Northern Counties Eventide Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This unannounced inspection was conducted on 13 June 2016.

Situated in a residential area of Southport, Northern Counties Eventide Home provides accommodation and personal care for up to 29 people. The home is a charitable trust with strong links to the Christian faith. Facilities at the home include three lounge areas, a dining room, a patio area, car parking and gardens. A passenger lift is available for access to the bedrooms located over three floors.

A registered manager was 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.
The people that we spoke with and their relatives told us that care was delivered safely and we saw that the home had systems and checks in place to monitor safety. Staff knew how to recognise abuse and discrimination and understood what action to take if they had concerns.

A personal emergency evacuation plan (PEEP) had been produced for each person living at the home. The home had conducted regular fire drills and fire alarm testing. Fire safety equipment was tested by external contractors annually and by the home on a regular basis. Other essential safety checks, for example, gas safety and electrical safety were completed annually.

Staff were recruited safely following a robust process. Staffing numbers were more than sufficient to safely meet the needs of people living at the home and provide additional one-to-one time.

People's medication was stored and administered in accordance with good practice.

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. Training was provided by an external organisation and refreshed annually.

The records that we saw showed that the home was operating in accordance with the principles of the MCA.

Meals were prepared from fresh ingredients and served in a well presented dining room. Tables were laid out with table-cloths, napkins, matching crockery and cutlery. People were given choice about their preferred meals and offered drinks regularly.

People were supported to maintain good health and to access healthcare services by staff. We saw records of visits by a range of healthcare professionals in care files.

People told us and we observed that staff were very caring in their approach. People were treated with

respect and their dignity was promoted throughout the inspection.

Friends and relatives were free to visit people at any time and spoke positively about their experience of the home.

Records relating to care used personalised language and offered a detailed, positive view of each person and their care needs. People and their relatives were actively involved in the planning and review of care. We saw evidence that care had changed following such reviews.

The home described itself as having strong links to the Christian faith and we saw that people were encouraged and supported to follow their faith by the home. People's rooms were filled with personal items and family photographs.

The home had a programme of activities including quizzes, crafts, chair exercises and a history club. Activities were also organised away from the home. For example, a trip on a canal boat.

People's views about the quality of the home and the care provided were sought during reviews of care and informally through conversation. People told us that staff and managers regularly asked if they were satisfied with their care and if they would like to change anything. They also told us that they would feel confident in making a complaint if they had to.

The registered manager was supported by a management team with responsibility for specific aspects of the service such as; care management, personal care, dementia and dignity. We spoke extensively with the registered manager throughout the inspection. It was clear that they knew each person living at the home and their care needs well. People spoke positively about the registered manager, their approachability and leadership of the home.

Staff understood what was expected of them and were motivated to provide good quality care. We saw that staff were relaxed, positive and encouraging in their approach to people throughout the inspection.

The provider had systems in place to monitor safety and quality. They completed a monthly audit which included information that was fed-back to the staff team. The records that we saw indicated that all audits had been completed in accordance with the home's schedule.

The registered manager maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.

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.

Medicines were stored and administered safely in accordance with best-practice guidelines.

People living at the home had detailed care plans which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff were recruited following a robust process and deployed in sufficient numbers to meet the needs of people living at the home.

Is the service effective?

Good

The service was effective.

Staff were trained in topics which were relevant to the needs of the people living at the home.

The provider applied the principles of the Mental Capacity Act (2005) meaning people were not subject to undue control or restriction.

People were provided with a balanced diet and had a good choice of food and drinks. Staff supported people to maintain their health by engaging with external healthcare professionals.

Is the service caring?

Good

The service was caring.

We saw that people were treated with kindness and compassion throughout the inspection.

Staff knew each person and their needs and acted in accordance with those needs in a timely manner. People's privacy and dignity were protected by the manner in which care was delivered.

People were consulted about their own care and were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People living at the home and their relatives were involved in the planning and review of care.

The home had a varied programme of activities for individuals and groups which included community activities.

Complaints and concerns were recorded and dealt with effectively. The number of formal complaints was small.

Is the service well-led?

Good

The service was well-led.

The provider had systems in place to monitor safety and quality.

The registered manager was approachable and had a good understanding of the needs of each person living at the home.

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.

Northern Counties Eventide 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 13 June 2016 and was unannounced.

The inspection was conducted by an adult social care inspector and an expert by experience in services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We observed care and support and spoke with people living at the home and the staff. We also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of the inspection we spoke with five people living at the home and five visiting relatives. We also spoke with a visiting GP, the registered manager, a senior carer, and four other staff.

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Good

Is the service safe?

Our findings

The people that we spoke with and their relatives told us that care was delivered safely. Comments included; "I'm cared for by people [staff] I can trust and rely on" and "I'm safe, much safer than I was when I was in my flat." Another person living at the home said, "I'm totally happy here, safe and well care for."

We asked people living at the home what they would do if they were being treated unfairly or unkindly. They each said that they would complain to the registered manager or a member of staff. Relatives also told us that they would speak to the registered manager if they had any concerns. All of the staff that we spoke with gave a good description of how they would respond if they suspected that one of the people living at the home was at risk of abuse or harm. The training records showed that all staff had received recent training in adult safeguarding. Staff knew how to recognise abuse and discrimination and understood what action to take if they had concerns. The registered manager maintained a file with details of safeguarding referrals. The file detailed the nature of the incident, subsequent investigations and actions taken.

Accidents and incidents were accurately recorded and were subject to assessment to identify patterns and triggers. Records were detailed and included reference to actions taken following accidents and incidents.

The provider regularly completed a number of safety checks and made use of external contractors where required. Checks included; moving and handling equipment, gas safety, electrical safety, water temperatures and general health and safety. Each of the checks had been completed in accordance with the relevant schedule. We saw evidence that prompt action had been taken were issues had been identified.

A personal emergency evacuation plan (PEEP) had been produced for each person living at the home. The home had conducted regular fire drills and fire alarm testing. The home had been inspected by the Merseyside Fire and rescue service in April 2014. Action was required to improve the safety of the home. We saw evidence that these actions had been completed promptly following the inspection. Fire safety equipment was tested by external contractors annually and by the home on a regular basis. Other essential safety checks, for example, gas safety and electrical safety were completed annually. Moving and handling equipment was serviced and inspected in accordance with the appropriate schedule.

Staffing numbers were more than sufficient to safely meet the needs of people living at the home and provide additional one-to-one time. The home deployed 12 care staff between the hours of 7:30 am and 1:30 pm. This reduced to 7 care staff after 1:30. The home also employed a cook and domestic staff. The home recruited staff following a robust procedure. Staff files contained two references which were obtained and verified for each person. There were Disclosure and Barring Service (DBS) numbers and proof of identification and address on each file. DBS checks are completed to ensure that new staff are suited to working with vulnerable adults. There were also notes from the interview saved in each person's file. Staff were required to confirm annually that their DBS status had not changed.

People's medication was stored and administered in accordance with good practice. Medicines were provided by a local pharmacy using a recognised blister-pack system. We spot-checked Medicine

Administration Record (MAR) sheets and stock levels. Each of the MAR sheets had been completed correctly. Stock levels tallied with the figures recorded on the MAR sheets.

A number of people self-administered their medicines. The home maintained detailed records to ensure that this practice was monitored. We were told that nobody currently living at the home required covert medicines. These are medicines which are hidden in food or drink and are administered in the person's best interest with the agreement of the prescriber. Controlled drugs were stored safely and associated records were completed correctly. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. We saw evidence of PRN (as required) protocols and records. PRN medications are those which are only administered when needed for example for pain relief. A full audit of medicines and records was completed monthly.

Good

Is the service effective?

Our findings

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. Training was provided by an external organisation and refreshed annually. Staff were trained in; adult safeguarding, moving and handling, Mental Capacity Act and other subjects relevant to their roles. Staff were also given access to recognised qualifications in health and social care and were expected to achieve a level three qualification by the provider. The training records and staff certificates showed that all of training required by the provider was in date. The people living at the home that we spoke with told us they thought that the staff were suitably skilled.

New staff were trained and inducted in accordance with the principles of the care certificate. The care certificate requires new staff to undertake a programme of learning before being observed and assessed as competent by a senior colleague. The induction programme required staff to read policies and procedures and to sign to indicate that they understood them. All of the staff that we spoke with confirmed that they had been given regular supervision and appraisal. We saw that this was recorded in staff records.

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).

The records that we saw showed that the home was operating in accordance with the principles of the MCA. The records relating to capacity assessments were summarised on a single page which indicated that the process was generic and had not focused on the needs of each individual. However, we saw evidence in other care records that people's capacity had been assessed in relation to a range of decisions. Applications to deprive people of their liberty had been submitted appropriately. At the time of the inspection none of the people living at the home was assessed as lacking capacity to make decisions about their care.

Meals were prepared from fresh ingredients and served in a well presented dining room. Tables were laid out with table-cloths, napkins, matching crockery and cutlery. Staff were attentive to people's needs when serving meals. They confirmed people's choice of food before serving and provided additional condiments on request. Staff wore personal protective equipment (PPE) in-line with good practice for food hygiene. Where people required support to eat their meals this was done sensitively and discretely. We sampled the food and spoke with people while they ate their lunch. The food was well presented and nutritionally balanced. Information about people's preferences, allergies and health needs were used in the preparation of meals, snacks and drinks. People gave us positive views on the quality of the food. Comments included, "The food's marvellous" and "the food is great." Menus were set and repeated every eight weeks, but people

could choose from a range of alternative meals each day. We were told that the chef spoke with each person every day to ask what they would like. If people didn't want any of the alternatives a different meal was prepared for them. Each of the people that we spoke with confirmed that they could ask for an alternative. People told us that they were offered plenty of drinks throughout the day. We saw people being offered hot and cold drinks throughout the course of the inspection.

People were supported to maintain good health and to access healthcare services by staff. We spoke with a visiting GP during the inspection. They told us, "I've got no concerns with this home. They ring me if they have any concerns. If I ask for something to be done it happens." Most of the people that we spoke with had a good understanding of their healthcare needs and were able to contribute to care planning in this area. For those people who did not understand the provider had identified a named relative to communicate with. We asked people if they could see health professionals when necessary. We were told that they saw Doctors, Chiropodists, Opticians and other healthcare professionals when they needed. We saw records of these visits on care files.

Good

Is the service caring?

Our findings

We asked people if the staff were caring in their approach. Each of the people that we spoke with told us that they were treated with dignity and respect by staff. One person said, "They [staff] are very good with me." Another person told us, "I've been here three years now and I love it. The staff are great." While another person said, "We're very lucky. You couldn't get any better." Relatives also spoke positively about the caring nature of the staff. One person said, "My parents have different problems but they are both very well cared for by the staff here."

Staffing levels meant that there were always sufficient staff to provide care as it was required. We observed staff using moving and handling equipment to assist people transferring to and from armchairs. We saw that staff took their time and spoke with the person throughout the activity offering reassurance. Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used language, pace and tone that was appropriate for the individual. Staff took time to listen to people and responded to comments and requests. For example, during lunch one person asked for an apron to use while eating. A member of staff offered the person a selection of aprons with different designs and supported them to put one on. Staff at all levels demonstrated that they knew the people living at the home and accommodated their needs in the provision of care.

People living at the home said that they were encouraged and supported to be independent. Staff asked if people wanted support with tasks before intervening. One member of staff gave us an example where they watched a person getting up from a chair and only offered assistance when it was clear that it was required to keep them safe. They told us that this approach was reflected in the person's care plan. We saw that people declined care at some points during the inspection and that staff respected their views. Care records contained evidence that people had consented to the provision of care and treatment for health conditions.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care and discrete when asking if people required assistance. A member of staff said, "We whisper if necessary." People living at the home had access to their own room with en-suite facilities for the provision of personal care if required. The home employed a nominated dignity champion who promoted a range of initiatives including, 'dining with dignity.' When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care.

We spoke with visiting relatives throughout the inspection. They told us that they were free to visit at any time. One visitor commented, "I visit often and there are no restrictions on me at all." Relatives made use of the communal areas, but could also access people's bedrooms and a visitor's room for greater privacy. Each of the rooms had a lock and people told us that they could request a key if they chose.

The home displayed information promoting independent advocacy services, but none of the people currently living in the home were making use of their services.

We saw evidence that staff had completed training in a recognised end of life care process in February 2016. We spoke with staff about this and they were able to explain how their care practice had changed as a result of the training.

Good

Is the service responsive?

Our findings

We asked people if they had been involved in their care planning and if they were able to make decisions about their care. Some people were unsure what this meant but had family members to represent them. Other people explained how they had been involved and what changes had been made as a result. We saw evidence in care records that people had been involved in the review of their care. A member of staff told us, "We use a [care] review sheet. We read the care plan and ask what they want to change. Some people sign. Others have a relative to sign. We saw evidence of this process occurring regularly in care records.

The home had a 'personalised care, treatment and support file' which contained information relating to its statement of purpose, advocacy services and involvement. All of the people living at the home that we spoke with told us they received care that was personalised to their needs. We saw evidence in care records that people's preferences were recorded. Person-centred language was used throughout care records and people's life histories were recorded to give staff a better understanding of each individual. These records were very detailed and some made use of photographs to help tell the person's story. Some relatives had been involved in the development of these records.

The home described itself as having strong links to the Christian faith and we saw that people were encouraged and supported to follow their faith by the home. People's rooms were filled with personal items and family photographs.

We observed that care was not provided routinely or according to a strict timetable. Staff were able to respond to people's needs and provided care as it was required. One person told us, "Staff are lovely. I've never had to wait if I've rung the bell." We asked people living at the home if they had a choice about who provides their care. None of the people that we spoke with expressed concern about their choice of carers.

The home had a programme of activities including quizzes, crafts, chair exercises and a history club. Activities were also organised away from the home. For example, a trip on a canal boat. One relative said, "[Relative] enjoyed the canal trip and does enjoy outings." Individual activities were also supported. We saw in one care record that a person living in the home enjoyed feeding the wild birds with leftover food. Staff spoke with the person and arranged for bird seed to be purchased so the activity could continue throughout the year.

People's views about the quality of the home and the care provided were sought during reviews of care and informally through conversation. People told us that staff and managers regularly asked if they were satisfied with their care and if they would like to change anything. They also told us that they would feel confident in making a complaint if they had to.

Information regarding compliments and complaints was displayed and the registered manager showed us evidence of addressing complaints in a systematic manner. In one example a complaint had been received about night staff making excessive noise. We saw that working practices had been changed to reduce the risk of noise while people slept. All of the people that we spoke with said that they knew what to do if they

wanted to make a complaint. The staff that we spoke with knew who to contact if they received a complaint.

Good

Is the service well-led?

Our findings

A registered manager was in post. The registered manager was supported by a management team with responsibility for specific aspects of the service such as; care management, personal care, dementia and dignity. We spoke extensively with the registered manager throughout the inspection. It was clear that they knew each person living at the home and their care needs well. The registered manager demonstrated an awareness of the day-to day culture of the home and provided practical care and support as required. They described the culture as being based on, "a Christian ethos" adding "we always try to go above and beyond." The registered manager understood their responsibilities in relation to the management of the home and their registration. They told us that the felt supported by the board of trustees. We were told that the trustees visited the home each month to spend time with people, share lunch and look at records.

People spoke positively about the registered manager, their approachability and leadership of the home. A person living at the home said, "[registered manager] is very approachable." One member of staff said, "There's good communication. I feel involved." They shared an example where they had asked for additional resources and the registered manager had responded immediately to make them available. A different member of staff said, "The managers are great. I couldn't ask for better bosses. It's a well-run home."

The registered manager facilitated regular staff meetings and staff told us that they were confident about speaking out and making suggestions. We saw evidence that important information had been shared and changes made following these meetings. For example, staff had been addressed following a recent allegation. Even though the allegation had proven to be unfounded, staff had been reminded of safeguarding procedures and the importance of whistleblowing. Other issues discussed at staff meetings included; care plans, daily routines, disability and dementia.

Staff understood what was expected of them and were motivated to provide good quality care. We saw that staff were relaxed, positive and encouraging in their approach to people throughout the inspection. One member of staff spoke with great enthusiasm about their role and a recent initiative with the local library service. As a result of working jointly with the library, people living at the home had been interviewed about their lives. The results had been recorded and made available for the public to access.

The provider had systems in place to monitor safety and quality. They completed a monthly audit which included information that was fed-back to the staff team. The records that we saw indicated that all audits had been completed in accordance with the home's schedule. The registered manager also distributed annual quality surveys which asked about people's experience of care, food and other aspects of the home. We looked at the analysis of the results for June 2015 and saw that the majority of responses were classified as good, very good or excellent.

The registered manager maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.