

Mrs M K Ahmad

# Qumran Rest Home

## Inspection report

Qumran Rest Home  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on 11 and 12 April 2017. The last inspection took place on 22 March 2016 when we found no breaches of the regulations.

Qumran is a care home which offers care and support for up to ten predominantly older people. At the time of the inspection there were ten people living at the service. Some of these people were living with dementia. Bedrooms were arranged over two floors. There was a communal lounge and a dining area on the ground floor. A stair lift assisted people to access the first floor.

The service did not have a registration requirement to have a registered manager in post because when the service was registered the provider was actively managing the service. The management arrangements at Qumran had subsequently changed and the service had appointed a trainee manager, supported by a registered manager of another service in the group, Eshcol House. At the last inspection in March 2016 the provider had assured us that an application for a registered manager would be sent to the Care Quality Commission following the inspection. This action had not been taken.

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 2008 and associated Regulations about how the service is run.

The service was not meeting the requirements of the Mental Capacity Act 2005, including the associated Deprivation of Liberty Safeguards. Where it was recorded that people living at the service did not have capacity to make their own decisions, it was not evidenced how staff came to this conclusion. We found some assessments had not been appropriately recorded. The manager told us they were aware they may be restricting some people but had not made the necessary applications for an authorisation.

Care plans were not consistently updated and did not provide staff with guidance and direction to enable them to meet people's needs effectively. People living at the service and where appropriate, their families, were not routinely involved in the development of care plans and subsequent reviews.

Risks were not consistently identified, assessed and monitored for any changes. We found falls risk assessments were contradictory to information held in mobility sections of one person's care plan. The management of the service had carried out their own audit on risk assessments and acknowledged there was room for improvement in the consistency and quality of risk assessments.

We found the fire safety regulations highlighted in a Fire Safety inspection in August 2016 had not been met. The service had been visited by an external fire risk assessment company and a report issued. The recommendations from this report had not been fully implemented.

People and relatives had recently been asked for their views and experiences of living at the service. Views were generally positive although there was a consistent complaint about the consistency and quality of food served. People's comments included "Food wise, there is good and there's bad. I've brought it up at our monthly meetings. Nothing changes.

People living at the service did not have access to sufficient meaningful activities to occupy their time. People told us there were not regular activities offered at the service. One person commented, "It does get boring at times. You can go into the garden, weather permitting, or watch TV or read but there's not a lot going on." We saw the service had an advertised activity of the day which showed a different activity against each day. Staff told us this was 'a work in progress' and we noted the advertised activity on the first day of inspection did not take place.

We looked at how medicines were managed and administered. We found it was possible to establish if people had received their medicines as prescribed. Regular medicines audits were being carried out. However, we saw errors in transcribing were made when handwriting medicines administration records from one format to another and instances when these had not been appropriately double signed by staff to help ensure any errors would be identified and addressed.

Qumran did not have appropriate systems in place to assess, monitor and improve the quality of the service.

Staff were clear on how to report any concerns they may have regarding the safeguarding of people at the service. Staff had recently been supported with supervision and appraisals. Training had been provided in key areas such as moving and handling. Fire warden training had been identified as being required. There was a training schedule in place to ensure staff were kept up to date.

Staffing levels at the service were adequate to provide safe care. Staff reported feeling supported by management. Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

We identified breaches of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

## 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 safe. Fire safety regulations had not been met following a Fire Safety inspection in 2016.

Risks to people's health and welfare had not been consistently assessed and there was a lack of sufficient guidance to help staff to manage risks safely.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

**Requires Improvement** ●

### Is the service effective?

The service was not effective. Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards were not in place. Applications for potentially restrictive care plans had not been made to the local authority.

People told us they were unhappy with the quality of the food they received.

Staff were supported with regular supervision and appraisals.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

**Good** ●

### Is the service responsive?

The service was not responsive. Management did not have a clear overview of people's needs because care plans did not consistently reflect the needs of the person they were written for.

There was a lack of consistent personalised activities offered to people.

**Requires Improvement** ●

People knew how to make a complaint but were not confident that when they raised concerns these would be listened to.

### **Is the service well-led?**

The service was not well led. The service did not have an active registered manager. Despite assurances provided at inspection in March 2016, an appropriate application to rectify this situation had not been submitted.

Records in relation to people's risks, care and treatment were not robust.

The service did not have an effective quality assurance process in place, to regularly assess and monitor the quality of service that people received.

**Requires Improvement** ●

# Qumran Rest 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 checked 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.

The inspection took place on 11 and 12 April 2017. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people who lived at Qumran. We spoke with three care staff, the trainee manager, registered manager from Eschol House, the finance manager and the provider.

We spoke with a visiting healthcare professional, and one relative. We looked around the premises and observed care practices.

We looked at care documentation for five people living at Qumran, medicines records for six people, five staff files, training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

The service had not met the requirements of a fire safety inspection carried out in August 2016. We saw recommendations to repair or replace fire doors had not been implemented. One fire door was identified as having a hole in it which required 'repair or replacement'. We saw a piece of household tape had been used to cover the hole. Staff fire warden training had been identified as being required but had not been carried out and a recommended early warning detector for the laundry had not been put in place.

We saw a list of issues identified by the Fire and Rescue Service regarding fire resistance in the building which had not been addressed. We spoke with the provider about this and the explanation was that "Door guards had been replaced and the lack of action in other areas came down to priorities."

Following the inspection we contacted the Cornwall Fire and Rescue service and informed them of our findings.

An external fire risk assessment company had carried out an inspection in September 2016 and a report issued. We found the recommendations of this report had not been fully implemented. For example, fire drills were not being carried out at appropriate intervals. The risk assessment also identified there were no routine in-house fire safety inspections carried out. Management confirmed this remained the situation.

Risks to people's health and welfare had not been consistently assessed and there was a lack of sufficient guidance to help staff safely manage risks. For example, we found there was confusion in care records about what type of diabetes a person had and how this risk should be safely managed. Another person told us an eye condition made them feel unsteady. There was no risk assessment completed about this. One person's falls risk assessment rated their risk as 'medium'. The information recorded on the mobility care plan described the person as 'very unstable' and there was no action plan in place to address the risk. It was noted that information recorded in different parts of the care records did not align to provide a clear picture of the person's needs and the risks to them.

Accidents and incidents were not consistently recorded in people's records. Details of a recent fall, where a person sustained an injury, had not been recorded in the person's care plan and the falls risk assessment had not been updated. An audit had also failed to identify the lack of recording about the fall. The incident report did not provide sufficient detail about what, if any, mobility aids were being used when the person sustained the fall.

People told us they received their medicines when required. We checked the medicine administration records (MAR) and found people received their medicines as prescribed. However, we saw pharmacy supplied MARs had been hand copied onto another record template and these were not consistently double signed to ensure accuracy. In addition, information such as when a medicine was required to be taken was not consistently transcribed from one MARs record to another. This meant that staff did not always have full prescribing information available to them in order to ensure they were administering medicines as directed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Some people had been prescribed creams and these had been dated on opening. This meant staff were aware of the expiration date of the item when it would no longer be safe to use. The service held medicines that required stricter controls and these were in place. We checked the records for these items against the stock held and they were accurate.

The service stored medicines that required cold storage. These items were kept in a locked storage box in the food fridge of the service. Medicines that require cold storage should be stored between 2 and 8 degrees centigrade consistently. Records showed medicines were stored appropriately. Staff training records showed that staff who supported people with medicines had received appropriate training. An audit trail was kept of medicines received into the home and those returned to the pharmacy for destruction.

The service held the personal monies for people who lived at the service. People were able to easily access this money to use for hairdressing, toiletries and items they wished to purchase. The money was managed by the finance manager. We checked the monies held for 10 people against the records kept at the service and found there were small discrepancies for two people. We were assured this was caused by a recording error and a full audit of personal monies would be undertaken following the inspection.

The environment was generally clean although we noted a malodour in one room. We also found more thorough deep cleaning was required in the kitchen. For example, beneath the fridge we saw debris that needed cleared as this posed an infection control risk. We also saw that kitchen mop heads were dirty. We were told these were generally changed weekly or as required. The mop heads were changed immediately. Management explained they were in the process of recruiting a new cleaner who would undertake deep cleaning of the premises on a regular basis. Hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

The service checked to ensure new staff were safe to work with older people. Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they thought someone was being abused. People told us they liked the staff who provided care to them and felt safe living at Qumran Rest Home.

## Is the service effective?

### Our findings

The service was not meeting the requirements of the Mental Capacity Act 2005, including the associated Deprivation of Liberty Safeguards. Applications for potentially restrictive care plans had not been made to the local authority. Where it was recorded that people living at the service did not have capacity to make their own decisions, it was not evidenced how staff came to this conclusion.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service had not made the required applications.

At this inspection the staff had an increased knowledge of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People were asked for their consent before care and support was provided. There were assessments in each person's file for MCA and DoLS however these were not consistently completed and assessments of people's capacity had not always been appropriately recorded. Required DoLS authorisation applications had not been completed and submitted to the council DoLS team.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us there was inconsistency in the quality of the meals they were served. Comments included, "The food is either very good or absolutely disgusting depending on who is cooking", "Generally I like it here and get treated well. It's just the food, it can be atrocious" and "Food wise, there is good and there's bad. I've brought it up at our monthly meetings. Nothing changes." We spoke with management at the service about the complaints regarding the quality of the food. We were told the service were aware of people's dissatisfaction and had attempted to address this by making changes to the staff who cooked the food. However, measures to address this had proved unsuccessful. We saw the issues about the consistency of the food served had been discussed in recent residents meetings.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service had received a five star rating following a food standards agency inspection. At this inspection no one was having their food and drink intake monitored.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and

procedures. The service had a planned induction which was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector.

The service had a training matrix that evidenced that most required staff training was up to date. However, there were gaps in areas such as fire marshal training. This training had been highlighted as required following the fire safety inspection in August 2016.

Staff had been supported with supervision and appraisals. Staff told us they felt appropriately supported and said they could approach management for additional support if they needed to. Comments included, "I get regular support from management and the head of care" and "It's like a family really. Management are very approachable and I've always had lots of support from them."

People had access to healthcare professionals including district nurses, GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes. Care staff kept daily notes of people's care needs and any changes in their health. A visiting healthcare professional told us they were confident in the care provided at the service.

Premises were in good order. The service employed a maintenance person and the provider had made improvements to the service and there was ongoing maintenance taking place during this inspection. A relative told us; "It has a homely feel about it. It isn't a grand place but they seem to keep on top of things. My [relative's] room is always kept spick and span."

Bathrooms and toilets were marked with clear signs. Bedrooms were marked with the person's name and pictures that were meaningful to the person. This helped people to recognise their own bedrooms. Toilets contained blue coloured hand rails and toilet seats to help people to distinguish these from the white walls, floor and sanitary wear.

## Is the service caring?

### Our findings

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes. Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and make up and had their nails painted. Staff were kind and respectful when supporting people.

Each person who lived at the service had a key worker who acted as their advocate within the service and communicated with health professionals and relatives on their behalf. People's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly.

People told us they received good care and liked the staff who supported them. Comments included, "I am happy here" and "You could moan about some aspects of living here but generally they are a nice bunch." A relative told us, "My [relative] is happy living here and they would definitely tell me if that wasn't the case."

Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. One person told us they had experienced an unfriendly attitude from another resident and we witnessed this over lunch during the inspection. We raised this with staff who immediately brought the situation to the attention of management.

People's dignity and privacy was respected. For example, we saw staff knock before entering people's bedrooms and ask if it was alright for them to clean their room.

We spent time in the communal areas of the service during our inspection. We saw people chatting and enjoying their interactions with staff and others. One person told us how difficult it was to enjoy sitting in the glass porch at the front of the property due to how hot it became during the day. We saw the area was used as a quiet area for sitting and reading and was without any form of shade. We discussed with the provider, the comfort of people while using this area and were assured an air conditioning unit would be arranged. We saw this was in place by the second day of inspection and assurances were given that blinds would be put in place within three months of the inspection to make the space more comfortable and usable by people who wanted to use it.

Bedrooms were decorated and furnished to reflect people's personal tastes. People had their own personal effects including pictures of family members, past activities and interests. When people are living with dementia it is particularly important to them to have things around them which were reminiscent of their

past.

The service held regular residents meetings. We saw the minutes of these meetings which discussed the meals provided, housekeeping and activities that people may like to take part in.

The service had requested the views and experiences of people who used the service, their families and friends in March 2017. Eleven responses had been received and highlighted areas such as food where people wanted to see improvement but also demonstrated that people were generally happy with how Qumran Rest Home was run.

## Is the service responsive?

### Our findings

People's care files had undergone updating and review since the last inspection. People and where appropriate, their families, had been involved in the development of the new care plans and any subsequent reviews. People were given the opportunity to sign in agreement with the content of their own care plans. However an audit carried out by the service identified that maintaining up to date records and the timing of reviews had begun to fall behind. For example, one person's care plan lacked basic information such as a date of admission and a general risk assessment.

Initially staff had been very involved in the review of all the care plans and told us they had felt more involved in people's care. However, recently responsibility for care plan reviews had been taken on by the trainee manager. We spoke with the trainee manager about the current situation with care plans and he explained that he was not up to date with reviewing the plans and that he had not read them. One person, who had moved into the service nine days before the inspection, did not have a needs assessment or care plan in place.

This contributed to the breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff told us they had daily handover meetings and completed daily notes that enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being.

The quality of activities offered to people at the service had been an issue during the last two inspections. At the October 2015 inspection we were concerned that people were not provided with any activities to occupy their time at the service. At the last inspection in March 2016 we found people had differing views about the quality and frequency of activities. At this inspection we saw an activities board was prominently displayed and showed the daily activities that were available such as 'pub quiz' and 'flower arranging'. Staff described this as, "A work in progress" and explained that planned activities were not always offered.

On the first day of inspection we saw the activity was a 'cream tea'. This did not happen and staff said it had not been possible because there had not been enough time to do this. People told us activities were not generally offered. One person commented, "It does get boring at times. You can go into the garden weather permitting, or watch TV or read but there's not a lot going on." Another person said, "It's only a small place and there's no entertainment as such. Just the television on all day long. The days are very long."

People and families were provided with information on how to raise any concerns they may have. The service had a complaints policy and procedure for managing and responding to concerns. However, people we spoke with told us they had little confidence that their complaints had been managed to their satisfaction. For example, one person said they had complained about the lack of blinds in the entrance porch because it prevented them from using the area as much as they wanted. The person told us they felt so strongly about this that they had personally offered to purchase blinds but felt their concerns were not listened to or acted on.

Another person told us they did not have confidence that complaints would be properly investigated stating "I have brought the standard of the food up at our monthly meetings and nothing really changes." We witnessed one person speak to the trainee manager during the inspection about the lack of progress regarding the standard of meals. The concerns were listened to and explanations provided about how the service planned to address this ongoing issue.

People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about people living at the service.

## Is the service well-led?

### Our findings

The service did not have a registration requirement to have a registered manager in post because when the service was registered the provider was actively managing the service. The management arrangements at Qumran had subsequently changed and the service had appointed a trainee manager, supported by a registered manager of another service in the group, Eshcol House. At the last inspection in March 2016 the provider had assured us that an application to have a condition added to the registration of the service for a registered manager, would be sent to the Care Quality Commission following the inspection. This action had not been taken

There were not clear lines of accountability and responsibility within the service and at provider level. For example, management told us they were unaware of the findings of the fire safety inspection and the required actions.

The submission of a statutory notification following a reportable accident was not made. This is a legal requirement.

The service did not have an effective system to regularly assess and monitor the quality of the service that people received. Audits completed for health and safety, personal monies held by the service and medicines were not effective and areas identified for improvement such as meeting the actions required by the fire risk assessment and ensuring personal monies were regularly audited had not been completed.

The service did not have robust records and data management systems. Assessed needs were not documented for one person who had moved into the service nine days prior to the inspection and a care plan had not been written for this person. The trainee manager explained they had not done this but was aware it needed to be done.

Responsibility for completing care plan reviews was the responsibility of the trainee manager. However, we were told the trainee manager had not read the care plans. This meant the trainee manager did not have oversight of key information about people's needs.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The service was not providing consistent nutritional meals which met people's expectations and having regard to people's well-being.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The service had failed to act in accordance with the Mental Capacity Act (2005).
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Fire safety regulations were not being met.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  The service did not have effective leadership and was not operating effective governance systems.

### **The enforcement action we took:**

WN against Reg 17