

Qumran Care Limited

# Eshcol House Nursing Home

## Inspection report

12 Clifton Terrace  
Portscatho  
Truro  
Cornwall  
TR2 5HR

Tel: 01872580291

Date of inspection visit:  
20 October 2020  
23 October 2020

Date of publication:  
15 December 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Eshcol House Nursing Home provides personal care for up to 31 predominantly older people. At the time of our inspection the service was supporting 28 people.

The service is a detached three-story building set into a hillside, with ground level access to each floor and sea views.

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

Prior to our inspection we received information of concern that staff were not using surgical face masks while supporting people during the Covid-19 pandemic. We gave notice of our intention to inspect the service from the car park. On entry to the building, we found that current infection control guidance was not being consistently followed. One staff member providing care was wearing a cloth face covering, administrative staff were not wearing face masks and social distancing measures were not respected during staff breaks.

These issues were reported to the registered manager. The registered manager subsequently informed staff that they had to wear surgical face masks, and subsequently we observed staff doing this. In addition, two staff were subsequently appointed as PPE champions with specific responsibilities for challenging staff practices in relation to the use of face masks.

The service was clean and there were additional cleaning procedures in place to limit infection control risks within the service. Additional hand washing facilities had been provided at the service's entrance and arrangements had been made to enable relatives to visit people safely.

Staff understood their role in protecting people from harm or possible abuse. Accidents had been investigated to identify areas of learning and similar incidents from being repeated. Medicines were managed safely and records regularly audited.

At our previous inspection we made a recommendation in relation to systems for the updating of people's care plans. At this inspection, we found people's care plans were accurate and up to date. People were supported to engage with a variety of activities they enjoyed. Complaints received had been addressed and resolved.

The staff team were well motivated and relatives were complimentary of the quality of care provided at Eshcol House. The roles and responsibilities of the staff team, registered manager and provider were clearly defined and well understood. Audits had been completed and quality assurance systems were in the process of being updated.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at the last inspection

The last overall rating for this service was good. (Report published 5 October 2018)

### Why we inspected

We undertook this focused inspection in response to information of concern that we had received. This information indicated staff were not following current government infection control guidance.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the; Safe, and Well led sections of this full report.

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

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Eshcol House Nursing Home

## **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

The inspection was completed by two inspectors.

#### Service and service type

Eshcol House Nursing Home is a 'care home'. 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.

The service is required to have a manager registered with the Care Quality Commission and there was a registered manger in post. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We announced the inspection from the service's care park so arrangements could be made for the inspection to be completed as safely as possible during the Covid-19 pandemic.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection and feedback we had received on its current performance. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We met and spoke briefly with four people who used the service and observed staff practices while supporting people in the service's communal areas from a socially distanced position. We also spoke with five members of care staff, the registered manager and the provider's director.

We reviewed a range of records. This included four people's care plans and a range of medication records. We also looked at three staff recruitment and training records. We asked the service to send us additional information via e-mail about Infection control practices, staff rotas, incident records, policies and procedures.

### After the inspection

Following the inspection, we spoke with two relatives via telephone and received written feedback from a further five relatives and three health care professionals. We also reviewed the documents requested during the site visit.

# 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 deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

### Preventing and controlling infection

- Prior to the inspection we received information of concern, from health professionals, that indicted staff were not consistently using surgical face masks during the Covid-19 pandemic.
- On entry to the service, staff were not consistently following current infection control guidance published by Public Health England. A member of staff providing people with care, was using a face covering instead of the correct surgical face mask. In addition, administrative staff were not wearing surgical face masks on our arrival and staff did not ensure social distancing measures were respected during breaks and rest periods.

These failures to follow current infection control guidance exposed people to risk of harm and was a breach of the requirements of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reported these issues immediately to the provider and registered manager and noted that later in the day, staff were using appropriate surgical face masks.
- The service was clean and there were effective cleaning procedures in place. These included regular cleaning of high contact areas using ozone-based cleaning technologies and the use of a combination of active and passive ozone delivery systems in the service's communal areas. In addition, the service used advanced cleaning techniques including fogging technologies and post cleaning testing as part of its deep cleaning process.
- The service had made appropriate arrangements to enable people's relatives to visit either in the service gardens or to people's balconies/ terraces. Temperature checks were completed for all staff and visitors on their arrival, PPE was readily available and additional handwashing facilities had been provided. Staff told us, "The home has been brilliant coping with Covid. Testing and the cleaning of the home has been good. We have always had enough PPE." While relative's comments included, "I was able to stand outside the door and speak to [my relative] there. I have been allowed in with full PPE kit which I now do once a week" and "The staff and management have to do everything possible to protect people from the virus and I think they are doing it."
- Regular Covid-19 testing was underway and the provider had funded antibody testing for a small number of staff who had self-isolated during the early stages of the pandemic.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and were confident asking for support from staff. We observed people warmly greeting staff when entering their rooms. Relatives told us, "Staff are always friendly and helpful" and "[The staff] take excellent care of all [my relatives] needs and treat [them] with kindness,

understanding."

- Staff understood local safeguarding arrangements and were confident any safety issue they raised with the registered manager would be addressed and resolved. In response to an example of a safeguarding incident staff told us, "Nothing like that happens here!"

#### Assessing risk, safety monitoring and management

- Risks assessments had been completed and provided staff with guidance on the action they must take to protect people and themselves from identified risks. We have raised a concern, in relation to protecting people from Covid -19 as outlined above. Where equipment was required to manage risks to skin integrity this was checked regularly to ensure it was functioning correctly.
- Some people needed support from staff when they became upset or anxious. Staff were provided with information on events likely to cause people anxiety and guidance on how to meet people's needs at these times.
- There were robust, appropriate and individualised emergency evacuation plans in place that had been regularly reviewed and tested to ensure people's safety in the event of an emergency.
- Firefighting equipment, the building's services and all lifting equipment had been regularly tested and serviced to ensure it was safe to use. On the day of our inspection the call bell and fire alarm systems were in the process of being updated.

#### Learning lessons when things go wrong

- Accidents and incident that occurred had been fully documented and appropriately investigated by the registered manager. Learning was identified and where possible changes were made to people's care plans or the service procedures to prevent similar events reoccurring.
- Care records demonstrated advice, guidance and support had been appropriately sought from health professionals in response to incidents that had occurred.

#### Staffing and recruitment

- Staff had been recruited safely and all necessary checks completed to ensure new staff were suitable for employment in the care sector. Three additional staff were in the process of being appointed at the time of our inspection and the provider told us their intention was to over recruit to ensure the service was consistently, safely staffed.
- Staffing levels were appropriate to meet people's support needs and rotas showed planned staffing levels were normally achieved. Staff told us, "There are enough staff", "Staffing levels are fine we sometimes go lower, like today, but there are still enough as the team leaders can help" and "Today we are one staff short in the afternoon, honestly we are a good team and lots of people pick up extra shifts so we have enough staff."
- Relatives were confident staffing levels were sufficient to meet people's needs and told us, "The staff are conscientious and very well trained", "[People] are never made to feel rushed, or an inconvenience" and "The staff always seem busy but I have not been aware that [My relative] ever has to wait if [they] require assistance and staff always seem happy to chat if they are called on for any reason when I have been there".

#### Using medicines safely

- Medicines were managed, stored and administered safely. There were appropriate systems and risk assessments in place to enable people to manage their own medications if they wished. Relatives told us, "When [my relative] needs [their] medication it is done on the hour when it is needed"
- Medicines records had been accurately completed and regularly audited. There were appropriate protocols in place detailing the circumstances in which 'as required' medications should be used and



medicines that required stricter controls were stored appropriately.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended people's care plans should be updated when their needs changed to ensure staff always had access to current and accurate guidance.

At this inspection we found, this recommendation had been acted upon. People's care plans had been promptly updated when changes in their individual needs were identified.

- The service used a digital care planning system which provided staff with clear and specific guidance on how to meet people's support needs. Staff were confident people's care plans were accurate as they were able to update these records when changes in people's needs were identified. They told us, "The care plans are regularly reviewed and updated".
- People's care plans included details of their background, life history, interest and hobbies, and current medical conditions. This information helped staff to see people as individuals and provided new staff with an understanding of how people's prior experiences impacted on their current support needs.
- Accurate daily records were maintained of the care and support people had received.
- Relatives were able to access people's care plans and daily support records via a secure on-line system and had been appropriately involved in reviewing and updating people's care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's individual communication needs and preferences was recorded in their care plans and well understood by staff. Where people used hearing aids, staff were provided with guidance on how and when people normally chose to use these devices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed a wellbeing co-ordinator whose role was to support and encourage people to participate in a variety of individualised activities within the home. During our inspection people enjoyed participating in a variety of activities on a one to one basis including games, arts and crafts and sing-a-longs. People told us, "Staff are very lovely, caring and fun. I feel I am among friends and don't get lonely like I did

when I was in my own home" and "The staff keep an eye on me. Sometimes I get a bit bored but staff do come in and chat with me."

- Relatives were confident people were supported to engage with a variety of activities. Their comments included, "Staff integrate well with residents, and encourage activity participation", "The staff always go and check [My relative] has the things [they] enjoy on the television, staff are very, very willing to help [My relative] to do the things [they] enjoys", "Nothing is too much trouble and they regularly go above and beyond what I would expect a nursing home to provide" and "The team at Eshcol House take excellent care of all [My relatives'] needs & treat [them] with kindness, understanding, warmth, friendship and provide [My relative] with all the opportunities that they can to enable [My relative] to apply [their] current skillset".
- The service operated a minibus, accessible to wheelchair users, which was used to enable people to access medical services, the local community and to visit local sites of interest.
- Appropriate arrangements have been made to facilitate socially distanced visits by relatives during the pandemic. The building is set into a hillside with ground floor access to each floor. Many rooms have their own external doors and this has enabled visiting while minimising relative movements through the service. In addition, a gazebo was available in the service's gardens to provide shelter during outdoor visit. Relatives told us, "Since the start of the lockdown visiting was at first impossible due to the imposed policies and then restricted. However as soon as it was possible, within guidelines, Eshcol have made it as easy as possible for me to 'visit' [my relative] by sitting outside [their] French windows".

Improving care quality in response to complaints or concerns

- Information on how to make complaints was available to people and had been provided to people's relatives. People and their relatives' comments included, "I cannot fault any of the care that [my relative] has received from the team", "I have not had to raise any complaints or concerns" and "I complained about a staff member's behaviour at night, I told [the registered manager]. She looked into it and the staff has gone now, I don't know what happened but they told [my relative] they can have [their] light on all night if [they] want."
- There were systems in place to ensure any complaints received were fully investigated and appropriate action taken to address and resolve the issues identified.

End of life care and support

- The service had systems in place to enable people's preferences and choices in relation to end of life care to be recorded. Plans had been developed to enable relatives visits at the end of people's lives during the Covid-19 pandemic.

# 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 deteriorated to Requires Improvement. This meant the service's management and providers systems did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care, understanding quality performance, risks and regulatory requirements

- As detailed in the safe section of this report the provider's systems had failed ensure published guidance, in relation to the management of infection control risks during the Covid-19 pandemic was followed consistently by staff. This failure had exposed people and staff to risk, although there was no evidence, at the time of the inspection, of actual harm being caused.
- Following feedback, during the inspection, action was immediately taken to address these issues. Later in the inspection, we noted that staff were using surgical masks appropriately.
- In addition, following the inspection new auditing processes were introduced to ensure, in future, face masks were consistently used correctly. Two staff had been identified to become PPE champions with specific responsibilities for challenging any incidents where current guidance was not being followed. The provider told us, "We have tightened up our practice."
- There were appropriate quality assurance systems in place designed to drive improvements in the accuracy of records and the quality of support the service provided. Auditing procedures for care plans were in the process of being updated to ensure the maximum benefits were gained from use of the digital care planning system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive person-centred culture at Eshcol House. Staff, managers and the provider were focused on ensuring people received quality care and support. Staff comments included, "I think it is good here" and "It is like a family here, we treat everyone like they are our family and look out for them".
- People and relatives were highly complementary of the service. They told us, "I have been extremely comfortable here and the attitude of staff is exemplary" and "Staff loyalty is brilliant and that is down to management style and attention to detail".

Managers and staff being clear about their roles

- The registered manager was not included in the service's staffing rota and was thus able to focus on their leadership responsibilities full time. A new deputy manager was in the process of being recruited to support the registered manager and leadership roles and responsibilities within the service were well understood by staff.
- The registered manager was well supported by the provider's director who was present throughout of our inspection. Staff told us, "Most days the director is here".

- Handover meetings were held each day to make sure staff were aware of any changes in people's needs and their responsibilities during each shift. Staff told us managers were always available to provide advice and guidance. Their comments included, "We have hand overs in the morning when we all meet together", "The manager's office is always open" and "Management are very supportive and approachable."

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

- The service actively engaged people and where appropriate their relative in making decision and choices in relation to care provision. Feedback was valued and suggestions made, acted upon. A survey was underway at the time of our inspection and the initial responses had been positive and complimentary. They included, "I have been very impressed and reassured by the care and attention and investment that Eshcol owner and manager have put into protecting residents during Covid -19 crisis"
- The registered manager and staff team understood equality issues and acted to ensure people and staff were protected from all forms of discrimination. Staff told us the provider and registered manager had positively engaged with requests for flexible working arrangements and one staff member said, "I am very grateful to the manager for changing my hours, to fit in with child care, because I would have had to leave a job I love."

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

- Responsibilities under the duty of candour were fully understood by the provider, the registered manager and staff team. A variety of secure communication methods had been used effectively to ensure peoples' relatives were kept well informed both of how people were spending their time and any changes to support needs.
- Relatives were able to contact the service at any time using a dedicated mobile phone number and video conferencing and short video clips had been used effectively to enable people to stay in touch during periods when visiting had been discouraged. Relatives told us, "They are very good at keeping in touch" and "The Eshcol House Team communicate effectively with family members and friends of the residents and have managed the Covid-19 Pandemic, with all the presenting challenges, faultlessly." People said, "Management is very open and we are keep informed of things".
- The provider and registered manager took an open and collaborative approach to the inspection process and acted promptly in response to the issue identified.

Working in partnership with others

- The service worked effectively with health professionals to ensure people's needs were recognised and any issues resolved. Advice provided had been documented in people's care plan's and acted upon. Professionals told us, "I have had no concerns whatsoever and [they] seem to liaise very well with GP and multi-disciplinary team".

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider failure to ensure current infection control guidance was followed exposed people to risk of harm. This is a breach of the requirements of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	