sense of ownership for their own private spaces. One person told us: "I have all my little bits and pieces with me." People had lockable, secured storage available in their rooms if they wanted to keep any valuables secure.

Care plans contained some information about people's personal histories. This is important as it helps staff gain an understanding of the person and enables them to engage with people more effectively. Photographs on display in the hallway showed people celebrating their birthdays.

There were various seating areas in the service where people could choose to spend their time. Some people sat in the main lounge where there was a large screen TV. Others preferred to sit in the conservatory which offered a quieter environment. There was a pleasant seating area outside the front door where people enjoyed sitting in warm weather. An electric awning had been installed to give protection from the sun if necessary. Relatives told us they visited frequently and at varying times of the day and were always made welcome.

Some people preferred to spend the majority of their time in their rooms reading or listening to music. They told us staff checked on them regularly to ensure they had all they needed and provide them with regular refreshments. One relative told us; "[Relative] can be very reserved about going downstairs but they are coming down regularly for meals now. It took time but they kept encouraging her." This meant people were

protected from the risk of social isolation.

Good

Is the service responsive?

Our findings

People who wished to move into Eventide first had their needs assessed to help ensure the service was able to meet their needs and expectations. The registered manager was aware of people's changing needs and how this might affect the level of support they needed. For example, they were working with other healthcare professionals to support one person to move to another service as they recognised they were no longer able to meet their needs.

Care plans contained information about people's daily personal care needs. The records were well organised and it was easy to locate the information. They were detailed and contained information about a wide range of areas. For example there were sections on mobility, communication, social needs and routines. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes and help them maintain their independence. For example, one person's care plan described how staff should assist the person with their personal care including what they were able to do for themselves. Their care plan stated; "[Person's name] will wash her own face while carer's wash her front and back." The care plans were regularly reviewed to help ensure the information remained up to date and relevant. Relatives told us they were involved with annual reviews.

Laminated sheets in people's rooms outlined people's routines in respect of personal care and the amount of support they required. This meant staff who were not as familiar with people's needs had easy access to the information.

There were systems in place to help ensure staff were kept informed of any changes in people's needs. Daily records were completed with basic information about the care provided and there was a handover between shifts to update staff coming on duty. Handover notes were more detailed and included information about people's emotional well-being. This meant staff were able to monitor any decline in people's moods. People were weighed every month so staff would be alerted to any concerning changes. Night staff checked on people every hour during the night so they would be quickly aware of any problems. Staff confirmed they were well informed about any changes in people's needs. One commented; "If there's any really important information the seniors will tell you." A relative commented; "They overview her very well. At one point she wasn't eating very well and it was bought to our attention."

There were limited organised activities available to people. An outside entertainer visited approximately every eight weeks and during holiday periods, such as Christmas and Easter when some structured activities were organised. Wi-fi had been installed at the request of one person. A vicar visited once a month to offer communion. On the day of the inspection we did not see any activities taking place apart from one person having their nails polished. We discussed this with the deputy manager who told us they were going to start regular bingo sessions as they thought the group currently using the service might enjoy this. A member of staff said; "It would be nice to have some activities in the afternoon."

Staff and committee members were pro-active in taking people into the local community. Some people attended twice weekly exercise groups for people with restricted mobility in the local town. One person told

us; "Two or three of us quite often will take a walk down to the front." We spoke with a committee member who was visiting on the day of the inspection. They told us they visited regularly and spent time chatting with people.

There was a complaints policy in place which outlined the timescales within which people could expect to have any concerns addressed. There were no complaints on-going at the time of the inspection. People and relatives told us they would approach a member of staff if they had any worries. One person commented; "I've never had any concerns."

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service provided. Care plans were reviewed monthly by key workers and the staff member with responsibility for oversight of care plans. The registered manager also carried out random spot checks on care plans. One of the committee members visited every other month to carry out 'sense checks' of the environment. This included checking for potential hazards such as fraying carpets and looking at fire doors. One of these checks had led to the committee agreeing to have new carpets fitted in some areas of the building. Another had identified the radiator covers were coming loose and this had been rectified within two months. However, these checks and audits had failed to identify the problems identified earlier in this report.

There were clear lines of accountability and responsibility within the service. The service was a registered charity and, at the time of the inspection, was overseen by seven committee members. A registered manager had day to day oversight of the service. They were supported by a deputy manager and three senior care workers. Another member of staff was training to become a senior. There was also a key worker system in place. Key workers have responsibility for named individuals care plans and any appointments. Staff told us they felt well supported by management and the committee members. They had a good understanding of the hierarchy and told us they knew most committee members well.

The registered manager had monthly meetings with the committee and provided them with a monthly report. They told us they felt well supported and that the committee was mainly proactive in their involvement with the service. Committee meetings took place every other month where any issues or areas for improvement were discussed.

Records were well organised and securely kept. An external healthcare professional told us on a recent visit carers had been able to locate all the information they had requested despite not being aware of the pre-arranged visit.

Staff described the service as "homely" and "Like a family home." All said they enjoyed their work and felt they were a supportive and close knit staff team who worked well together and communicated effectively. The staff team was well established with some care workers having worked at the service for many years. Staff told us the registered manager was available and they were able to approach them for advice at any time. The registered manager commented; "I work on the floor three days a week so I am fully aware of what the home is like."

Staff said they felt well supported and were able to speak freely about any issues at any time. The registered manager told us they had an open door policy and encouraged staff to air concerns as they arose. They commented; "We all just work really well as a team. I'm more than happy with staff coming to me with any problems." Relatives also told us the management team was approachable. One commented; "The care is excellent, they talk and we talk."

No residents meetings were held as these had not been successful in the past. Instead two committee

members carried out monthly resident satisfaction checks. They spoke with all available residents and gathered their views on the service they were receiving. The information was documented and any concerns addressed.

Checks were completed on a weekly or monthly basis as appropriate for fire doors and alarms. All staff had recently completed fire safety training.

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 11 HSCA RA Regulations 2014 Need for consent Where people were unable to give consent to their care and treatment because they lacked capacity to do so the registered person was not acting in accordance with the 2005 Act. Reg 11 (1)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users. Regulation 12 (1)(2)(a)(d)(e)(g)