

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Eshcol House Nursing Home provides personal care for up to 31 predominantly older people. At the time of our inspection the service was supporting 25 people.

The service is a detached three-story building set into a hillside, with ground level access to each floor and sea views.

People's experience of using this service and what we found

The service was following current infection control guidance and there were appropriate procedures in place to ensure people were protected from infection control risks. High contact areas were cleaned regularly and the roles and responsibilities of staff in relation to infection control were well understood.

People were protected from all forms of abuse and discrimination. Staff understood how to report safeguarding concerns and health professionals told us they were confident people were safe.

All accident and incidents had been appropriately investigated to prevent similar events from reoccurring. Risks had been identified and effectively mitigated. Firefighting and lifting equipment had been regularly serviced and tested.

Staff had been recruited safely and there were enough staff on duty to meet people's needs. Care was provided at a relaxed pace and with compassion by the dedicated staff team. People had received their medicines as prescribed and were well supported during mealtimes.

People, relatives and professionals were complimentary of the quality of care and support provided by the service.

There had been some management turnover since that last inspection as the previously registered manager had taken on a different role within the provider organisation. This manager had now returned to the service. The staff team were complimentary of the support provided both by the manager and the providers director.

Quality assurance systems were robust and an additional staff member had been recruited with specific quality assurance and auditing responsibilities since our last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last overall rating for this service was requires improvement (Report published 11 March 2021) and there was a breach of the regulations. The provider completed an action plan after the last inspection to show

what they would do and by when to improve. At this inspection we found improvements had been made. The provider was no longer in breach of regulations and has been rated as Good.

Why we inspected

We undertook this focused inspection to check that action had been taken to address and resolve the issues identified during our previous inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eshcol House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Eshcol House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The manager, who had previously been the service registered manager, had returned to this role and would be reapplying to become the service's registered manager again.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20th December and ended on 3 January 2023. We visited the service on 20th December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and feedback we had received on its current performance. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. All of this information was used to plan the inspection.

During the inspection

We met and spoke briefly with two people who used the service and four relatives who were visiting. We also spoke with six members of staff, the manager and one of the provider's directors.

We reviewed a range of records. This included two people's care records and four people's medication records. We also looked at staff recruitment and training records and a range of audits and quality assurance information.

We sought written feedback on the service's performance from health professionals who visited regularly and received two responses. We also reviewed feedback the service had received from people and relatives via internet-based platforms. We also reviewed various documents we had requested during the site visit including various policies and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has changed to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection we found the service was not following published infection control guidance during the COVID-19 Pandemic as face masks were not being consistently used by staff. This unnecessarily exposed people to risk of harm and was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the service was following current infection control guidance and was no longer in breach of this regulation.

- We were assured that the provider was preventing visitors from catching and spreading infections. The service was clean and all high contact areas were cleaned regularly. The responsibilities of domestic and care staff in relation to infection control were well defined and there were appropriate cleaning procedures in place.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. The manager and staff team had a good understanding of current infection control guidance and were using PPE in accordance with current guidance. The service had good stocks of PPE and staff had received additional training on the management of infection control risks.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. An external audit of infection control procedure had been recently completed. This audit had not identified any significant issues and recommendations made were being acted upon.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- The manager and staff team had good knowledge of local safeguarding processes. Staff were confident any concerns they raised would be addressed and records showed the manager responded appropriately to ensure people's safety. Staff told us, "People are safe, it's a nice place".
- People told us they felt safe and relatives were complimentary of the staff team and the care they

provided. Comments received included, "They are looking after me" and "[My relative] is happy here".

- Professionals were confident people were well looked after and told us, "The staff are caring and patients very well cared for".

Assessing risk, safety monitoring and management

- Risks within the service and in relation to people's specific support needs had been identified, assessed and mitigated. Where mobility issues were identified, these risks were appropriately mitigated and equipment used effectively. All staff, including domestic, kitchen and maintenance staff had been made aware of specific risks in relation to people's mobility needs and intervened in a positive and supportive manner to enable people to move safely
- Staff understood how to support people who were likely to become upset or anxious. Patterns and routines had been identified and staff varied how they approached and supported people based on their individual needs.
- Risks in relation to people's nutrition and hydration needs had been appropriately mitigated and people were supported well during mealtimes. The food served was tasty and freshly prepared and staff were exceptionally patient and supportive while encouraging people to eat well.
- Risks to people's skin integrity were well managed. Necessary equipment was set correctly and used appropriately.
- Fire alarm tests and fire drills were completed regularly. Firefighting equipment had been serviced and emergency evacuation plans developed for each person the service supported.
- All lifting equipment had been regularly tested and serviced by appropriately skilled contractors.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA. People's capacity to make specific decisions had been assessed and support provided to enable people to make choices for themselves.
- Where people with capacity had expressed strong opinions in relation to specific aspect of their care these opinions had been recorded. This information helped ensure the person's views and wishes would be respected in the event that they could no longer make decisions for themselves.
- Information about the appointment of any lasting powers of attorney was recorded in people's care plans and the service had worked collaboratively with attorneys to ensure decisions were made in accordance with the individual's wishes and best interests.
- People were involved in making decision about how their care was provided and staff acted in accordance with people's wishes. Where people declined planned care interventions, support and reassurance were provided to ensure people's safety and comfort.
- Where people lacked capacity, appropriate applications had been made when it was necessary to deprive a person of their liberty. Conditions related to DoLS authorisations were understood and had been complied with.

Learning lessons when things go wrong

- All accidents and incident that occurred had been reported and investigated. The manager and staff team

completed regular audits of these records to identify any patterns or trends indicating increased areas of risk within the service. Where increased risks were identified, action was taken to prevent similar events reoccurring.

- Care plans were updated to reflect learning identified following incidents and when asked, staff knew what action to take in response to a recently identified increased area of risk.

Staffing and recruitment

- The service employed enough staff to meet people's care and support needs. On the day of the inspection the service was well staffed and rotas showed planned staffing level had been consistently achieved in the 3 weeks prior to the inspection. Staff told us, "There are enough staff. We have the odd day but in general staffing wise we are really, really good. We have good numbers today", "We have plenty of staff at the moment" and "Today is normal, we are well staffed".
- Staff provided support at a relaxed pace and took the time necessary to enable people to remain as independent as possible. People and relatives were consistently complimentary of the staff team and their comments included "The staff are very friendly and helpful", and "[My relative] is happy here".
- The service infrequently used agency staffing to cover shifts and this normally only occurred for nursing shifts during periods of annual leave. All housekeeping, activities and administrative staff had been provided with training in care and were able to support the care team at short notice when required.
- Recruitment practices were safe. All required checks had been completed to ensure staff were suitable for employment in the care sector. This included Disclosure and barring service checks and references from previous employers.
- The provider had recognised the importance of staff recruitment and retention during the current period. Various bonus and benefits schemes had been introduced and the provider had made arrangements to meet the transport needs of staff working in the service. The service had accessed the government's overseas recruitment scheme and had been able to arrange accommodation for staff wishing to move to the area.

Using medicines safely

- Medicines were managed safely and given as prescribed. Staff had the skills and knowledge necessary to support people with their medicines and there were procedures in place to enable people to manage their medicines independently if they wished.
- Medicines administration records had been fully completed and counter signed when any handwritten amendments were made. This helped ensure information had been transcribed correctly. These records had been regularly audited and action taken when any discrepancies were identified.
- There were procedures in place to ensure medicines were stored safely including for medicines which required stricter controls. Unused medicines were disposed of safely.

Visiting in care homes

The provider actively encouraged visiting and relatives were able to visit people when they wished.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles

- The service is required to have a registered manager and there was no registered manager in post at the time of this inspection. However, the manager, who had previously been a registered manager for this service, intended to reapply for this role.
- In the period since the last inspection, the previously registered manager had taken on a more senior role with the provider and an additional manager had been appointed. There had been a further management change, and this had impacted on the consistency and quality of leadership the staff team had received. As a result, the previously registered manager had decided to return to the service.
- Staff praised the returning manager's leadership approach and were confident they would now be well supported. Staff comments included, "I feel I have the support I need, and my team are also better supported [since the manager returned]", "I can't fault [the manager]. I have had supervision and all my training is up to date" and "The manager is there for you and you have loads of support from the director as well".
- One of the provider's directors was regularly based in the service and able to provide leadership and guidance when required. The roles and responsibilities of the manager and director were well defined and understood by relatives and staff. Relatives were complimentary of the service's leadership and told us, "The manager is very professional and approachable" and "The manager and owner are brilliant, they are good listeners and take action when anything is needed". Staff were also complimentary about the provider's director saying, "The provider is really good, they make sure all the staff get looked after. We all get meals whilst on shift."

Continuous learning and improving care, understanding quality performance, risks and regulatory requirements

- The provider's quality assurance systems were effective and designed to drive improvements in performance. Since the last inspection a quality assurance lead had been appointed with specific responsibilities in relation to the accuracy of care records. Audits had been regularly completed and where any issues were identified these had been raised with staff involved. Where necessary additional procedures had been introduced to prevent similar issues reoccurring.
- Compliments were regularly and consistently received from people and relatives in relation to the quality of support provided. One recent example read, "Wonderful nursing home, lovely staff, very beautiful view from the home and bedroom. Overall, very special nursing home. Everything done to perfection in my opinion".
- The provider had appropriate systems in place to ensure any complaints received were investigated.

Records showed complaints had been treated positively as opportunities for learning and to improve the service's performance.

- The provider was investing in the service's facilities and had further plans to create additional communal space. At the time of our inspection building works were underway to create two new bedrooms and these works had been completed using approaches designed to minimise the impacts on people using the service.
- Additional solar panels were being installed as part of this development and a new eco-friendly and low operating cost heating system was being installed throughout the service. These systems were designed to protect the service from increased energy costs and reduce their carbon footprint.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives feedback was consistently positive and complimentary of the service's culture. Their comments included, "The staff are fantastic, they always have time for you. I can't praise the place enough" and "They treat everyone like family and the staff all get on well together". During the inspection one person's relative delivered large quantities of chocolate for staff as tokens of their appreciation for the care provided.
- Staff were well motivated and focused on meeting people's needs. Care was provided compassionately and at a relaxed pace. People were comfortable in the service and requested support and assistance without hesitation. Staff told us, "I would recommend working here, and I have brought new staff in to work here", "I love working here" and "It is going brilliantly, I have not worked in a better place for staff morale".
- The provider was developing structures to enable and facilitate career development for care staff. As part of this process, some staff were completing additional college-based training to enable them to take on additional roles and responsibilities within the service. Staff were highly complimentary of the training and told us, "I am loving the clinical pathway training" and "The training is really good, I am really enjoying it".
- In addition, the provider had taken measures to improve staff retention and maintain morale. These included various incentive schemes and arrangements to provide transportation to the service from local population centres.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people and their relatives regularly to gather feedback on performance and identify any suggestion for possible improvements. Residents meeting minutes showed action had been taken in response to suggestions people had made.
- The manager and provider's director ensured people and staff were protected from all forms of discrimination in the service and had looked favourably on staff requests for flexibility in their working arrangements.
- Relatives recognised everyone was treated fairly and were complimentary of the support the service had provided to enable people to maintain and develop relationships that were important to the person.

Working in partnership with others

- The service worked collaboratively and positively with visiting professionals to ensure people's health needs were met. Referrals were made promptly and appropriately, and guidance given was followed. Professionals comments included, "The care seems excellent in my view" and "They are good at communication".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had a good understanding of the duty of candour and communicated openly and effectively

with relatives. Where incidents or unexpected events had occurred, information had been shared promptly and appropriately with people's relatives.

- Relatives were complimentary of the communication they received from the service and were confident any issues they raised would be addressed and resolved.