

Qumran Care Limited

Eshcol House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Eshcol House on 4 September 2018. Eshcol House is a 'care home' that provides nursing care for a maximum of 31 adults. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 29 people living at the service. Some of these people were living with dementia. The service occupies a detached house over three floors. There was a passenger lift to support people to access the upper floors.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

As part of this comprehensive inspection we checked to see if the provider had made the required improvements identified at the inspection of 4 July 2017. In July 2017 we found systems for the management of medicines, the checking of pressure relieving mattresses and the management of risks in relation to people who had lost weight were not robust. There were gaps in charts to monitor the care provided for people and some information about people's care needs were omitted from shift handover records.

Records of a Deprivation of Liberty Safeguards (DoLS) authorisation were not available at the service. The system for staff appraisals had not provided staff with an appropriate reflective two-way process with a line manager who knew how they worked. There were no pictorial signs for people who might need support to orientate around the premises. The dining room was not used by people, which meant there was no opportunity for meals to be a shared social occasion for people who might like to interact with others. The rating at the last inspection was Requires Improvement.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection and is now rated as Good overall.

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "The staff always call in at least twice a night to make sure I'm alright", "My relative feels safe because she tells me the staff can always spare a few minutes to make sure she is ok" and "There's always somebody around to help if you need it." Staff knew how to recognise and report the signs of abuse.

Care records were personalised to the individual. Risks were identified and included guidance for staff on

the actions they should take to minimise any risk of harm. Where some people had been identified as being at risk of losing weight this was being well managed. Care plans and risk assessments were kept under regular review. Staff were provided with information about people's changing needs through effective shift handovers and electronic daily records. However, care plans were not always updated in a timely manner when people's needs changed. We have made a recommendation about this.

Records to evidence when people were re-positioned, their skin was checked or their food and fluid intake was measured were accurately completed by staff. Where people had pressure relieving mattresses in place, to help prevent skin damage due to pressure, we found mattresses were set to the correct level.

Staff had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs. These services included tissue viability nurses, community nurses, GPs and speech and language therapists (SALT).

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff demonstrated the principles of the MCA in the way they cared for people. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Applications for DoLS authorisations had been made to the local authority appropriately and records of these were held at the service.

Staff were supported in their roles by a system of induction, training, one-to-one supervision and appraisals. Staff all told us they were well supported and were positive about the new appraisal system. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

There were safe arrangements in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Medicine Administration Records (MARS) were completed appropriately and there were no gaps in the records.

The design, layout and decoration of the service mostly met people's individual needs. Since the last inspection changes had been made to how the shared living areas were used. On the day of our inspection both the shared lounge and dining room were used by people living at the service. Work to upgrade assisted bath and shower rooms was in progress and until completed people had limited access to suitable bathing facilities. There was pictorial signage to help support people who might need help to orientate around the premises.

People were able to take part in a range of group and individual activities. A full-time activity coordinator was in post who arranged regular events for people. These included, bingo, film afternoons, arts and crafts and board games. In addition, people went out on trips and external entertainers visited regularly. Staff supported people to keep in touch with family and friends and people told us their friends and family were able to visit at any time.

People were supported to eat a healthy and varied diet. Comments from people about their meals included, "The cottage pie today was very pleasant", "The food is very good, bordering on excellent" and "You always have a good choice of food."

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong and supportive

leadership.

People, their families and healthcare professionals were all positive about the management of the service and told us they thought the service was well run. Comments included, "There's nothing to complain about being here", "You wouldn't want to live anywhere else", "Eshcol House is open to ideas and suggestions", "The general opinion locally is that people feel safe when their relatives go into Eshcol House" and "No concerns, have always found them to be helpful and cooperative."

Details of the complaints procedure were displayed in the service and people and their families were given information about how to complain. Where complaints had been received these had been well managed and effectively resolved. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge to work with vulnerable people. Staff knew how to recognise and report the signs of abuse.

Risks in relation to people's care and support were identified and appropriately managed.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good ●

The service was effective. Staff received appropriate training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met. People were supported to maintain a balanced diet in line with their dietary needs and preferences.

The design, layout and decoration of the service mostly met people's individual needs. Work to upgrade assisted bath and shower rooms was in progress and until completed people had limited access to suitable bathing facilities. There was pictorial signage to help support people who might need help to orientate around the premises.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring. 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.

People and their families were involved in their care and were asked about their preferences and choices.

Is the service responsive?

The service was not entirely responsive. Staff were provided with information about people's changing needs through handovers and electronic daily records. However, care plans were not always updated in a timely manner when people's needs changed. We have made a recommendation about this.

Staff supported people to take part in social activities of their choice and access the local community.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Requires Improvement ●

Is the service well-led?

The service was well-led. The management provided staff with strong leadership and support. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People, and their families told us the management were very approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Good ●

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.

This unannounced inspection took place on 4 September 2018 and was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with seven people living at Eshcol House and one relative. We looked around the premises and observed care practices on the day of our visit. We also spoke with four care staff, two housekeepers, two nurses, the business manager, the registered manager and the provider. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. Before the inspection we received feedback from seven healthcare and community professionals.

Is the service safe?

Our findings

At the inspection in July 2017 we found there were gaps in medicine administration records (MARs) and in the medicine refrigerator temperatures documents. Some creams had not been dated when opened. A previously agreed system to help prevent the nurses from being distracted when administering medicines had not been implemented. Therefore the safe section of that report was rated as requires improvement.

At this inspection we found improvements had been made to the management of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Medicine administration records (MARs) were clear and there were no gaps. Where entries on the MARs, for prescribed medicines, had been handwritten these had been signed by two members of staff to confirm the accuracy of the entries. We were concerned that there was an unusually high number of handwritten entries, most of which were repeated each month because re-printed MARs were not being supplied to the service. While this was being well managed by the nurses it did present a potential risk of mistakes being made in the entries which could result in people's being given the wrong medicines or doses. We discussed this with the registered manager who explained that they were in discussion with the pharmacist to try and resolve this situation.

Where people were prescribed medicines to take 'as required' (PRN) clear protocols had been put in place for staff to follow when administering these medicines. This helped ensure a consistent approach to the use of PRN. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. The service held medicines that required cold storage and there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. There were auditing systems in place to carry out weekly and monthly checks of medicines.

We found the service was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the safe section had improved to Good.

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "I take quite a few tablets, but the staff always make sure I take them on time", "The staff always call in at least twice a night to make sure I'm alright", "My relative feels safe because she tells me the staff can always spare a few minutes to make sure she is ok" and "There's always somebody around to help if you need it."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would

report them to management and were confident they would be followed up appropriately.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service held the personal money for most people who lived at the service and this was managed by the administrator. People were able to access this money to purchase personal items and to pay for hairdressing and chiropody appointments. We made a sample check of records and monies held and found these to be correct.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person safely.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff about what might trigger people to become distressed so staff could try to avoid this occurring and what to do when incidents took place. For example, one person's care plan stated, "Personal care can trigger volatile behaviour. during care interventions try and distract [person] by talking about things he has enjoyed in the past."

If accidents and incidents took place at the service staff recorded details of the incident in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

There were enough staff on duty to meet the needs of people who lived at Eshcol House. Rotas showed there were usually five care staff and one nurse on duty each day. As well as nursing and care staff there was the registered manager, kitchen staff, laundry and housekeeping staff, an activity co-coordinator and a receptionist.

People, relatives and healthcare professionals all told us they thought there were enough staff on duty. People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner and calls bells were answered promptly.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean and there were no unpleasant odours. Housekeeping staff were employed to work every day and had clear routines to follow. Staff received suitable training about infection control, and records showed all staff had received this. Hand gel dispensers and personal protective equipment (PPE) such as aprons and gloves were available for staff throughout the building.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced

and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. At the time of the last inspection the provider was in the process of completing required actions identified by the fire service. At this inspection we found these actions had been completed. People had Personal Emergency Evacuation Plans (PEEPs) in place outlining the support they would need if they had to leave the building in an emergency.

Is the service effective?

Our findings

At the inspection in July 2017 we found there were no pictorial signage to help people living with dementia orientate around the building. Two shared bathrooms were being used to store equipment and were not accessible to people living at the service. The dining room was not used by people, which meant there was no opportunity for meals to be a shared social occasion for people who might like to interact with others. Records of a Deprivation of Liberty Safeguards (DoLS) authorisation were not available at the service. The system for staff appraisals had not provided staff with an appropriate reflective two-way process with a line manager who knew how they worked. Therefore, the effective section of that report was rated as requires improvement.

At this inspection improvements in all areas identified had been made and the rating of the effective section had improved to Good.

The design, layout and decoration of the service mostly met people's individual needs. We found that work to upgrade the assisted bath and shower rooms was in progress and until these works were completed people had limited access to suitable bathing facilities. However, we were assured by the provider that these works would be completed within two weeks of our inspection. Some people living at Eshcol were living with dementia and were independently mobile. After the last inspection pictorial signage was put in place to support people who might need help to orientate around the premises.

Since the last inspection changes had been made to how the shared living areas were used. On the day of our inspection both the shared lounge and dining room were used by people living at the service.

Staff were supported in their roles by a system of induction, training, one-to-one supervision and appraisals. The registered manager met regularly with staff for one-to-one supervision meetings and annual appraisals. Staff all told us they were well supported and were positive about the new appraisal system, implemented since the last inspection. These were an opportunity to discuss working practices and raise any concerns or training needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity, equality and diversity and dementia awareness.

The induction of new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies and procedures and working practices. New staff also spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA). The 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. The service knew who had appointed lasting powers of attorney, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. Where people lacked capacity, and no one was appointed to legally act on their behalf, the service ensured appropriate best interest processes were carried out.

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. Applications for DoLS authorisations had been made to the local authority appropriately and records of these were made available to us during the inspection.

People were supported to have maximum choice and control of their lives and the service's policies and systems were designed to help staff provide support in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before providing assistance. People made their own decisions about how they wanted to live their life and spend their time.

People's need and choices were assessed prior to moving in to the service. This helped ensure people's expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. In our conversations with them it was clear they knew people well. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

Management and staff had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs. Care records confirmed people had been supported by healthcare professionals such as, tissue viability nurses, community nurses, GPs and speech and language therapists (SALT). This helped to ensure people's health conditions were well managed. Comments from healthcare professionals included, "They have acted on the advice given and patients have improved", "If I request that a particular strategy or rehabilitation programme is instigated I have found that staff have implemented them satisfactorily" and "Staff have relayed any concerns regarding patients and involved other members of the multi-disciplinary team appropriately."

People were supported to eat a healthy and varied diet. Kitchen staff were aware of any specific needs or likes and dislikes. People were offered choices at each meal. Comments from people and relatives included, "The cottage pie today was very pleasant", "Excellent food, exceptional", "If there's nothing you want on the menu, they'll do whatever you want", "The food is very good, bordering on excellent " and "You always have a good choice of food."

Is the service caring?

Our findings

People and their relatives all spoke positively about staff and their caring attitude. People told us staff treated them with kindness and compassion. Comments included, "This is one of the best places in the world", "I love it here because it's the staff that care", "The staff will do anything for you", "It's just like a family home", "The staff are so good, friendly and just marvellous" and "They always spend a few minutes with mum and have a chat."

We saw many examples of positive interactions between staff and people during the day. Staff were warm and friendly, frequently asking if people were comfortable and had all they needed. They were genuinely concerned for people's well-being.

Care plans contained information about people's life histories and backgrounds. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives and used this knowledge to help them engage meaningfully with people.

People told us their privacy and dignity was maintained and respected always. Staff were observed to knock on people's doors and ask them if they would like to be supported. We saw people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff told us how they maintained people's privacy and dignity, in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence.

People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in one of the shared lounges or in their own rooms.

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR). Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The provider and staff said everyone would be treated as individuals, according to their needs.

People were supported to express their views whenever possible and be involved in any decisions about the care and support they received. Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible. Interactions we observed whilst staff supported people were good. Staff understood if people could verbally respond or if they were upset, also using body language.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. People and their families had the opportunity to be involved in

decisions about their care and the running of the service. There were regular meetings with people and their families.

Is the service responsive?

Our findings

At the previous inspection in July 2017 we found the checking of pressure relieving mattresses and the management of risks in relation to people who had lost weight were not robust. There were gaps in charts to monitor the care provided for people and information about people's care needs were omitted from shift handover records. Therefore, the responsive section of that report was rated as requires improvement.

At this inspection we found improvements had been made. Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. Records to evidence the care people received were accurately completed by staff.

Some people had been assessed as being at risk from developing skin damage due to pressure. Pressure relieving mattresses were in place for these people. We found these mattresses were set to the correct level. People were weighed regularly and if their weight changed mattress setting were adjusted accordingly. There was a system in place to check if mattresses were set at the correct level for the person using them, when first put in place and on an on-going basis. Where people were assessed as being at risk of losing weight this was regularly monitored and appropriate action taken if changes to their weight occurred.

Staff attended handovers at the start of their shift. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Daily notes were completed on the electronic system and this enabled staff coming on duty to have a quick overview of any changes in people's needs and their general well-being. There were sufficient handheld devices for staff to use to ensure they could add and retrieve information whenever they needed to.

Care plans were also recorded on an electronic system. These contained information on a range of aspects of people's needs including mobility, communication, nutrition and hydration and health conditions. These were personalised to the individual and were regularly reviewed. The electronic system had been set up for staff to carry out routine reviews of an entire care plan and this system would be used whenever people's needs changed. However, because staff were not able to make responsive changes to specific aspects of an individual's care plan, this meant there were sometimes delays in care plans being updated. The registered manager told us the system would be updated to enable staff to effect any changes to people's needs in a more timely manner.

We recommend that people's care plans should be updated as people's needs change so that they accurately reflect the care provided for them.

We found the service was now meeting the requirements of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, the rating of the responsive section remains

as requirements improvement because of the recommendation we have made.

Before moving into the service the registered manager met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Some people told us they knew about their care plans and managers would regularly talk to them about their care.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately.

People were able to take part in a range of group and individual activities. A full-time activity co-ordinator was in post who arranged regular events for people. These included, bingo, film afternoons, arts and crafts and board games. In addition, people went out on trips and external entertainers regularly visited such as singers, musicians, church services and pet therapy. On the day of the inspection a musical act visited the service in the afternoon. Six people chose to listen to the music, joining in with the singing. The entertainers also visited several people who stayed in their rooms so they could also enjoy the music.

Comments from people about the activities on offer included, "I join in all the activities, especially the bingo", "I loved going out in the mini bus to a local woodland to admire the bluebells", "The mini bus takes us every Wednesday to the community hall where we can meet other people and have a chat " and "I always have a jigsaw on the go, and the staff even enjoy helping me do it".

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives told us they knew how to raise a concern and they would be comfortable doing so. Where complaints had been received these had been well managed and effectively resolved.

Is the service well-led?

Our findings

At the time of the inspection in July 2017 the provider had not submitted the Provider Information Return (PIR) as was required. Concerns found at the last inspection had not been identified by the service. Therefore, the well-led section of that report was rated as requires improvement.

At this inspection we found improvements had been made. A Provider Information Return (PIR) was returned before this inspection and there were effective monitoring and audit systems in place to identify areas where improvements needed to be made. We have made a recommendation about updating care plans. However, the registered manager was aware of the need to implement a more effective system and was in the process of making the necessary improvements.

We found the service was now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of the well-led section had improved to Good.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported in the running of the service by the clinical lead, business manager, an administrator, nurses and senior care staff. The owner of the service worked closely with the registered manager to support them in the development of the service.

People and their families were all positive about the management of the service and told us they thought the service was well run. Comments included, "There's nothing to complain about being here", "You wouldn't want to live anywhere else", "The home has a lovely friendly atmosphere" and "My relative only came in for two weeks respite, but enjoyed it that much she decided to stay."

Healthcare professionals told us the service had developed good working relationships with them. Commenting, "Eshcol House is open to ideas and suggestions", "The general opinion locally is that people feel safe when their relatives go into Eshcol House", "The recent addition of a reception desk has made it much easier for visitors" and "No concerns, have always found them to be helpful and cooperative."

The service sought the views of people, families, staff and other professionals and used feedback received to improve the quality of the service provided. There were regular meetings for people and their families, which meant they could share their views about the running of the service. One person told us, "A staff member called in this morning to tell me there is a residents meeting next week and to bring up any concerns I had."

Staff told us the management team were visible in the service and very approachable. They had a positive attitude and morale in the staff team was good. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. There were regular staff meetings held for all staff teams.

The organisation promoted equality and inclusion within its workforce. Staff were protected from

discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.