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?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 22 March 2016. The last inspection took place on 9 and 12 October 2015. We found breaches of the regulations at this inspection. At this inspection we checked to see if the service had made the required improvements identified at the October 2015 inspection.

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 six 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 registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Qumran was being supported by the registered manager of another service in the group, Eshcol House. The provider assured us that an application for a registered manager would be sent to the Care Quality Commission in the near future. It had been decided that the registered manager of Qumran was to be the person who was also currently the registered manager of another service, Eshcol House. Qumran has benefited from management support from Eshcol House since the last inspection.

In October 2015 we had concerns about the lack of consistent management of the service. At that time there was not adequate management support for the people and staff at the service. Fire safety regulations had not been fully met regarding requirements for the safety of fire doors at the service. There was no emergency evacuation plan available to provide an overview of the procedures to take in the event of an emergency. We were concerned that 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. The service had not reported allegations of abuse to the local authority in a timely manner. There were not enough staff available to meet people's needs, particularly at night. Staff were not receiving appropriate training or adequate supervision to support them in their roles. Care plans were not updated and did not provide staff with guidance and direction to enable them to meet people's needs effectively. 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. Qumran did not have appropriate systems in place to assess, monitor and improve the quality of the service. People living at the service did not have access to sufficient meaningful activities to occupy their time. People who were confined to bed due to their healthcare needs were at risk of social isolation.

At this inspection we found improvements had been made in areas where we had concerns. However, the manager who was supporting Qumran told us; "It's not all in order yet." We found the fire safety regulations

had now been met. The service had been visited by an external fire risk assessment company and a report issued. The recommendations from this report had mostly been implemented. We were told one fire door closure remained to be completed shortly.

Care files had been fully reviewed and thoroughly updated. People living at the service and where appropriate, their families, were involved in the development of care plans and subsequent reviews. People were given the opportunity to sign in agreement with the content of their own care plans. The care plans now contained emergency evacuation guidance for staff relating to each person's individual needs. Risks were identified, assessed and monitored for any changes. 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. There was a training schedule in place to ensure staff were kept up to date. Staff reported feeling more confident, empowered and involved in the service.

Following the concerns raised at the last inspection regarding a person who required care and support during the night, the service had employed agency staff to meet this person's needs. However, this person had recently died and the staffing arrangements for people at the service during the night had reverted to what we saw at the October 2015 inspection. This meant that staff were continuing to work a 12 hour shift, 8 am to 8 pm then remain at the service to sleep-in that night till 8 am the following day. Staff who did sleep-in shifts reported being woken if people required assistance during the night. People confirmed to us that if they called for assistance at night staff always arrived promptly to support them. Care file records detailed care provided at night for some people. Service management recognised the potentially increasing needs of people at night and were actively recruiting for night staff. However, they had not received any applicants at the time of this inspection.

Staff had increased their knowledge of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). However, we found some assessments had not been appropriately recorded and some information was conflicting. The manager told us they were aware they may be restricting some people but had not made the necessary applications for an authorisation, as the care plans were not yet 'good enough' to be sent to the DoLS service.

People has been asked for their views and experiences of living at the service. The service told us they had sent out quality assurance surveys in October 2015. However we were unable to evidence this and we were told the service had not had any questionnaires returned.

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 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 to help ensure any errors would be identified and addressed.

Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy. However, the recording of people's food and drink intake was not always sufficiently detailed and effectively

monitored.

Some activities were provided for people. Care files contained some information on the activities that people took part in. However, activities lacked planning and structure and were arranged on an ad hoc basis by care staff. The manager assured us this issue was being addressed with a member of staff from Eshcol House starting to work across the two homes and arranging activities for people in a more co-ordinated way.

The service was in the process of appointing a deputy manager to support the applying registered manager for Qumran. This person would support this registered manager at both Qumran and Eschol House.

Qumran had carried out the necessary improvements to meet the requirements of the Health and Social Care Act 2008 regulations. There were no breaches of the regulations found at this inspection. However, the overall rating for this service remains at Requires Improvement, this is because we need to see the improvement sustained for a longer period of time.

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. People told us they felt safe using the service.

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

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service during the day. However, we found staffing cover overnight was reliant on staff members working excessively long hours.

Care plans recorded risks that had been identified in relation to people's care needs and these were appropriately managed.

Is the service effective?

Requires Improvement

The service was not entirely effective. The management had improved their understanding of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards since the last inspection. However, some assessments had not been recorded correctly and applications for potentially restrictive care plans had not been been made to the local authority in a timely manner.

Where people had been assessed as needing to have their food and drink intake monitored this was not sufficiently detailed by staff or reviewed effectively.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs.

Staff were supported with regular supervision and appraisals.

Is the service caring?

Good

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.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service.

Is the service well-led?

Requires Improvement

The service was not entirely well-led. The service did not have a registered manager in post. An application was being considered for a person to fill this post.

People were asked for their views on the service. However, there was no evidence of formal quality assurance having been carried out to seek the views and experiences of people, their families and friends and visiting healthcare professionals.

Staff had been supported effectively by the management team through a process of change at the service.

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 22 March 2016. The inspection was carried out by two adult social care inspectors.

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 four people who lived at Qumran. We spoke with two care staff, the administration assistant, the manager from the sister home, and the son of the provider. We spoke with a visiting healthcare professional, and looked around the premises and observed care practices.

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

Following the inspection we spoke with two families of people who lived at the service.

Good

Is the service safe?

Our findings

Following the concerns raised at the October 2015 inspection regarding a person who required care and support during the night, the service had employed agency staff to meet this person's needs. However, the person had recently died and the staffing arrangements for people at the service during the night had reverted to what we saw at the October 2015 inspection. This meant that staff were continuing to work a 12 hour shift, 8 am to 8 pm then remain at the service to sleep-in that night till 8 am the following day. Staff who did sleep-in shifts reported being woken if people required assistance during the night. People told us that if they called for assistance at night staff always arrived promptly to support them. We saw in care files records of care provided at night for some people. The provider's son and the manager had done night shifts themselves at the service and recognised the potential for people's increased needs at night. We were told that there was the possibility that some people may not be able to use their call bells at night and so the service were recruiting for waking night staff. However, they had not received any applicants at the time of this inspection.

Two care staff were working 8 am to 8 pm on the day of this inspection. One was remaining to sleep in through the night. We checked the staffing rota and evidenced that two staff were always on duty during the day to meet the needs of the six people living at the service.

At the October 2015 inspection we found fire safety regulations had not been fully met regarding requirements for the safety of fire doors at the service. There was no emergency evacuation plan available, giving an overview of the procedures to take in the event of an emergency.

At this inspection we found that the service had been visited by an external fire risk assessment company and a report issued. The recommendations from this report had mostly been implemented. We were told one fire door closure remained to be installed shortly. The care plans now contained emergency evacuation guidance for staff detailing each person's needs. Qumran was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. All fire fighting equipment had been checked and staff were attending fire safety training at the time of this inspection.

At the October 2015 inspection we were concerned that 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.

At this inspection risks were identified, assessed and monitored to take account of any changes. For example, one person was at risk of falls. Their care plan clearly stated this person should always use their stick when walking, or use their frame if feeling unsteady. Another person's care file stated the person should be; "Prompted to get up before she needs to, to avoid rushing; take their time."

At the October 2015 inspection we were concerned the service had not reported allegations of abuse to the local authority in a timely manner.

At this inspection we found staff were confident of the action to take, if they had any concerns or suspected

abuse was taking place. Staff were aware of the whistle-blowing and safeguarding policies and procedures, had received training on Safeguarding Adults and understood the local authority were the lead organisation for investigating safeguarding concerns in the County. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. People told us they felt it was safe at Qumran. Comments included; "I am very well looked after" and "I feel safe here with the staff they keep an eye on me." Relatives told us; "I am filled with confidence by the staff, they are very good and kind."

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 administrator. We checked the money held for two people against the records kept at the service and found these were accurate.

At this inspection accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced. The service had taken action to address some incidents. For example, removing the wheels from one person's bed to prevent it from moving when they sat down on it and moving a person to a room downstairs to make their access to the lounge and dining room easier.

People told us they received their medicines when required. We checked the medicine administration records (MAR) and found people received their medicines as prescribed. 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 environment was clean and 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.

Requires Improvement

Is the service effective?

Our findings

At the October 2015 inspection 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. There were no records of people having been asked for their consent to their care.

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.

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 and these had been completed in the files we checked. However, we found assessments of people's capacity had not always been appropriately recorded. A DoLS assessment for one person clearly stated they had capacity to make decisions for themselves but stated the person was not free to leave the service and was under constant monitoring and supervision. Following discussion with the manager and staff we found this monitoring was due to their falls risk and not an issue with their capacity. The legislation states people with capacity cannot be legally restricted. This assessment also stated that the service needed to grant itself an urgent authorisation and apply to the local authority for an authorisation for this restrictive care plan. Neither authorisations had been applied for at the time of this inspection. We asked why applications had not been sent to the DoLS team for authorisation and were told; "The care plans were not entirely ready to be sent to them yet." We discussed the DoLS assessment with the manager and we were told the service was unsure as to whether the service was restricting this person. Staff confirmed this person did have capacity and could not be legally restricted in any way. We spoke to this person who told us they went out of the service for short walks whenever they wished, they recognised their risk of falling and knew how to help reduce that risk by using their walking aids. This meant the person was able to come and go as they chose. Another DoLS assessment stated one person was free to leave but only with an escort. This meant staff were not entirely clear on how to record such assessments in accordance with the regulations. The manager told us these assessments would be robustly reviewed.

The service had a locked front door which had a coded lock. The code for this lock was not visible to people wishing to leave. This meant everyone living at the service was restricted as they had to ask staff to be let out. People were being refused to leave according to their records. We discussed this with the manager who agreed to put the code for the lock clearly visible next to the door so that people could see it easily and

operate the door if they wished to leave the service. The manager arranged for the code was clearly displayed next to the front door during the inspection.

The service had recently reviewed and updated their policies and procedures relating to the MCA and DoLS. This meant the staff had easy access to accurate information and guidance regarding this legislation. Three people living at the service had a lasting power of attorney in place and the service had records of these people for contact when necessary.

People enjoyed the food at Qumran. They told us; "I eat well and I sleep well. I'm very happy here" and "The food is really lovely. Staff do ask me for ideas about different things which I would like." There was a menu on the notice board offering a choice of meals. The service had received a five star rating following a recent food standards agency inspection. At this inspection we found one person was having their food and drink intake monitored following advice from the GP. The staff had not recorded specific amounts of the food and drink taken by the person and there were gaps in these records where no intake was recorded from 3 March 2016 until 6 March 2016. This person's care plan stated they should be weighed monthly however, there was a weight for 28 January 2016 and then not again until 15 March 2016. The person's weight was unchanged on each occasion. This meant staff were not always following the guidance in people's care plans. In another person's care file a malnutrition assessment tool (MUST) had been incorrectly completed. The person had been recorded as being obese. This was incorrect, the person was of average weight for their height. This meant staff were not always recording assessments accurately. The manager assured us this would be addressed immediately.

At the October 2015 inspection we were concerned that staff were not receiving appropriate training or adequate supervision to support them in their roles.

At this inspection we found staff had been supported with supervision, appraisals and training which had been arranged to update staff. Staff reported feeling more confident, empowered and involved in the service. They told us; "The training is not bad, we get some face to face training now" and "I feel more aware now." The training records for the four staff working at Qumran showed they had completed many electronic learning packages for subjects such as food safety awareness, health and safety and infection control. It was noted that some staff had completed up to nine electronic learning packages on the same day. The manager told us that some subjects are provided in face to face training sessions such as first aid and fire marshal training.

At the October 2015 inspection we found people did not always have the necessary medical care in place to keep them well and comfortable. People's changing medical conditions were not always reported to their GP in a timely manner.

At this inspection we saw 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 provider had made improvements to the service and there was ongoing refurbishment taking place during this inspection. A relative told us; "It has been improved quite a lot, it makes you feel good about the place" and "(the person's name) room is always immaculately clean, they are in a good place there."

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. There were hand rails in the corridors. One person told us; "These (rails) are a god send to me, very helpful."

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support.

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. Qumran had only one person employed recently and this person was an experienced carer who did not need to go through the Care Certificate.

Good

Is the service caring?

Our findings

At the October 2015 inspection we had concerns that peoples preferences and choices were not always recorded to ensure they received individualised care. Care plans were not always up to date.

At this inspection we found all the care plans contained people's personal preferences and choices as to how they wished their care to be provided. Care plans were personalised and contained sufficient information for staff to provide care in accordance with people's wishes. Care plans had been regularly updated.

People told us; "It's lovely living here, staff are very friendly and if I need anything they do come round and help you" and "The staff here are all lovely and kind." A relative told us their family member had "Thrived" at the service since living there.

We spent time in the communal area of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. 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.

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. One person's care file stated; "(The person) wears glasses all day every day. Staff are to ensure they are kept clean."

Individual members of staff took on a leadership role for ensuring a person's care plan was up to date, acting as their advocate within the service and communicating with health professionals and relatives. Staff told us they had met with people and where appropriate, their relatives, to discuss the information in their own care plans. They gathered useful background information on the person's past. 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. Staff told us there were four of them supporting six people and it was like a family home.

Bedrooms were decorated and furnished to reflect people's personal tastes. One room had many pictures of the person's 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.

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 jewelry and make up and had their nails painted. Staff were kind and respectful when supporting people.

Families told us they knew about their care plans and the staff would invite them to attend any care plan

review meetings if they wished.

The service had held 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.

We were told the service had requested the views and experiences of people who used the service, their families and friends in October 2015. However, we were unable to see evidence of this as no responses had been received.

Good

Is the service responsive?

Our findings

At the October 2015 inspection we were concerned that staff did not have access to people's care plans. The care plans did not contain specific direction and guidance for staff to meet people's current needs. The care plans were not regularly updated to take account of any changes that may have taken place. Current information on people's care and support needs was not available to be passed to other healthcare professionals. This meant that should people need to move between services, such as hospital care, the service was not able to provide a current accurate care plan to support their transitional care needs.

At this inspection we found people's care files had been fully reviewed and thoroughly updated. People and where appropriate, their families, were 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. 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. People told us; "We are well looked after here," "I have rung my bell at night and they come quickly to help," "You can't be anything other than happy here" and "I am treated as a person."

Staff had best practice guidance available to them. For example, in the dining room there was guidance on the notice board for staff regarding how to help someone who is choking, and how to reduce the risks of skin pressure damage. One member of staff told us; "There has been lots of change here, for the better."

A visiting healthcare professional told us; "There has been changes seen, staff are very willing, we have no concerns, they call us appropriately and manage care well" and "There are no skin pressure issues here."

At the October 2015 inspection we were concerned that people were not provided with any activities to occupy their time at the service.

At this inspection people had differing views, they told us; "There is not really enough to keep you busy during the day. They do try, I am able to have my hair done usually fortnightly and they will do my nails if I ask. But we don't get to go out at the moment" and "I do go out for a walk with staff sometimes." Staff told us; "We show films, some of them like to do knitting together" and "We read the papers with them, also do some exercises and some singing." We were told that the service was planning for an outside organisation to bring a vehicle to the service which could help people access the local community and go out more. We were told by staff that each person at the service had someone, either family or friends, who visited them and could support them to go out occasionally.

People had access to a secure outside space. There were plans for raised beds to be added to this space to enable people to care for plants.

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we saw some people chose to remain in their rooms. We saw staff checked on people regularly and responded promptly to any call bells.

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.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and
friends. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time

The service had held residents meetings which sought people's views of the service provided to them. We saw people had been asked for their opinions on the food and housekeeping, as well as asking people about what activities they would like to have planned in the future. People had asked for a board to advertise what activities were coming up. We were told this board was with the printers and would be delivered to the service shortly.

People living at the service, and families, were positive about the care and support received. People and families were provided with information on how to raise any concerns they may have. The service held a complaints procedure stating how the service would manage concerns. People told us they had not had any reason to complain but would speak with care staff if they needed to. One person told us; "The staff are lovely, They know me and what I need and I couldn't say a bad thing about them" and "I don't really know the people who manage here very well. I don't see them, I would speak with the carers." The manager told us they did not have any complaints that were being dealt with at the time of this inspection. We saw the service had recorded concerns that had been raised in the past together with details of the action taken to address the concern.

Requires Improvement

Is the service well-led?

Our findings

At the October 2015 inspection we were concerned that the service did not have a registered manager in post. Qumran is required by law to have a registered manager employed to manage the service.

At this inspection we found Qumran did not have its own registered manager but was being supported by the registered manager of another service in the group, Eshcol House. The provider assured us that an application would be sent to the Care Quality Commission in the near future. It had been decided that the registered manager of Qumran was to be the person who was also currently the registered manager of another service in the group, Eshcol House. Qumran has benefited from management support from Eshcol House since the last inspection.

At the October 2015 inspection we were concerned that the service did not have an effective system to regularly assess and monitor the quality of the service that people received. The leadership at the service had broken down just prior to the inspection and the manager had left. A deputy manager who had taken charge of the management at the service had not received any support for the first three months in post. Some staff had left the service putting pressure on the remaining staff to meet people's needs at all times. There was a lack of consistent quality assurance and audit processes that reflected the service provided at Qumran. Care files had not been effectively managed.

At this inspection we saw that there were posters throughout the service encouraging people to 'tell us your experience.' We were not shown any feedback that had been received as a result of these posters. We were told by the manager that a survey had been issued to people and their families in October 2015. However we were not able to evidence this as we were told no responses had been returned. People told us they had attended residents meetings with the staff to discuss their views and experiences of living at the service. We saw the minutes of these meetings. This had led to changes taking place regarding the choice of meals provided and for an activities board to be put up so that people could see what was planned for them.

People, their relatives and staff told us the manager was approachable and friendly. A great deal of change had been implemented at the service over the last six months and the staff told us they felt more involved and better informed now. Staff were positive about the changes made at the service.

Relatives told us they found the staff and the manager easy to speak with and they were confident that anything they raised with them would be dealt with efficiently. Relatives told us; "As soon as (the person) had had an accident, they were on the phone to me immediately, they kept me informed of what was happening" and "While (the person) was having treatment in hospital recently the staff spoke with me regularly to see how they were and sent their love."

There were clear lines of accountability and responsibility both within the service and at provider level. The clinical lead for the service had recently returned to a senior carer position. The manager told us that this responsibility was now being taken by staff at the sister home, who visited Qumran regularly to support the staff. We were told by the manage that a deputy manager had been appointed at the sister home who would

also work across the two services, this would support the manager to cover two locations.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented; "We can always call if we need help, day or night" and "We speak every day on the phone (to the manager) if we don't see them."

All the policies and procedures held at the service had been recently reviewed to ensure the information was accurate for staff to refer to. There was best practice guidance available for staff on areas such as nutrition and hydration, tissue viability, infection control and dementia care.

A new format had been implemented for people's care plans. Staff had been involved in the creation and subsequent reviews of these new care plans which were individualised and specific to each person.

Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two way communication between care staff and the manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The provider was in the process of carrying out repairs and maintenance work to the premises at the time of this inspection. A new heating system had been installed since the last inspection. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. The service did not use moving and handling equipment such as hoists. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. The stair lift was regularly serviced to ensure it was safe for people to use. There was a book in which staff entered any faults or areas that needed the maintenance person's attention. We saw these had been actioned in a timely manner.