

QH (Rosewood) Limited

Estherene House

Inspection report

35 Kirkley Park Road
Lowestoft
Suffolk
NR33 0LQ

Tel: 01502572805

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Estherene House is a care home providing personal and nursing care to 29 older people at the time of inspection. The service can support up to 36 people.

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

At the last inspection the service needed to make improvements to comply with recommendations made following a fire risk assessment and water quality risk assessment. This work had been completed at this inspection. This assured us that people were safe from the risk of Legionella and of harm in the event of a fire.

At the last inspection the service needed to make some improvements to care planning. At this inspection we found that the information in care planning and risk assessments had improved.

People's medicines were managed, monitored and administered safely and there were enough staff to provide care to people at the time they required it.

The service was clean and there were appropriate procedures in place to minimise the risk of the transmission of COVID19. At the last inspection some staff were not wearing PPE (Personal Protective Equipment) properly, but this had improved at this inspection.

The provider had made improvements to the quality assurance system in place and had employed a new member of staff to complete quality assurance audits on their behalf. These had already resulted in positive development of the service.

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

Rating at last inspection

The last rating for this service was inadequate (21 July 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 21 July 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.

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 safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Estherene 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

This inspection was carried out by one inspector.

Service and service type

Estherene 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.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative. We spoke with five staff members

including the registered manager, administrator and care staff. We reviewed five care records and two recruitment files. Multiple records relating to the quality, safety and monitoring of the service were reviewed.

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 'Good'. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not acted on works identified as required in a fire risk assessment completed in 2016 and a Legionella risk assessment carried out in March 2018. We told the provider to complete this work as a matter of urgency to ensure people were protected from the risk of harm in the event of a fire and from the possible presence of Legionella in the water system.
- At this inspection we found that the provider had completed all the work required and had carried out additional improvement works such as replacing the boiler to ensure the heating worked more effectively in the winter.
- The service had also been told to make improvements to care planning for identified risks to ensure it accurately reflected people's needs, and the support required from staff to reduce the risk. At this inspection we found that these improvements had been made in all but one care plan. Action was being taken to address the shortfalls in one care plan and we did not have concerns that this impacted on the safety of the person.
- Some improvements are still required to ensure staff record care interventions consistently, but this did not have an impact on the care delivered.

Preventing and controlling infection

- At the last inspection the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because a number of staff members were seen to not be wearing their masks in line with government guidelines. At this inspection we found that the registered manager had taken robust action with regard to this and staff were now wearing PPE correctly.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The provider had ensured all staff working at the service had received required vaccinations in line with government guidance to safely support people.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding, the different types of abuse and their responsibility for protecting people.
- The service identified incidences which were potentially safeguarding concerns and took appropriate action in response to these.

Staffing and recruitment

- There were enough staff to support people at the time they needed it. A relative said, "They respond pretty quickly when called. [Person] doesn't wait long." This confirmed our observations that there were enough numbers of staff to meet people's care needs and spend time with them, engaging them in activity.
- Recruitment procedures were robust, and this ensured that people recruited were of suitable character and background for the role.

Using medicines safely

- Medicines were managed and administered safely. We checked the number of tablets left in stock and compared these to the numbers of tablets signed for on the medicines administration record (MAR) and found these matched. Balance stock checks were carried out regularly to ensure any possible omissions were identified promptly.
- Information about how people liked to take their medicines was included in their care records. Staff had access to information about when it would be appropriate for people to take medicines, they were prescribed on an 'as and when' basis (PRN).

Learning lessons when things go wrong

- The provider had learned from the shortfalls we found at the previous inspection and had identified that they required the support of someone with a health and social care background to oversee the quality of the service. They had employed a permanent member of staff to undertake this role and the registered manager told us this had been effective. We could already see the outcome of themed audits they had completed, such as around the use of emollient creams which can be flammable. This had led to the service putting in place risk assessments for all people using these creams to minimise the risks to them.
- Incidents and accidents were recorded, and the registered manager carried out an analysis of these on a monthly basis.

- Actions were taken as a result of the analysis of incidents and accidents. Action taken included referrals to mental health teams and falls specialists.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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, managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and continuous learning and improving care

- At the last inspection the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not acted upon the safety recommendations made in a fire risk assessment and Legionella risk assessment in a timely way. In addition, we found that they did not have an appropriate quality assurance system in place at provider level to monitor the quality of the service and ensure it consistently met the regulations.
- At this inspection we found that the provider had completed all the required works and had also carried out other improvement works to the service, such as replacing a boiler, so the heating worked more effectively.
- The provider had also learned from the shortfalls picked up at the last inspection and had identified that they required the support of someone with a health and social care background to monitor and oversee the quality of the service. They had made a permanent appointment and this staff member had already started carrying out themed audits in the service. They had also provided the registered manager with a programme of themed audits to complete over the coming year. The registered manager was positive about this new staff member who they said was already having a positive impact in assisting them to identify areas the service could improve in. We were told this staff member was a registered nurse and we could already see that improvements had been made to make care planning and risk assessment more robust.

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

- At the last inspection the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were not assured that the provider was promoting a positive culture which achieved good outcomes for people, because they had not acted upon shortfalls that compromised their safety in a timely way. We also found some staff did not recognise their responsibility in keeping people safe from the risk of the spread of COVID19 because they did not wear PPE correctly.
- At this inspection we found that the culture of the provider had improved, and they had taken steps to ensure people's safety was prioritised by carrying out necessary works. They had also invested in the long-term quality and improvement of the service by employing a new member of quality assurance staff. This

assured us that the provider was committed to promoting a positive culture in the service and ensuring it consistently achieves good outcomes for people.

- The culture of the staff team had also improved, with all staff understanding their responsibility to keep people safe by wearing PPE appropriately at all times.

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

- People were given opportunities to feedback their views through surveys and meetings. People's feedback was acted upon and included in plans to improve and develop the service.

- Staff had the opportunity to complete a survey and the results of this were analysed by the registered manager as part of the ongoing development of the service and staff team.

Working in partnership with others

- The service had formed relationships with other organisations such as Suffolk County Council, the Clinical Commissioning Group (CCG) and district nursing teams.
- The service contacted other professionals for advice and support to help them make improvements. For example, the service had sought support from the CCG's Medicines Optimisation Team to advise them on developing their medicines administration system.