

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Northern Counties Eventide Home Limited

36 Lancaster Road, Birkdale, Southport, PR8 2LE

Tel: 01704568019

Date of Inspection: 26 February 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Northern Counties Eventide Home Limited
Registered Manager	Mr. David Swan
Overview of the service	<p>Situated in a residential area of Southport, Northern Counties Eventide Home Limited 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.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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During our inspection we invited people to share with us their views and experience of living at Northern Counties Eventide Care Home. We also spoke with relatives and community health care professionals who were visiting the home at the time of our inspection.

People living at the home were positive and complimentary about the care and support they received. One person told us the staff were "kind and thoughtful." Another person said, "The home has a good ethos and atmosphere".

Care record files were clear and concise. Care plans were in place which reflected people's needs and they were reviewed on a regular basis. Arrangements were in place for cleaning the building and minimising the risk of infections spreading.

Effective structures were established for the recruitment of new staff. Arrangements were in place for monitoring the quality of the service, including the opportunity for people living at the home and their relatives to provide feedback on the service.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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#### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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#### Reasons for our judgement

We included this outcome in the inspection to see if people were experiencing effective care and support.

During the inspection we spoke with nine people and invited them to share with us their views and experience of living at the home. Their comments and feedback about the care they received was positive. All the people we spoke with said there was enough staff on duty at all times. People were complimentary about the care and support they received and we heard the staff described as "caring and considerate." One person told us the staff were "kind and thoughtful." Another person said, "The home has a good ethos and atmosphere; I would not stay if I was not happy."

People told us the home supported them with their faith and spiritual needs. We also heard from people that the home provided recreational activities and trips out. Some people said they preferred to spend most of their time in their bedroom and staff respected this. We observed that a weekly schedule of activities was displayed on the notice board in the foyer.

We spent time with a family who were visiting their relative at the time of the inspection. They said the care at the home was excellent and described the staff as "professional, caring and observant." The relatives told us that staff have communicated well with them and inform them of any changes to their relative's needs.

We spoke with two community health care professionals who were visiting people living in the home at the time of inspection. Both were positive about the care provided by staff and said there were sufficient numbers of staff on duty when they visited the home. They told us the staff have always been helpful and supportive. They said staff respect people's privacy by ensuring consultations and treatment take place in the treatment room. We also heard that the staff "know what they are doing" and have a "good knowledge of the needs of the people living at the home."

Throughout our inspection we noted there was a relaxed atmosphere within the home. We observed staff were respectful of people and supported them with their needs in a discrete and dignified way. Staff regularly checked to see if people needed anything and took the time to engage people in conversation.

We looked at the care record files for three people living at the home. The files were organised in a systematic way so it was easy to locate specific documents. The records were individualised and there was good detailed background information about each person which provided staff with an understanding of the person's lifestyle before they moved to the home. The records also took account of people's preferences and dislikes. Information on file included an initial assessment, specific health assessments and risk assessments.

Care plans were based on people's assessed needs. They were person-centred and detailed, providing staff with clear guidance about how to support the person. We could see that assessments and care plans were reviewed on a regular basis. The care plans we looked at had been reviewed in January 2013. We observed that, where appropriate, a record was maintained of people's diet and fluid intake. In addition, positional or turn charts were in place for people who were at risk of developing pressure ulcers.

Detailed records were maintained of consultations with, or visits from, health and social care professionals. We noted that people's weight was checked on a regular basis.

Accidents were recorded in an accident book. The majority of the accidents recorded related to falls. We could see that the people with a history of falling or at risk to falling had a risk assessment in place. Staff informed us that a copy of this risk assessment was located in each person's bedroom so the staff could access it promptly if needed.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We looked at this outcome to see what arrangements were in place to minimise the spread of infections.

People living at home told us the building was always kept clean and tidy and their bedrooms were cleaned on a regular basis. One person told us they liked living there because it was clean and the building was looked after well.

During the inspection we spoke with two visiting community health care professionals. They told us the home has maintained a good standard of cleanliness. They informed us that staff have different aprons depending on the tasks they are undertaking. Staff confirmed this and told us that they used an alternative coloured apron when serving the meals.

We had a walk around the building with a member of the housekeeping team. All areas of the building we looked at were clean, tidy and free from unpleasant odours. The home was well stocked with protective equipment, such as disposable aprons and gloves. We observed staff using disposable gloves when supporting people with personal care. Sufficient hand washing facilities and hand washing materials were available throughout the home.

A list of cleaning products was displayed which highlighted the product to be used for each area or task. Different coloured cloths were used for different tasks. Guidance regarding which colour to use for each task/area was displayed for staff in various areas of the building.

Cleaning schedules were in place and we could see the housekeeping staff worked to a weekly schedule which identified the days when allocated bedrooms were due for full clean. All bedrooms were checked and had a 'quick clean' everyday. Catering staff were responsible for the cleaning of the kitchen. We observed that the kitchen was clean and tidy.

Dedicated yellow waste bags were in place for clinical waste and these were stored in a secure container. Soiled items for washing were segregated from the general washing and contained in red bags.

We asked how any suspected outbreak of infection which could be passed between people was managed. We were informed that a sign was placed on the front door informing people of the outbreak and discouraging people from visiting. Housekeeping staff avoided going into the bedrooms of people with symptoms but once the person was symptom free then their bedroom was thoroughly cleaned.



## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### Reasons for our judgement

We looked at this outcome to determine how the home recruited new members of staff.

The people living at the home that we spoke with said the staff knew what they were doing and were professional. Relatives told us they were confident in the staff's ability as they understood the needs of the people living at the home.

We were informed by the manager and staff that there has been a low staff turnover and the majority of the staff team has worked at the home for many years.

We asked to see the personnel records for the last three staff recruited. The personnel records we looked at showed that Independent Safeguarding Authority (ISA) assessments and Criminal Records Bureau (CRB) checks had been obtained as part of the recruitment process. Assessments through ISA support providers with deciding if people are suitable to work with vulnerable adults. CRB checks support employers by providing them with access to an individual's full criminal record and other information so that they can assess the individual's suitability for the post.

In addition, application forms, interview records, health declarations and references were on file, along with photographic identification and induction documentation.

From our discussions with staff, we heard they had a good induction when they first started working there. The staff we spoke with told us they were well supported by management and received good training for their role.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

### Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

### Reasons for our judgement

We looked at this outcome to see how the quality and safety of the service provided at the home was assessed and monitored.

The provider (owner) had commissioned an external organisation to undertake an annual quality assessment of the home. This was last undertaken in December 2012 and the home received a rating of '5'; the highest rating available. As part of the quality assessment, people living at the home and their relatives were invited to complete a satisfaction survey. We observed that the outcome of the 2012 survey was displayed on the notice board in the foyer.

The home was subject to a food hygiene inspection by Sefton Council in December 2012 and received the highest rating of '5' following the inspection. We spoke with catering staff and heard that arrangements were in place for seeking feedback on the quality of the food.

Arrangements were in place for reviewing the care plans for people living at the home. We looked at a selection of care file records and could see that care plan reviews took account of people's changing needs.

A process for managing complaints was in place. We could see that a complaint record form, complaint investigation template and complaint register was in place. The manager informed us that a formal complaint had not been received for over a year. The people living at the home and their relatives whom we spoke with were aware of how to make a complaint. They told us they had no complaints but if they did then they would approach the manager or one of the team leaders.

A system was in place for recording incidents. We looked at the incident book and the majority recorded related to accidents involving falls. Although no formal analysis of the incidents was recorded, the manager informed us that they periodically looked at the incidents to see if there were any themes or patterns emerging.

Meetings with the people living at the home took place twice a year. We looked from the minutes of the last meeting held in July 2012 that social activities and trips out were

discussed.

Arrangements were in place for staff meetings which were held about twice a year. We looked at the staff meeting minutes from July 2012 and observed that matters such as good record keeping, infection control and adult safeguarding were discussed. The manager and staff informed us that handover arrangements between staff shift changes were thorough and any emerging issues or concerns were discussed at these handover meetings.

Arrangements were in place for monitoring the health and safety of the service. We looked at the health and safety audit for 2012 and noted that it was a detailed document which took into account matters such as equipment, fire safety, staff training and risk assessments.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.



## Contact us

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