

Qumran Care Limited

Eshcol House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Eshcol House is a care home which provides nursing, care and accommodation for up to 31 older people. On the day of the inspection there were 29 people using the service. We carried out this unannounced focused inspection on 18 March 2017.

We carried out an unannounced comprehensive inspection of this service on 17 December 2015. A breach of legal requirements was found. Processes and procedures in place to help ensure the smooth running of the service were not robust. For example, handwritten entries in Medicine Administration Records (MAR) had not been double signed, accidents and incidents were not routinely analysed to identify trends, training records were inaccurate and there were not systems in place to gather people's views of the service. The auditing systems in place had not enabled the registered manager to identify these issues. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eshcol House on our website at www.cqc.org.uk.

The service is required to have a registered manager and at the time of our inspection a registered manager was 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 and associated Regulations about how the service is run.

Audits took place regularly to enable the registered manager to identify any trends. Where patterns had been highlighted these were further investigated to establish if any action could be taken to minimise risk.

There were systems in place to help ensure staff received regular supervisions and appraisals. Training needs were closely monitored to enable staff to keep up to date with good working practices. Staff meetings took place regularly and staff told us these were an opportunity for them to raise any suggestions or concerns.

The registered manager actively sought out people's views and those of other stakeholders. Quality assurance questionnaires had been circulated at the end of 2016 and the results were positive. Where people had expressed dissatisfaction with any aspect of the service this had been acted on.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff told us they felt well supported and had confidence in the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

We found that action had been taken to improve the management of the service and the service was well-led. Auditing processes were effective.

There was clear oversight of staffs supervision, appraisal and training needs.

Staff told us they were well supported and the management team were approachable.

The provider worked to continually improve the service.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

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.

We undertook an unannounced focused inspection of Eshcol House on 18 March 2017. The inspection was undertaken by one adult social care inspector. This inspection was done to check that improvements to meet legal requirements planned by the provider after our December 2015 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service well-led? This is because the service was not meeting some legal requirements.

Before the inspection we reviewed information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with the provider, the registered manager, the manager from the providers sister home, the business manager for the organisation and four members of staff.

We looked at five people's medical records, five staff files, staff training and supervision records and other records relating to the running of the service including a range of audits.

Is the service well-led?

Our findings

At our previous comprehensive inspection in December 2015 we found auditing systems were not effective. For example, several handwritten entries on people's MAR's had been handwritten and not double signed. This was contrary to the organisations policy and the medicines auditing system had not identified this error. Accidents and incidents were recorded appropriately. However, these were not regularly reviewed to enable the registered manager to identify any patterns or trends.

At this inspection we found medicines audits took place regularly and included separate audits of any drugs which require stricter controls by law. Any handwritten entries in MAR's were double signed to help reduce the possibility of errors occurring.

Accidents and incidents were audited monthly and any trends investigated. For example, the previous month it had been noted that the majority of falls recorded had occurred between 15:00 and 16:00. The registered manager had checked the staffing levels during this period and staff break times to establish if these were contributory factors. No link was found and the registered manager told us they were satisfied this was a coincidence but would continue to monitor it closely.

At our previous comprehensive inspection in December 2015 we found the arrangements in place to help ensure all staff received regular formal recorded support that met their specific needs were not effective. Information on the training matrix was not entirely accurate. Not all staff had received induction training.

At this inspection we found the staff team had received appraisals to discuss their progress and identify any support they required. Supervisions for half the staff team had recently taken place. The remaining staff had been highlighted on a supervision matrix as being due for a supervision meeting. The registered manager told us the next round of supervisions were to be included on the following month's rota and these would all be completed by the end of May. In addition to formal face to face supervisions the registered manager carried out regular observational 'spot checks' to help ensure the standard of staffs working practice was maintained. Staff told us they were well supported and could ask for advice or guidance at any time.

The training matrix in place identified which staff required training to be updated. These employees had been sent a letter detailing which training they needed to complete with a date when this needed to be completed by. Certificates in staff files matched the information on the training matrix. Staff told us they were able to request additional training if they required it. For example, the clinical lead had recently asked for training in ear syringing as the local district nurses no longer visited the service to do this. The registered manager had agreed to this and dates were being arranged for the training to take place.

New staff were required to complete an induction process. The elements of this were dependant on their previous experience and training. One new member of staff had previously worked in care. They told us they had undergone competency assessments to establish whether they had the appropriate knowledge and skills before they started working independently. Records of staff induction were not always present in staff files. The registered manager told us they were due to carry out an audit on the files and would make sure

the information was brought up to date. We saw records to evidence inductions were taking place.

At our previous comprehensive inspection in December 2015 we found quality assurance surveys were not taking place. There was no evidence people were asked for their views of the service.

At this inspection we found there were a range of systems in place to gather people's views. The kitchen staff asked people each week if they were happy with the standard of food they received. This had originally been a fairly detailed questionnaire but it was found to be too complex meaning people were reluctant to complete it. Subsequently a pictorial survey was introduced which narrowed the response required down to three possible responses, good, OK and not good. There was room for people to expand if they wished too. The survey was carried out weekly for each meal of the day and arranged so people could comment on meals produced by each of the three chefs employed.

Quality assurance surveys had been circulated to people and relatives in November and December 2016. The results had been analysed and were largely positive. Where negative feedback had been given this was acted on. For example, a small percentage of people had said they thought the menus could be improved. Changes to the menu had been introduced and the feedback cards developed to address this and help ensure people's continued satisfaction.

Staff meetings were held regularly and staff told us they felt listened to and valued. For example, some members of staff did not have access to a car and the provider made arrangements for them to be picked up and taken to work. Those staff that did drive had said they felt this was unfair as they had to absorb the cost of getting to work themselves. The provider had responded to this by introducing a travel allowance for this group of staff.

At our previous comprehensive inspection in December 2015 we found the safeguarding policy in place was not up to date and did not guide staff on how to raise any concerns to the local safeguarding team.

At this inspection we found the safeguarding policy had been updated and contained the relevant information.

At this focussed inspection we found the systems in place had improved and the provider was now meeting the requirements of the legislation.

The environment was clean and well maintained. The premises were regularly checked to help ensure they were in good condition. 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. At a recent inspection the local fire authority had issued advice to help make the environment safer. This had been acted on in a timely manner.

Since the last inspection an administrative post had been created to enable the registered manager to focus their attention on the management of the service. There were clear lines of responsibility within the service. The provider was recruiting for a deputy manager to support the registered manager. Departmental heads for catering, housekeeping and maintenance helped ensure the smooth running of the service.

Staff told us the service was well organised. They were positive about the management team and told us they were approachable and accessible. Nurses had been given protected administrative time to allow them to update care plans.

The provider was investigating how to improve the call bell system to enable staff to audit call bell responses electronically. They also had plans to develop an area of land and use it as a small farm. This could be used by people living at Eshcol House and the sister home to support their emotional well-being. The provider told us they were keen to add to the body of research on the positive impact of people having access to animals as well as benefitting the residents directly.

A 'head of well-being' role had been created in the service. They had oversight and responsibility for activities and communication with families. A project director had been employed to look at the environment and fabric of the building and identify where any improvements could be made. One initiative which was planned was to create smaller, more intimate seating areas where people could meet with any visitors and have privacy without needing to use their bedrooms. This demonstrated the provider worked to continually improve the service.

Members of the senior staff team were supported to attend conferences and events to improve and maintain their knowledge and understanding of the care sector. The registered manager had a large network of contacts with whom she was able to share ideas and examples of good working practice.