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Eboracum House

Inspection report

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Date of inspection visit:
31 January 2023

Date of publication:
22 February 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eboracum House is a residential care home providing personal care for up to 18 people. There were 16 people living at the home at the time of the inspection. Accommodation is provided over two floors in a detached period building with a large garden.

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

Since the last inspection there had been changes in the management team and the service had a new manager and operations manager. The previous registered manager had left the service 8 months ago and the provider had recently appointed the operations manager to oversee improvements at the service until a new registered manager was appointed.

The providers operations manager had now submitted an application to register themselves as the new manager of Eboracum House. We are currently assessing this application.

New systems and processes had been introduced to monitor the service, however new processes required embedding into practice and sustained to continue to drive improvements. Staff felt supported by the manager and told us they were approachable and felt 'things had improved' at Eboracum House.

Some actions recommended in the services fire risk assessment, which was completed in October 2022, such as fire evacuation drills had not been completed and personal emergency evacuation plans (PEEPs) required more detail. The manager responded after the inspection. They confirmed all the actions from the fire risk assessment and PEEPS had now been completed.

The home was clean, but areas of the home were tired and required refurbishment and redecoration. The manager shared a refurbishment plan with us, and we could see some refurbishment and redecoration of the home had commenced.

People were safeguarded from the risk of abuse. Risks in relation to people's care were identified and detailed information about how risks could be mitigated. People were protected from the risk and spread of infections. Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learned. The provider had a safe recruitment process which assisted them in recruiting suitable staff.

A training plan evidenced staff had received appropriate training to carry out their roles effectively. Competency assessments were also in place for things such as medicine administration.

People's needs were assessed, and care delivered in line with best practice. Care plans and supporting documentation included people's individual choices and preferences. We observed lunch being served and found people were supported to maintain a healthy and balanced diet which included their preferences.

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.

Throughout the inspection we observed staff interacting with people in a caring and considerate way. We saw staff gaining people's consent prior to carrying out care tasks. People we spoke with were complimentary about the care and support they received.

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 requires improvement (published 23 July 2021). Although we saw improvements had been made, the service remains rated requires improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this 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 COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Eboracum House

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 Health and Social Care Act 2008.

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 carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Eboracum House is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eboracum House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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 previous registered manager had left the service 8 months ago and the provider had appointed the operations manager to oversee improvements at the service until a new registered manager was appointed.

The providers operations manager had now submitted an application to register themselves as the new manager of Eboracum House. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 31 January 2023 and ended on 2 February 2023. We visited the service on 31 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 2 relatives about their experience of the care provided. We spoke with 6 members of staff including the manager, care workers and ancillary staff. We observed staff interacting with people who used the service, to help us understand their experience. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some actions recommended in the services fire risk assessment, which was carried out on 31 October 2022, such as fire evacuation drills had not been completed. Personal emergency evacuation plans (PEEPs) also required more detail. The manager responded after the inspection. They confirmed all the actions from the fire risk assessment had now been completed and PEEPS had been updated to contain more detail about each person's mobility and any additional assistance they would need, in the event of an evacuation having to take place.
- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises were carried out.
- There were systems in place to minimise risks to people. Care plans included assessments which identified potential risks and how these should be managed. These covered a range of areas, including medicines management, nutrition, moving and handling and skin integrity.
- Risk assessments were detailed, and we observed staff delivering care and support in line with them.

Staffing and recruitment

- We observed staff interacting with people and found there were sufficient staff available to respond to people in a timely way. People said, "The staff are good, they have a hard job trying to please everyone" and "The staff are very helpful and willing to assist me when I need them."
- All staff we spoke with told us there were enough staff available to meet people's needs. Staff were also very positive about the planned additional recruitment of an activities coordinator to support people.
- We did discuss with the manager whether there were sufficient staff, if ever there was a need to evacuate people in an emergency. They confirmed that practice evacuations were taking place so they can establish that 2 staff are sufficient to carry out a horizontal evacuation in all areas of the home.
- The provider had a system in place to safely recruit staff, this included pre-employment checks such as Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The provider used appropriate systems to safeguard people from abuse. Staff received training about how to safeguard adults from abuse. The manager and provider made appropriate referrals to the local safeguarding authority, when required.

Using medicines safely

- Medicines were managed safely. There were systems in place to support people to receive their medicines as prescribed. People's medicines records contained enough information to ensure staff supported them with the correct medicines, at the correct times.
- The manager and staff completed regular audits of the medicines management system. These audits were effective at identifying areas which needed to improve and ensure action was taken to address any issues.
- Staff involved in the management of medicines had been assessed as competent to support people with their medicines.

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 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 Personal Protective Equipment effectively and safely.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family and friends and visitors were welcomed at the home.

Learning lessons when things go wrong

- The manager and provider took appropriate steps to learn lessons when things went wrong.
- Accidents, incidents and untoward events were monitored within the service and by the manager and provider. The manager completed a monthly review of any accidents and incidents, to assess whether there were any trends that required further action or monitoring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- Some areas of the home looked tired and in need of refurbishment and redecoration. Paintwork was chipped, radiator covers damaged and some of the walls and door frames were damaged and needed refilling and repainting. We saw maintenance staff repainting some areas during our inspection. People and relatives said, "My problems are solely with the home (environment). They have renewed all the floors though, this lino is much better" and "The carers are excellent but the place does need a lot of money spending on it."
- Since the last inspection the premises had undergone some refurbishment and decoration. The provider and manager shared with us the ongoing plan to continue to improve the environment. They said the improvements and refurbishment would continue.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People gave mixed responses about having enough to do, to keep them meaningfully occupied and stimulated. People said, "There's not been a lot to do lately except sit in the lounge. They used to do skittles, play your cards right, exercises and lots more, maybe it will start again now they have got someone to sort it", "I don't feel left out. The staff do make time to have a chat with me and I enjoy reading" and "I do my exercises and I'll try anything! I do a lot of crocheting and knitting. Its lovely to sit here and have something to do. Since I've got to know the staff, I don't want to be anywhere else."
- Care plan's detailed people's preferences and how they liked to spend their day. We saw staff were knowledgeable about things that meant a lot to people. People's choices and preferences were at the centre of their care and staff assisted people in a person-centred way. Staff were leading some activities during the day which included armchair and dance exercises. The staff team were sharing these responsibilities at the moment; however, an activities coordinator has recently been appointed.

Staff support: induction, training, skills and experience

- New staff completed an induction at the start of their employment and shadowed experienced staff until they were competent and confident enough to work unsupervised. The induction was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff said the training was good and it enabled them to develop the necessary skills and knowledge to support people in line with their needs. The manager kept a record of training and scheduled training, so staff remained knowledgeable.

- Staff told us they felt well supported by the manager and other senior staff. Staff received supervision at regular intervals. One staff member told us, "The manager is very supportive and listens. I can also seek support from the seniors."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the food provided. People told us, "It's always homemade food and very nice", "The food is good, there is always some choices" and "I love the food. I don't think I've ever turned anything down."
- People received support to maintain a balanced diet.
- Throughout the inspection, people were offered nutritious drinks and snacks at regular intervals.
- We observed lunch being served and found this was a pleasant experience. People were offered choices and staff checked people were enjoying their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals when required. For example, we saw involvement from district nurses, dieticians, occupational therapists and doctors.
- Staff acknowledged and followed advice from other professionals to ensure people received care which met their needs.
- Daily staff handovers took place. This supported the sharing of information about people and their health and care needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager submitted DoLS applications to the local authority to ensure restrictions on people's liberty were correctly authorised. When authorisations were granted or were made subject to conditions, people's care records were updated.
- Where people lacked capacity to make decisions, appropriate people were involved in making decisions in people's best interests.
- Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before they provided any care and support.

Is the service well-led?

Our findings

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure governance systems were in place and there was management oversight of the service. This was a breach of regulation 17(1)(2), Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, these improvements needed to be sustained over a longer period.

- Since the last inspection there had been changes in the management team and the service had a new manager and operations manager. The providers operations manager had now submitted an application to register themselves as the new manager of Eboracum House. We are currently assessing this application.
- New systems and processes had been introduced to monitor the service, however new processes required embedding into practice and sustained to continue to drive improvements.
- There were clear signs of improvement at the service, which was reflected in feedback from people, relatives and staff. People and relatives said, "Management has been up in the air, but it is settled at the moment, [named manager] is nice" and "Previous managers were good, but the new manager seems able to get things going here." Staff said, "[Manager] has been making changes for the better", "I love it, more so now. Things have changed and things have improved" and "Staff get on better now. We have a few new recruits who are doing really well. It's changed for the better."

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems in place to monitor the quality of the home. The manager had worked with the provider to improve some of the processes and they required embedding in to practice and sustained to continue to drive improvements.
- The manager and provider had devised a home improvement plan which included expected timescales for action to be completed. Work had been started on the plan and there had already been some refurbishment including new furniture, floor coverings and redecoration.
- Monthly audits were carried out by the manager. Areas audited included medication management, accidents and incidents, weight management, safeguarding, and complaints. Lessons learned and improvements were highlighted and actioned.
- The manager said satisfaction surveys were being sent to people, relatives and health professionals. People and relatives said they did have regular contact with the manager and provider and were able to

provide feedback about the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date.
- The manager and provider were creating a culture that was more open, supportive and inclusive. Everyone we spoke with knew the manager and felt they managed the service well and were driving improvements at Eboracum House. Staff told us the manager was very approachable and seemed committed to the people who used the service and to drive improvements.
- The manager told us they received enough support from the provider. They told us they were developing a consistent approach to ensure all staff were supported and well led. We saw evidence of the provider regularly visiting Eboracum House and during these visits they spoke with people who used service and the staff.
- The manager was supported by a team of staff. They had a good understanding of the requirements of their roles. They understood the current best practice in care and how to ensure information was accessible. They understood about people's rights and how to promote them while keeping people safe.
- The provider's systems and processes ensured staff maintained accurate and complete records of the care they provided to people living at Eboracum House.
- The manager and provider understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately. Relatives said, "They tell us everything and are good at keeping me informed. There was an incident, but It did all get dealt with to my satisfaction."
- The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager and staff had sent statutory notifications to CQC as required.

Working in partnership with others

- The provider and manager worked with other professionals as required to ensure people received timely care and support. This was clearly evidence in people's care plans.
- There was clear evidence of working closely with the local authority and the local Infection Prevention and Control (IPC) team.