

Mrs F Bennett & Mr A Bennett & Mrs M Van Zyl-Lamb

Eirenikon Park Residential Home

Inspection report

Bossiney Road
Tintagel
Cornwall
PL34 0AE

Tel: 01840770252

Date of inspection visit:
23 August 2021

Date of publication:
21 September 2021

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

Eirenikon Park is a care home registered to provide accommodation and nursing or personal care. Eirenikon Park accommodates up to 13 people in one adapted building. At the time of the inspection there were 12 people living at the residential service. The provider also operates a domiciliary care service, which provides personal care to people in their own homes. We did not look at the domiciliary care service during this inspection.

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

People were relaxed and comfortable with staff and had no hesitation in asking for help and support from them. Staff were caring and spent time chatting with people as they moved around the service. People said; "Lovely Place to live" and "I like living here."

The service had suitable safeguarding systems in place, and staff knew how to recognise and what to do if they suspected abuse was occurring.

Food offered and provided at lunchtime was piping hot, a good choice and appetizing. People spoken with said the food was; "Food is gorgeous!" and "lovely!" People said they had a choice of meals and snacks.

There were sufficient trained and qualified staff on duty to meet people's needs. The registered manager informed us they were in the process of recruiting additional staff to support people.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised. All equipment was checked and serviced regularly.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Suitable visiting arrangements were in place for families to visit as per current government guidance.

Care plans included risk assessments and guidance for staff on how to meet people's support needs. Risk assessment procedures were satisfactory so any risks to people were minimised. People received their medicines safely and on time.

The service was managed effectively. Staff were working well together, and one staff said; "They (the registered manager and provider) are both supportive and have been here nearly every day during the pandemic to make sure we are all ok." There were appropriate audit and quality assurance systems in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was Good (published 30 December 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eirenikon Park on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Eirenikon Park Residential 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

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection.

During the inspection-

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with five staff members as well as the provider and registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service was well managed which helped protect people from abuse.
- Staff had undertaken updated safeguarding training and knew about the different types of abuse and how to report it.
- The provider had safeguarding systems in place and staff understood what actions they needed to take to help ensure people were protected from harm or abuse. People and relatives confirmed people were safe. A person said; "Yes I'm safe here as the home is lovely." A relative said; "More like a family home than a care home – 100% safe."

Assessing risk, safety monitoring and management

- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. For example, when people were at risk due to their deteriorating health.
- Care plans recorded people's level of risk. For example, risks regarding people's nutritional and fluid needs and food preferences.
- Where people were assessed as being at risk of pressure damage to their skin, skin integrity care plans were in place. Care plans gave instructions for staff to help people protect their skin integrity to prevent skin damage. Records showed these checks were being carried out in line with each individual's assessed needs and specialist advice was sought when needed.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People who were able to, told us there were enough staff on duty to meet their individual needs. Staff told us they thought there were enough staff on each shift to support people. For example, staff could spend quality time with people.
- The staff team covered additional hours, so people had staff they knew and trusted. This was to support appointments or staff absences.
- There were robust recruitment processes in place that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.

Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management.

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this. One person said; "They (the registered manager and provider) are here most days and always come and chat with us to see if we are ok or need anything."
- Staff and a relative were complimentary of the service. A staff commented; "They (the registered manager and provider) are both really supportive and available at any time."
- Staff were motivated and fully focused on ensuring people's needs were met.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC and regular audits took place, and these were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service.
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated to staff.
- The management and staff worked to drive improvements across the service. There was good evidence of multi-disciplinary team working, which was especially important throughout this COVID-19 pandemic.

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 registered manager and provider demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.

- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

Working in partnership with others

- The registered manager told us how they had worked alongside the local GP surgeries and the local authority during the pandemic and the lockdowns. The registered manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.

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

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good. A relative confirmed they were contacted in a timely manner when necessary. They went on to say how this had been particularly important during the pandemic as they had not been able to visit the service.
- Staff told us the service was well managed and they felt valued. Staff told us the registered manager and provider, who were both in the service most days, were very approachable and always available for advice and support.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. The registered manager and staff said this had been particularly important during the last year of the COVID-19 pandemic.
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures held were designed to supported staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the district nurse team and the local authority during the pandemic.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.