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Eboracum House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eboracum House is a residential care home providing personal care for up to 18 people. There were 14 people living at the home at the time of the inspection. Accommodation is provided over two floors in a detached period building with a large garden.

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

Governance arrangements were in place and regular checks and audits had taken place. However, medicine audits had failed to identify the discrepancies in medicines stock levels we found during the inspection. Management oversight had failed to ensure consistent deployment of staff in some identified roles.

Care plans were detailed and had been reviewed regularly.

We have made a recommendation about including and recording people's involvement in their care planning.

People felt safe living at the home and systems were in place to safeguard people from abuse. People were protected from the risk of acquiring infections by robust infection prevention and controls. The home was clean and odour-free. Lessons learnt were shared with staff during meetings and supervisions.

Training was up to date and staff had started to receive regular supervisions and appraisals. People were supported to eat and drink and had a good choice of food. People's weight was monitored. Staff ensured people received appropriate healthcare, when needed. People's rooms were personalised and appropriate signage to support people living with dementia was in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and supported people with dignity. Staff encouraged people to make choices and supported them to maintain their independence. People's privacy was respected.

The home was responsive to people's needs and choices.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was inadequate (25 January 2021) and there were multiple breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

This service has been in Special Measures since 25 January 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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 COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we 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.	Requires Improvement ●
Is the service effective? The service was not always effective.	Requires Improvement ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well-led.	Requires Improvement ●

Eboracum House

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 carried out by two inspectors. An inspector spoke with relatives and staff over the telephone following the inspection visit.

Service and service type

Eboracum House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the operations manager, the registered manager, the deputy manager, senior care workers, care workers and the cook.

We reviewed a range of records. This included three people's care records and various medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification to validate evidence found. We looked at staffing rotas.

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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to identify risk and take action to mitigate risks. This was a breach of regulation 12(1)(2)(a)(b), Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety had been assessed and action taken to mitigate risks. However, we found one person's care plan had not been updated to include recent changes. We discussed this with the registered manager who confirmed by the end of the inspection this had been completed.
- Since the last inspection, improvements had been made to the recording and storage of personal emergency evacuation plans (PEEPs). These were seen on care plans we looked at and were available in the entrance in the event of an emergency.
- External contractors undertook regular servicing of the premises and equipment. Internal checks also took place
- People told us they felt safe. A relative said, "It is safe." Another said, "[Relative] is in a safe place."

Using medicines safely

At our last inspection the provider had failed to ensure proper and safe management of medicines was in place. This was a breach of regulation 12(1)(2)(g), Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection, improvements had been made to the safe management of medicines and processes were in place.
- A monitored dosage system reduced the risk of error in the recording of administered medicines. However,

we found the medication administration record (MAR) for one person was inaccurate as stock levels did not tally with the record. We discussed this with the deputy manager and were assured this person had received their medicines as prescribed. The registered manager confirmed after our inspection they had implemented further controls to ensure medicine stocks were robustly monitored.

- Controlled drugs (CDs) were stored and administered safely. Records showed two staff had signed the CD book as required by regulations.
- Staff had recently received additional training in the safe management of medicines and staff received a yearly check of their competency to assess if they were administering medicine safely.
- A handheld device recorded when topical creams were applied, who had applied the cream and when.

Preventing and controlling infection

At our last inspection the provider had failed to ensure robust cleaning was taking place. This was a breach of regulation 12(1)(2)(h), Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this aspect of regulation 12.

Since the last inspection, improvements had been made to the cleaning rotas and deployment of staff in this area.

- We were assured the provider was preventing visitors from catching and spreading infections. Appropriate measures were in place to enable visitors to see their loved ones in a safe way, such as a booking system and a visiting area.
- We were assured the provider was admitting people safely to the service. The provider followed current guidance when admitting new people into the service. People were not accepted into the service without a negative COVID-19 test result.
- We were assured the provider was using PPE effectively and safely. Staff had received donning/doffing of personal protective equipment (PPE) and followed current guidance on the use of PPE. Staff had received online IPC training and additional training provided by Barnsley hospital IPC lead.
- We were assured the provider was accessing testing for people using the service and staff. Staff had a COVID-19 lateral flow test weekly to ensure they had not contracted the virus. Most staff had received their COVID-19 vaccinations. Staff who had chosen not to receive the vaccination had received ongoing support from the manager. The provider continues to test people who was using the service monthly. They had also been vaccinated against COVID-19 infections.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning regimes throughout the home was adequate. However, areas on the lower ground floor required some improvement. For example, floor coverings were worn and would not be easily cleaned. A refurbishment plan is in place.
- We were assured that the provider's infection prevention and control policy was up to date and staff were following the current government guidelines related to COVID-19.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems and processes prevented abuse and had failed to ensure investigations were undertaken to support this. This was a breach of regulation 13(2)(3), Safeguarding, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people's liberty of movement was unrestricted. This was a breach of Regulation 13(4),

Safeguarding, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Since the last inspection, there were systems in place to protect people from abuse. Possible abuse was recorded and monitored. Investigations to support these systems had taken place.
- Staff knew the signs of abuse and were confident action would be taken.
- People's movement was not restricted.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff numbers were deployed. This was a breach of regulation 18(1), Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection, staffing levels had increased and further recruitment was taking place. People's needs were met in an unhurried manner and people told us they felt there was enough staff. However, the provider had not ensured staffing rotas accurately reflected deployment of staff into key roles such as the deputy manager. We discussed this with the registered manager following our inspection and they confirmed further changes had taken place to better deploy staff.

At our last inspection the provider had failed to ensure staff employed were suitable to support vulnerable people. This was a breach of regulation 19(1), Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Since the last inspection, staff had been recruited safely. Where there were potential risks to employing staff these were assessed, action taken to mitigate against those risks and closely monitored.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Each incident was monitored by the registered manager.
- Themes and trends were considered.
- Lessons learnt were shared with staff during supervisions and staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure the requirements of the MCA were followed consistently. This was a breach of regulation 11(1), Need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Consent forms had been completed for one person and signed by their relative. In one instance, a person's consent forms had not been completed because they lacked capacity. Relatives had been contacted over the telephone to seek consent and as visiting restrictions were lifted a signed consent was sought.
- Mental Capacity Act (MAC) assessments had been completed appropriately and they were decision specific.
- DoLS information was recorded on the care plans we looked at, including evidence of reviews to ensure this was still relevant.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to ensure staff were aware of the dietary needs of people living at the home. This was a breach of regulation 12(1)(2)(a)(b), Safe care and treatment, of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this aspect of regulation 12.

- Staff gave encouragement and support to those who required it to ensure they had enough food and drink to meet their assessed nutritional needs. Staff maintained a detailed record of food and fluids taken by people.
- Risk assessments were used to monitor people's nutritional needs to prevent weight loss. Care plans showed a nutritional tool was used to record people who may be nutritionally at risk. The cook was aware of those people and ensured they received high calorific foods.
- The cook had a good understanding of the likes, dislikes and nutritional needs of people. They provided appropriate meals for people who required alternative meals for medical reasons and for those who chose to eat a vegetarian diet.
- Drinks and snacks were available throughout the day. People told us they enjoyed the food and there was always an alternative if they did not like what was on the menu.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to ensure people were supported in a way which promoted their health and well-being because handovers and documentation were not completed and managers did not have oversight of these. This was a breach of regulation 17(2)(b), Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this aspect of regulation 17.

- Staff had worked closely with health professionals to support people to receive effective care.
- Detailed notes were made of health professional advice and care plans were updated to reflect advice given.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were trained and received appropriate supervision and appraisals. This was a breach of regulation 18(2), Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Training was up to date. Staff received regular refresher training and this was monitored using a training matrix.
- Staff received supervisions and appraisals. Appraisals had only recently been completed for all staff. This is because the registered manager wanted to get to know staff before undertaking these. Future supervisions and appraisals had been planned by the registered manager.
- A robust induction process was in place for new staff who completed when they started work. New staff spent time with more experienced staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed prior to admission into the home. The records were clear, and staff had good knowledge of how to meet people's assessed needs.
- Staff recorded care given on handheld devices which automatically upload onto an electronic care plan. The system had only recently been introduced therefore some records remained handwritten. Care plans had been regularly evaluated.
- There was evidence of involvement from relatives. However, one relative told us they had not been consulted with and we did not see this in the care plans we looked at. The service was reviewing how they will better include people and relatives in their care planning.

We recommend the provider includes and records the involvement of people in their care planning.

Adapting service, design, decoration to meet people's needs

- Each person had chosen the colour for their bedroom door. People and relatives had been asked about improvements for the garden.
- Signage was in place throughout the home to support people who live with dementia.
- People had access to a mature garden, which gave enough shade when needed. Access to the garden was down concrete slopes with handrails at either side. We identified the handrails needed a small repair. This was discussed with the operations manager who took immediate action to make them safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was not rated. At this inspection this key question has been rated as good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives provided positive feedback about staff and the service. Comments from people included, "Staff can't do any more for you. They are good", and, "I haven't met a nasty one yet!". Relatives comments included, "They (staff) have been absolutely wonderful", "I find the staff really nice", "[Relative] is comfortable and happy there", and, "[Name of registered manager] is a really nice man, he's concerned about the families as well as the people in the home".
- Staff spoke about people with compassion and we observed kind, patient and positive interactions between people and staff. Staff approached people at eye level and used appropriate gentle touch and humour to support their communication with people.
- Staff respected people. One relative told us their relative had said, "I get respect from them (staff)".

Supporting people to express their views and be involved in making decisions about their care

- Daily notes contained examples of how people were able to express their views.
- Staff encouraged people's choice and supported their decisions.
- People described how they had freedom to make decisions about their care. One person told us, "We get asked if we want to get up. I get what I like." Another said, "You can chose what you want. I can do what I like" and "I can tell them if I don't like something".

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. People confirmed staff respected their privacy and always knocked on their door and waited for an answer before entering.
- Staff encouraged people to maintain their independence and asked before providing any care.
- Care plans were kept locked away when not in use.

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 not rated. At this inspection this key question has been rated as 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

- Care plans were personalised and contained information about how they wished to be supported with tasks.
- Staff were knowledgeable about people, including their life history, family relationships and likes and dislikes.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were appropriately shared with other health professionals.
- One relative had needed to remind the home about the need for the relative to use a communication aid. The registered manager had since taken action to ensure everyone's communication aids were checked during each handover.

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 home had supported appropriate visits according to guidance. The home supported people to keep in touch with their relatives.
- People had access to activities. People told us they liked to be involved in activities which included ball games, skittles and bingo. Although, a dedicated activity provision had only recently commenced people told us they could choose activities.

Improving care quality in response to complaints or concerns

- Formal complaints were recorded and responded to in line with the provider's complaints policy.
- Informal complaint and day-to-day concerns had not been recorded in the complaints log. Care plan records showed these had been resolved. We discussed with the registered manager who made immediate arrangements for these to be recorded to ensure a full overview of all complaints.
- People and relatives told us they knew how to complain and had no hesitation in raising issues or

concerns. A person told us, "I'd tell [registered manager] if I wanted anything sorting."

- Following a comment from a relative the registered manager had improved signage in the reception area about how to complain.

End of life care and support

- People were encouraged and supported to make decisions about their preferences for end of life care.
- A relative described how the home had contacted them to involve them in their relative's preferences as the person was unable to do so themselves.
- There was no one receiving end of life care during our inspection visit.

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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure governance systems were in place and there was management oversight of the service. This was a breach of regulation 17(1)(2), Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection some improvement had been made however not enough improvement had been made and the provider remained in breach of this aspect of regulation 17.

- Governance arrangements were in place, and management oversight had improved since the last inspection. However, not all of the concerns we found during our inspection had been identified by the service.
- There was a lack of clarity about the roles and responsibilities of staff, which was evident in the staffing rotas and confirmed by staff we spoke with. Following our inspection the registered manager has confirmed improvements have been made in staff deployment, particularly the deputy manager and activity roles.
- The provider undertook monthly visits and received a weekly report about the service from the registered manager.
- The registered manager had good oversight of the home and handovers, although it was not always clear how actions were tracked and monitored. We discussed this with the registered manager who immediately made changes to this process.

Although we found no evidence people had been harmed this is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, relatives and staff told us the service was well-led. People and relatives confirmed they knew who the manager was. Staff told us the registered manager was approachable.

- The registered manager described the improvements they had made since starting at the home and talked about getting to know staff and people as individuals. Staff confirmed changes had been made and told us they enjoyed working at the home.
- Staff were encouraged to take ownership and responsibility for their roles.
- The provider acted on their duty of candour. Relatives confirmed they had been contacted about the last inspection report and felt well communicated with.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager had an open-door policy and people, relatives and staff confirmed this.
- Regular meetings had started to take place for people and staff. Relatives were contacted and a newsletter had been developed. Staff meetings had started to take place regularly. Staff included and participated in these.
- Surveys for people, relatives, staff and visiting professionals had taken place. The registered manager had implemented a "you said, we did" information poster. One person had asked for 'serviettes' to be available at mealtimes and these were now in place.
- The registered manager had ensured required actions to improve the service were discussed with staff and had encouraged staff development to improve care.

Working in partnership with others

- The home had engaged with the Local Authority to support improvements to the service.
- The registered manager attended meetings with other providers in the area to facilitate information sharing and learning.
- The home had worked in tandem with a GP to ensure a person received the right medication for their health.

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 17 HSCA RA Regulations 2014 Good governance Reg 17 (1) The provider had failed to ensure systems and processes were operated effectively to ensure good governance. Reg 17 (2)(a) The provider had failed to monitor effectively the quality and safety of the service.