

Qumran Care Limited

# Eshcol House Nursing Home

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 17 December 2015 and was an unannounced comprehensive inspection. The last inspection took place on 23 June 2014. There were no concerns at that inspection.

Eshcol House is a care home which offers nursing care and support for up to 29 predominantly older people. At the time of the inspection there were 27 people living at the service. Some of these people were living with dementia. The service comprises of a detached house providing accommodation over three levels.

The service had 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.

We walked around the service which was clean, comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

Staff were aware of how to report any safeguarding concerns they may have. However, the safeguarding policy held at the service did not contain the local contact details for the local authority multi agency referral unit.

We looked at how medicines were managed and administered. People received their medicines as prescribed. Medicines that required cold storage were stored appropriately and those that required stricter controls were monitored in line with legislation. We saw staff had transcribed medicines for people, on to the Medicine Administration Record (MAR) following advice from medical staff. However, 20 handwritten entries were not signed and had not been witnessed by a second member of staff. This meant that there was a risk of potential errors and did not ensure people always received their medicines safely. The clinical lead assured us they were aware of the concern and would take action with individual staff members to address this.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met.

Staff told us they received support from the registered manager as needed. Staff meetings were held regularly to seek the views of staff and share information. Staff undertook training, however, not all staff had completed mandatory training and this was being addressed by the registered manager through individual meetings.

People were consulted about the meals provided at the service. The cook regularly discussed meal options and choices with people at the service and responded to their requests. Drinks were available to people throughout the service.

Care plans were well organised and contained accurate and up to date information. Some of the handwritten care plans had been amended and reviewed many times and this could make it difficult to find current information.

Group and individual activities were provided to people according to their individual needs.

The registered manager did not have robust processes in place to record and monitor accidents and incidents which took place at the service, staff induction, supervision, appraisal and training.

Quality assurance surveys to seek the views and experiences of people who used the service and their families had not been carried out since 2011, although regular residents meetings took place involving people who lived at the service, who could express their views.

We found a breach of the Health and Social Care Act 2014 (Regulated Activities) 2008 and 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?

Good ●

The service was safe. Families felt the service was safe. Staff knew how to recognise and report the signs of abuse. They knew how to report their concerns within the service, however not all staff were aware that Cornwall Council were the lead authority to investigate such concerns.

People received their medicines as prescribed, however handwritten entries on the medicine records were not always signed and witnessed by two staff to help reduce potential errors.

There were sufficient numbers of staff to meet the needs of people who used the service.

### Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs. Some mandatory training had not always been updated and effectively recorded.

Staff felt well supported by the management team and could access support when required. Staff did not always have regular formally recorded supervision or appraisals.

The registered manager was working to ensure the service had a clear understanding of the Mental Capacity Act 2005 (MCA) and where people did not have the mental capacity to make decisions for themselves had their legal rights protected.

### Is the service caring?

Good ●

The service was caring. The relatives and family of people who used the service were positive about the service and the way the staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Good 

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People were consulted and involved in the running of the service, their views were sought and acted upon.

### Is the service well-led?

Requires Improvement 

The service was not entirely well led. The registered manager did not have robust processes and procedures for recording and monitoring accidents and incidents, staff induction, supervision, appraisal and training.

Where areas that required action had been identified, such as staff support and medicine audit findings, action had not been taken to address these. Quality assurance surveys had not been undertaken regularly to monitor the service provided.

People's families and staff told us the registered manager was a good communicator, supportive, available and responded effectively to any issues raised with them.

# Eshcol House Nursing Home

## **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 17 December 2015. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

Not everyone we met who was living at Eshcol House could tell us about their views and experiences due to their healthcare needs so we observed care practices and spoke with families, and staff.

We looked at care documentation for three people, medicine records for 27 people living at the service, three staff files, training records and other records relating to the management of the service. We spoke to one person who received care and their partner during the inspection, and spoke to three further families following the inspection. We spoke with the provider, the registered manager, the clinical lead, the cook and six members of staff during the inspection,

# Is the service safe?

## Our findings

People and their families told us the service was safe. Comments included; "I have no worries, (the person) is perfectly safe" and "It's a safe place."

Staff were confident of the action to take within the service if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Not all staff had received recent training updates on safeguarding adults and were not aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. However, there were "Say no to abuse" leaflets and other information displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. The service was in the process of updating their safeguarding policy as it was not entirely specific to the service and did not contain the contact details for the local safeguarding unit.

Accidents and incidents that took place in the service were recorded by staff in people's records. Two people who lived at the service had fallen several times in a short period. These events were audited specifically by the Registered Manager who then took appropriate action to help ensure the risk of further incidents was reduced. However, the registered manager did not have an overview of any other incidents which had taken place in the service in order to monitor any patterns or trends. This meant there would not be effective recognition of when and where such events were taking place so they would not be addressed and the risk of re-occurrence was not reduced. The registered manager assured us action would be taken to address this situation.

We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. However, 20 handwritten entries were not signed and had not been witnessed by a second member of staff. This meant that there was a risk of potential errors and did not ensure people always received their medicines safely. The service held a medicines policy which clearly stated all transcribed entries on to the MAR should be signed by two staff. The service was not following their own policy. Medicine audits were carried out regularly and these had identified issues. Some people had been prescribed creams. These had been dated upon opening. This meant the staff were aware of the expiration of the item and when the cream would no longer be safe to use. The service held medicines that required stricter controls by law. We checked the stock of these medicines against the records held and they tallied. The service was storing medicines that required cold storage. There was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored daily. These recordings showed medicines were safely stored between 2 and 8 degrees centigrade.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example one care plan clearly stated the person could become very agitated when moved and stated; "Speak slowly and calmly"

and "Give plenty of time."

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. We saw one person had spilt their drink and was very anxious about this. Staff responded quickly reassuring the person all was well and quickly providing another drink for them.

Care files held information which identified the action to be taken for each person in the event of an emergency evacuation of the service. Fire equipment was regularly checked and serviced to ensure it was always working effectively. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

During the inspection people's needs were usually met quickly. We heard call bells ringing during the inspection and these were responded to effectively. The staff rota showed there were four care staff on duty supported by a nurse and the registered manager. Staff told us there were sufficient numbers of staff to meet people's needs and they were a good team who worked well together. Families told us they felt there were enough staff at the service in their experience.



## Is the service effective?

### Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision to help us understand the experiences of people who used the service. Staff provided care to people in a skilled, competent and calm manner. One person's family told us; "(the person) does not communicate at all easily verbally, so depends a lot on staff knowing them well enough to know what they want. If we had a constant flow of changing new staff it would be a disaster for (the person). There are some really good staff here who take a lot of time to ensure they understand what (the person) wishes and needs. It works here for us as the staff a mostly stable and consistent and have taken the time to understand (the person's) needs." Another family member told us; "The staff respect (the person's) wishes."

The premises were in good order. There was some improvement work in progress at the time of this inspection. A large lounge was being converted in to a smaller seating area for people and a ground floor bedroom which would be accessible for a stretcher if needed. The service was unable to accept people who required to be admitted in a bed at the time of this inspection due to access difficulties and a small passenger lift servicing the upper floors. The service recognised that people's needs were becoming more dependent, spending more time in their bedrooms either due to their healthcare needs or their own choice and did not use a large single lounge area. Many people living at Eshcol House were living with dementia. However, the service had not adapted signage or other aspects of the environment to aid people's need for orientation to their surroundings. For example the bathrooms and toilet doors did not have pictorial signage to help people to easily recognise them and therefore access them more independently. The provider accepted this and told us they would consider adaptations. People's bedrooms were personalised with their own possessions such as pictures and furniture which helped to give them a familiar feel. One person had been supported to have Sky Sports installed as they wished to watch sport on their own TV in their room.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff were competent and well informed about how to meet people's individual needs. There was best practice information on the staff notice board which advised staff on a number of areas of practice such as pressure area care and safeguarding guidance. Staff told us the training they were provided with was mostly computer based. Some staff felt it was good but "there is a lot of it." The service was using a programme of electronic computer based training comprising of more than 30 modules. This type of training produced an electronic certificate upon completion by the staff member. This had not always been printed off for their staff files, nor recorded on the registered managers training record. This meant the registered manager did not have an effective way of checking when training had been undertaken. Also when it was due to be updated and therefore monitor staff members on-going training needs. The registered manager agreed this issue would be addressed immediately. Some staff had not attended mandatory training and this was being addressed by the registered manager through individual meetings.

Staff had easy access to relevant accurate information in people's care plans which provided specific

guidance for them to help ensure needs were met. This meant that people's needs were met in an effective and consistent manner by all staff.

Staff did not receive regular planned one to one time with their line manager (called supervision), but told us they felt well supported and able to access any support or advice they needed at any time from senior care staff, nurses or the registered manager. Some staff had received an annual appraisal. This is when the staff member spends time with their manager reflecting on the past years performance and discusses any training requirements. We saw the records from some of these sessions where two staff had made specific requests for training and support.

We checked the records for newly employed staff at the service to see what induction support they received before they began working alone with people. One person, who had begun working in September 2015 providing care to people, had no records of induction or training in their file. We asked the clinical lead and registered manager about this. We were told they were an experienced carer who had moved from another service to work at Eshcol. We asked to see how the service had checked this new staff member was competent and capable to carrying out care tasks with vulnerable people. There were no records that could be found at the time of this inspection as it was felt the staff member may have these records at their home for completion and they were not on duty. The registered manager and clinical lead agreed there should have been recorded evidence at the service of mandatory training undertaken such as manual handling, health and safety, fire safety, first aid and infection control, or competency checks made. We were assured this would be addressed immediately.

We checked people's care files to see evidence of their consent to photographs of them being used in their care and medicine records. Also evidence of their having agreed to the content of their own care plans and subsequent reviews of their care. Of the three care files we reviewed there was no signed consent to photographs. The registered manager told us the service had relevant paperwork for this to be offered to people but they had not been used recently and these would be reinstated immediately. Some care plans did hold the signed consent of people, or their families as appropriate, to care plan reviews.

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. People who needed to have their capacity assessed had this recorded in their care plans, and this had been reviewed regularly to help ensure it remained accurate.

The registered manager and the provider were working to apply the Supreme Court judgement of 2014, which changed the circumstances when a person may require an authorisation to a potentially restrictive care plan, to their procedures. The service was in the process of taking advice from the DoLS team regarding any applications which had been made by the service for people and their potentially restrictive care plan authorisations. Some people living at the service were considered to have capacity to make some decisions regarding where they lived and where they chose to spend their time and therefore were not restricted in any way. Staff were able to tell us how they ensured people's legal rights were supported at all times and that they acted in accordance with their wishes and choices.

People were offered a choice of food and drinks with requests discussed daily with the cook. Resident meetings minutes showed regular discussions were held about the food to ensure it was what people enjoyed. New suggestions were welcomed and provided. The cook was knowledgeable about people's dietary requirements, likes and dislikes. Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. For example, one person had declined food for a period of time and staff were monitoring their intake and obtaining advice regarding dietary support. This person had now improved their food and fluid intake to an acceptable level and so monitoring had ceased. Fluids were available to people throughout the service and by their bed sides in their rooms. The service had a food standards inspection in September 2015 and had been awarded four stars. The actions recommended from this inspection had been already responded to and the service was confident they would be awarded five stars at the next inspection.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained details of multi disciplinary notes. Nurses kept separate care notes from the carers daily notes. These detailed dressing changes and reviews of wounds in accordance with people' care plans.

## Is the service caring?

### Our findings

Not everyone at Eshcol was able to verbally tell us about their experiences of living at the service due to their healthcare needs. Relatives told us; "They (staff) provide very good care," "They (staff) are kind and caring," "She (the person) is really happy there and loves the staff" and "I have no worries at all about the place." Families were included, if appropriate, in decisions made about people's end of life wishes and choices.

Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. Staff sang happily while they worked and chatted in a relaxed manner with people as they met them.

People's dignity and privacy was respected. Door and curtains were closed when care was provided. People were spoken with discretely when asked if they wished to have assistance to the bathroom. People's clothing was named and so was safely returned to them once it had been laundered.

People's care plans did not hold any details of their individual life histories. Many people living at the service were not able to communicate easily due to their healthcare needs. Life histories are important as it helps care staff gain an understanding of what has made the person who they are today. The registered manager assured us that the newly appointed activities coordinator was working with families and friends of people living at the service to put together life histories to support staff working with people.

Staff told us they were able to spend time with people on a one to one basis, having a chat, reading or just holding their hand. One member of staff was qualified as a bereavement counsellor and able to provide skilled end of life support to people and their families. Two staff told us of how they felt honoured to have cared for one person who had recently died at the service. They had become very close to this person and their partner. They were tearful and showed great compassion speaking about them and were planning to attend their funeral shortly. They told us how proud they were of the quality of the care they were able to provide to this person and others in the service. However, some staff did not always feel valued by the management or provider for their work and commitment to the people at the service.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Comments we received included; "They (the person) is always clean and well cared for" "They have a lovely room which is always clean." Families were not always aware of the content of their family member's care plan if the person was unable to be involved in reviews. However, families commented they could always speak with staff, the nurse or the manager if they wanted information or had a query.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in gentle and understanding way. Staff knew people's individual preferences regarding how they wished their care to be

provided. We saw people moving freely around the service spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

## Is the service responsive?

### Our findings

One relative told us; "I used to work in a nursing home, so I know what I am looking for, they (the staff) keep good records, I check them and they are all good." Another told us; "(the person) is not able to go to the lounge to join in activities, so the staff come to them in their room. Yesterday was the Christmas party and (the person) did not want to go downstairs. The staff bought up a rabbit to their room for them to stroke and hold, it was one of a few live animals bought in to the home during the party. (The person) really enjoyed it, they should have a pet cat or something here as people really enjoy animals, they are comforting."

The registered manager and all the staff were very knowledgeable about people's needs. People were supported to maintain relationships with family and friends. The community was encouraged to visit the service including the local school children who had visited to sing to people at the service. There was an open door for all visitors and we saw people coming and going throughout the inspection visit.

Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised, however some care plans were handwritten and had been amended on many occasions this meant it was not always easy for staff to find the most current information. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. We reviewed care files and visited people in their rooms and saw that guidance set out in the care plan was being carried out by the staff. This included regular re positioning and skin bundles. Skin bundles are records which are completed each time staff provide care for a person who is at risk of skin damage due to pressure. It ensures that their whole body is visually checked for any red areas. We saw these charts were regularly filled in by staff. Daily notes were regularly completed by care staff detailing the care provided and how they spent their time. Nurses completed records when they had provided nursing care in accordance with the person's care plan. Photographs had been taken of people's wounds so that the healing process could be monitored. The service had recently ordered new pressure relieving mattresses to improve the care provided for people who were confined to bed due to their healthcare needs.

All staff carried radios which enabled any member of staff to be located quickly. This meant staff were responsive to the needs of the people living there and the needs of their colleagues.

There were group activities arranged for people to enjoy. We met a new member of staff who had recently undertaken the role of activity co ordinator. They told us many of the activities provided were carried out on a one to one basis in order to meet individuals needs. Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection visit we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people regularly and responded promptly to any call bells. We saw in one person's records that the details of a recent residents meeting were shared with the person who had been unable to attend on an individual basis, to help ensure they felt well informed.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were made available to people. People told us they had not had any reason to complain but if they did they were confident their concerns would be listened to. We saw the service had responded to a concern raised by a family member in accordance with the complaints policy and this matter had been resolved.

Many compliments had been received by the service. Comments included; "We will always be grateful to you and your wonderful staff for the care and consideration you showed during the time she resided at Eshcol" " and "Grateful for the excellent and compassionate care."

## Is the service well-led?

### Our findings

Staff meetings were held regularly for different staff groups and these were an opportunity for staff to express their views and share ideas. However, the individual support of staff by the registered manager was varied. Some staff told us they felt well supported, and told us; "We are told the door is always open, I have tried it and it was!" and "They (management) are easy to speak to." Some staff had had a recent appraisal, and said; "I felt I am trusted and it was good to reflect." However, others told us they had not had such support arranged and told us; "It would be nice to have a one to one, it would go a long way." The records of some staff appraisals recorded specific actions requested by the staff member such as; "Would like some specific dementia training as coping with violent and verbal outbursts." This staff member had not been supported to access this training according to their training records and staff file. Another staff member's records stated; "Has identified weakness in Mental Health training." This staff member did not have any training recorded on their records since 2012. The records held by the registered manager showed dates for appraisals for 13 out of 30 staff. We checked the files for two staff who had an appraisal recorded. There were no records of the appraisal in their files. This meant the registered manager did not have robust arrangements in place to help ensure all staff received regular formal recorded support that met their specific needs.

The service did not have policies and procedures that were always up to date and did not contain the local information for staff to refer to. For example, the safeguarding policy did not contain the process for raising concerns or the contact details for the local authority Multi Agency Referral Unit. We were told by the registered manager that all policies and procedures were in the process of being reviewed.

Accidents and incidents that took place in the service were recorded by staff. However although some repeated falls for two people were tracked and addressed not all events were monitored by the registered manager since February 2014. This meant any patterns or trends were not recognised and addressed, thereby reducing the risk of potential re occurrence.

The registered manager provided us with the training matrix for the staff at the service. This information was not entirely accurate. Two staff remained on the records but had left the service and the matrix did not include all the training undertaken by current staff. We found some staff had undertaken training on line and this had not been added to their records. Two staff had 'Not Complete' against four training subjects, however we saw certificates in their files showing they had attended the training. This meant the registered manager did not have robust processes in place for the recording and monitoring of individual staff training needs.

The clinical lead carried out regular medicines audits. There were issues raised following the completion of the audits which had not been actioned. For example, the June 2015 the audit stated "investigate 28 missing." and the November 2015 audit stated that in four instances the medicines did not balance with the records. We asked the clinical lead about what action had been taken regarding these concerns. We were told; "I have not been able to chase the queries, it is tricky to resolve."



This meant the audit process was not effective in making improvements where necessary.

One member of staff who began working for the service three months ago, had no recorded evidence of induction training. The Care Certificate replaced the Common Induction Standards in April 2015. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector and is designed to be completed in the first 12 weeks of employment. This had not been implemented for new staff at Eshcol.

Regular quality assurance surveys had been undertaken up until 2011. The registered manager and provider were not able to provide any evidence of a recent survey of people's views and experiences of the service provided at Eshcol.

All the above is a breach of Regulation 17 of the Health and Social Care Act 2015 (Regulated Activities) 2008.

Relatives comments included; "I have no worries about things, they (staff and management) call me if there are ever any changes in (the person) so we are always kept informed" and "Eshcol has a good reputation locally the registered manager is quite on the ball." Staff told us they felt well supported by the registered manager and there was always someone they could access when needed.

The service held regular residents meetings. We saw the minutes of these meetings. Discussions included the menu on offer and options available, housekeeping arrangements and laundry, management of the service and planned events such as the Christmas Party. We saw people were encouraged to comment and offer ideas about the running of their home. Two people raised issues which had been listened to and acted upon by the service. This showed the service listened to people's views and worked to resolve any issues.

The environment was clean and well maintained. The premises were regularly checked to help ensure they were in good condition. There was renovation work being undertaken at the time of this inspection due to water ingress through the roof. Rooms were well decorated and carpeting replaced as required. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed manual handling equipment had been serviced. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills. We spoke with the member of staff responsible for the laundry, who confirmed the equipment was in good working order and that there was a service agreement in place to repair any breakdown of the washing machines or dryers.

The registered manager worked in the service every day providing support to the staff, this meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a picture of each person at the service and encouraged communication between care staff and the nurses. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each person.

The provider told us that the registered manager of Eshcol had not had any administrative support for the past year, this was recognised as contributing to the registered manager's ability to effectively record and monitor accidents and incidents, staff supervision, appraisal, training and induction. The registered manager was also managing their smaller sister service which was nearby. We were told the administrator post was to be advertised immediately.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have robust processes and procedures in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>