

QH (Rosewood) Limited

Estherene House

Inspection report

35 Kirkley Park Road
Lowestoft
Suffolk
NR33 0LQ

Tel: 01502572805

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Estherene House is a care home providing personal care to a maximum of 36 older people. At the time of inspection there were 34 people using the service.

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

Whilst people using the service told us they felt safe, we found that the provider did not always have clear and robust measures in place to reduce the risks to people. Where risks had been identified, there was not always appropriate care planning in place to guide staff on how those risks should be reduced.

The environment was not consistently safe because environmental risks identified to the service, such as fire risks had not been acted upon in a timely way.

Staff were observed to not always be following infection, prevention and control procedures and government guidance regarding preventing the spread of COVID-19

The provider had not always taken appropriate actions in line with their duty of care to protect people from harm. For example, ensuring actions of fire and legionella risk assessments were completed. Requests made by the registered manager had not always been acted upon by the provider.

The registered manager had an appropriate system in place to monitor the quality of the service and identified areas for improvement. They had identified the action required by the provider to address safety concerns and added this to their improvement plan.

Medicines were managed and administered safely, and in line with the instructions of the prescriber.

Sufficient numbers of staff were deployed to ensure people were provided with support when they needed it.

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' (Report published 21 February 2019)

Why we inspected

We received concerns from whistleblowers about staffing and the safety of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

Enforcement

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not safe.</p> <p>Details are in our safe findings below.</p>	<p>Inadequate ●</p>
<p>Is the service well-led?</p> <p>The service was not well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Inadequate ●</p>

Estherene 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 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

Estherene House is a 'care home'. People in care homes receive accommodation and 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we had received about the service since our previous inspection. This included the contents of whistleblowing concerns and notifications made by the service.

During the inspection

We spoke with five people who used the service. We spoke with seven members of staff including the registered manager, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We

looked at three 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.

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 now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People were not protected from the risk of harm because action was not taken by the provider to ensure works were completed to improve fire safety. On 21 January 2016 the provider was told that they needed to take action within six months to ensure that all doors opening onto escape routes were fire doors, and that walls and ceilings surrounding the escape routes should be of fire resisting construction. They were also told to address holes around pipework and cabling to reduce the risk of the spread of fire. A new fire risk assessment was carried out on 26 January 2021 and the company completing this highlighted to the provider that they had still not completed the above actions from the risk assessment in 2016. At our inspection, we found that this work had still not been completed. The registered manager told us it was with the provider for getting quotes and employing a contractor. We asked the provider for an update on this and the provider stated they had intended to get the work done but this had been cancelled due to the pandemic. This does not account for why it was not completed in the four years prior to the start of the pandemic. The providers inaction meant that people were placed at an increased risk of coming to harm in the event of a fire at the service. We were so concerned, we made a referral to Suffolk Fire Service who visited. At the time of writing we were awaiting a copy of their report.
- A legionella risk assessment was carried out by an external company in March 2018. The provider was told to take some immediate actions to reduce the risk of the presence of Legionella in the water system. Legionella is a bacterium that can be present in water system and causes Legionnaires disease, which can make people seriously ill. At a repeat risk assessment in March 2021 the company highlighted to the provider that the actions had not been completed, and at the time of inspection they had still not been completed. The providers inaction placed people at an increased risk of contracting Legionnaires disease and becoming unwell.
- The provider had not acted in a timely way when requests were made by the registered manager. For example, a food hygiene inspection in February 2020 highlighted a new refrigerator was required. The registered manager noted they had followed this up several times and the seals had now broken down, but this still hadn't been provided. The registered manager had also identified hand rails were required in some areas which could help reduce the risk of falls in those areas. Despite requesting these on 5 July 2020, these still hadn't been provided.
- Care plans did not always reflect the risks to people accurately and in sufficient detail. At the time of inspection, the service was in the process of switching from a paper care planning system to an electronic one. Some of the information had been incorrectly transferred to the electronic system, which placed people at risk of receiving inappropriate care. For example, three people were at high risk of choking and

had been placed on a modified diet by healthcare professionals to reduce this risk. For these three people, the type of modified diet they were on had been incorrectly recorded on the electronic system. This meant it reflected that they were able to tolerate foods of a thicker consistency than was safe for them. Choking care plans were not always in place or did not reflect all of the measures in place to reduce the risk and what staff should do if someone was choking. Staff were aware of the correct consistencies but there remained a risk of confusion for new staff or in the event the provider needed to use agency staff.

- Where risks to people had been identified in assessments, such as the risk of acquiring pressure ulcers, the information within the new care planning system was not sufficient to guide staff on how to reduce these risks. Whilst no one currently had a pressure ulcer, we could not be assured that staff were taking preventative measures to reduce this risk.

The shortfalls identified in the management of risk demonstrated a breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings, people told us they felt safe. One said, "I feel very safe here and don't need to worry."

Preventing and controlling infection

- People were not consistently protected from the risks of the spread of COVID-19 because of the practice of staff. A number of staff were observed to not be wearing their masks appropriately, this included when supporting people directly. For example, two staff were observed in the dining room supporting people to eat with their masks below their chin. Senior care staff were also observed to be wearing their masks in a way which did not cover their nose and mouth. Staff were not always seen to be wearing gloves when supporting people and changing aprons when moving between tasks.

This constituted a breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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 accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had a system in place to analyse incidents and accidents such as falls and take action to reduce the risk of repeat falls.
- However, standards has deteriorated since the previous inspection where the service had reached 'good' after a period of failing to meet the fundamental standards. This means we are not assured that the provider has learned from previous shortfalls and taken action to ensure people consistently recieved good care.
- The provider had also failed to act on information which told them improvements were required to improve the safety of the environment. This does not assure us that the provider understood the seriousness

of this risk and their duty to protect people.

Using medicines safely

- Our observations and an audit of medicines assured us that medicines were managed and administered safely.
- Information about how people liked to take their medicines was included in their care records. Staff had access to information about when it would be appropriate for people to take medicines, they were prescribed on an 'as and when' basis (PRN).

Staffing and recruitment

- People told us there were enough staff to support them when they needed it. Our observations confirmed there were sufficient numbers of staff to meet people's care needs and spend time with them, engaging them in activity.
- Staff told us that there were enough staff, that they didn't feel rushed and that they had time to spend with people.
- Recruitment procedures were robust and this ensured that people recruited were of suitable character and background for the role.

Systems and processes to safeguard people from the risk of abuse

- People were protected as far as possible from the risk of abuse. Staff had an understanding of safeguarding, the different types of abuse and their responsibility for protecting people.
- The service identified incidences which were potentially safeguarding concerns and took the appropriate action in response to these.

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 now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care and continuous learning and improving care

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; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Action was not always taken by the provider in a timely manner where issues that could place people at the risk of potential harm were identified to them. For example, they had failed to implement actions identified to them as part of a fire risk assessment in January 2016 and January 2021, and a Legionella risk assessment carried out in March 2018 and March 2021. This meant people were placed at an increased risk of harm in the event of a fire and at an increased risk of contracting Legionnaires disease from bacteria in the water system. These actions had been highlighted by the registered manager and it was the provider's responsibility to arrange for quotes and to organise having the work completed.

- The registered manager had an action plan in place setting out planned improvements but the providers response to these was not timely. 14 of the actions were allocated to the provider for completion. Some of these had been outstanding for some time and the registered manager had noted that they had followed this up on several occasions. For example, they required a new refrigerator as the result of a food hygiene inspection in February 2020. This was requested from head office but had still not been provided. The registered manager had identified a lack of hand rails in parts of the building and requested these on 5 July 2020, but these were still not in place. The boiler and pipework required replacement, notes indicate the quote for works was sent to head office on 24 March 2021, but this had still not been actioned. In addition, the registered manager had requested new bedspreads in May 2019 but despite following this up, they had still not been provided. This demonstrates a failure of the provider to mitigate risks to people and ensure that required improvements and actions were completed in a timely way.

- The provider has a history of non-compliance and not sustaining improvements. The service has only been rated 'good' and been compliant with all regulations at one of four inspections carried out since the provider bought Estherene House in 2015. This means we are not assured that there has been appropriate provider oversight of Estherene House to ensure people consistently receive safe care which meets their needs.

- Areas for improvement which compromised people's safety had not been acted on by the provider. The registered manager had made several attempts to gain updates on the completion of these actions and

their requests had not always been met by the provider. This meant we were not assured that the provider was perpetuating a positive, proactive culture.

- Some staff were not wearing masks and PPE correctly when supporting people in line with government guidelines on reducing the risk of the spread of COVID-19. This included senior staff who should be setting a good example for other staff. This meant we were not assured that these staff fully understood the seriousness of COVID-19 for the vulnerable people they supported. The registered manager told us they had identified this and were addressing it with individual staff, but would take stronger action following our visit such as taking staff through a disciplinary process if they were repeatedly seen to be wearing their mask incorrectly.

This was a breach of regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with made positive comments about the registered manager. It was clear from observations that the registered manager had positive relationships with people using the service and knew them well.

Working in partnership with others

- The service had formed relationships with other organisations such as Suffolk County Council, the Clinical Commissioning Group (CCG) and district nursing teams.
- The service contacted other professionals for advice and support to help them make improvements. For example, the service had sought support from the CCG's Medicines Optimisation Team to advise them on developing their medicines administration system.

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

- People were given opportunities to feedback their views through surveys and meetings. People's feedback was acted upon and included in plans to improve and develop the service.
- Staff had the opportunity to complete a survey and the results of this were analysed by the registered manager as part of the ongoing development of the service and staff team.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <ol style="list-style-type: none">1.Care and treatment must be provided in a safe way for service users.2.Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—<ol style="list-style-type: none">a.assessing the risks to the health and safety of service users of receiving the care or treatment;b.doing all that is reasonably practicable to mitigate any such risks;d.ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;

The enforcement action we took:

Impose condition on registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <ol style="list-style-type: none">1.Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.2.Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—<ol style="list-style-type: none">a.assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);b.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;

The enforcement action we took:

Impose condition on registration