Eckling Grange Limited

Eckling Grange

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 1 and 2 November 2017. The first day of our inspection visit was unannounced. Eckling Grange is a care home that provides accommodation and care for up to 60 people. It is also registered to provide personal care to people living in the bungalows that are within the grounds of the home.

The care home is split into two areas. One is called the Grange that provides residential care and the other the Wing that is a separate enclosed unit, specifically for people living with dementia. At the time of the inspection, 36 people were living in the Grange, 20 in the Wing and four people in the bungalows were receiving support with their care.

The service had a registered manager. 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.

At our last inspection of this home in July 2016 we awarded it an overall rating of Requires Improvement. At this inspection we found that although the specific areas we told the provider they needed to improve in at our last inspection had been made, that they had not sustained improvements across the whole service. This was because people's medicines had not been managed safely and the current governance systems in place were not robust enough to improve the quality of care in some areas. Also, incidents that the provider should have told us about had not always been made. Therefore, our judgement is that the overall rating for the home remains Requires Improvement. There were two breaches of regulation in respect of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Most risks to people's individual safety had been managed well. This included risks in relation to falls, people developing pressure sores, not eating or drinking enough and choking. Where people had been assessed as being at risk in these areas, the staff had taken action to keep people safe from harm. However, we did find that some people's prescribed creams were not being stored securely which may have been a risk to some people.

Most risks in relation to the premises had been assessed and managed well. However, we found that some pipework in a communal bathroom was very hot which posed a risk of burns to people if they fell against them or touched them. The provider took immediate action once we raised this issue with them to protect people from the risk of burns.

The staff knew how to protect people from the risk of abuse or unfair and discriminatory treatment. Any concerns raised had been investigated by the registered manager although not all had been reported to the relevant authorities as is required.

We received mixed feedback about staffing levels in the home from the people living there. During our inspection we saw there were enough staff to meet people's needs and staff told us this was the case. The registered manager and provider had identified that improvements needed to be made to how quickly staff responded to people's requests for assistance. Actions had been taken and some progress made but further improvements in this area are required.

Staff had received sufficient training and supervision to provide them with the relevant skills and knowledge to provide people with effective care. They were encouraged to do qualifications within health and social care to enhance these skills.

Consent was obtained from people appropriately and when required. Where people lacked capacity to make their own decisions, staff ensured they made any decisions on behalf of that person in their best interests and in line with their wishes if these were known.

People had access to enough food and drink to meet their needs and they were supported to maintain their health.

Some areas of the premises required maintenance and improvement which the provider was actively working on. This was both in response to areas they had identified required improving and people's feedback. The home had a warm, friendly and homely atmosphere with a number of areas people could reside in to promote their privacy.

Staff were kind, caring and compassionate. They put people first and valued them as individuals. A culture that treated people with dignity and respect had been instilled within the home. This meant that people were given freedom and choice to live their lives as they wished. People were supported and were able to make decisions about their own care as much as possible without restriction.

People's cultural and diverse needs were fully supported and respected. People were supported to take part in activities that they found of interest and that enhanced their well-being. There was a strong feeling of community within the home where people living in the home and in the bungalows developed friendships. External organisations also visited the home which enhanced these community links for the benefit of the people living in the home.

There was an open culture in the home. People and staff felt comfortable around each other and felt confident to discuss concerns or complaints if they arose. They felt valued and listened too and had confidence in the management team that action would be taken in response to any issues they raised. Concerns raised were fully investigated and dealt with by the management team.

The management team were continually looking for ways to improve the quality of care that people received. People's ideas were regularly sought on this and they were involved in the running and development of the home.

We have made one recommendation in the report regarding the provider and registered manager familiarising themselves with legislation in relation to supporting people with specific communication needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some medicines were not being kept secure in line with relevant legislation. Records did not always show that people received their medicines when they needed them or in a safe way.

People and relatives gave us mixed views regarding current staffing levels. We found there were enough staff working in the home during the inspection visit but that the provider's audits showed further improvements were needed to ensure people's request for assistance were consistently met in a timely manner.

Some risks to people's safety had been assessed and managed well. However, action had not always been taken to reduce the risk of people experiencing avoidable harm.

Staff had only been recruited to work in the home following the completion of the required checks to ensure they were safe to work in care.

Is the service effective?

Good

The service was effective.

Staff had received sufficient training and supervision to provide people with effective care.

People's consent had been sought in line with the relevant legislation.

People received enough to eat and drink and they were supported to maintain their health.

The environment was suitable for the people who lived in the home. The provider was making improvements to some areas of the home that they had identified as requiring refurbishment.

Is the service caring?

Good

The service was caring.

Staff were kind, caring, compassionate and attentive. This made people feel they mattered and valued.

People's dignity was upheld and they were treated with respect and as an individual. Their independence was encouraged.

People were encouraged to make decisions about their care. Decisions they made were respected. Staff adapted their communication to facilitate people making decisions.

Is the service responsive?

Good

The service was responsive.

People's individual needs and preferences had been assessed and were being delivered.

People were offered as much freedom, choice and control to live their lives as they wished.

People were encouraged to take up and maintain hobbies that improved their well-being.

Concerns and complaints were welcomed, listened to and fully investigated to reduce the risk of the issue re-occurring.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Robust quality assurance systems were not all in place to ensure that issues and errors could be quickly identified and corrected. The provider had failed to ensure consistency of quality of care.

There was an open culture in the service where staff and people felt valued and treated as individuals. They were involved in the running of the service.

Good links with the community had been formed for the benefit of people living in the service.

Eckling Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 and 2 November 2017. The first day of our visit was unannounced and was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, two inspectors visited the home one of whom specialised in medicines management.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also reviewed other information that we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority quality assurance team.

During the inspection visit, we gained the views of 12 people living in the home and three visiting relatives about the care that they/their relative received. We spoke with ten staff which included care, kitchen and activities staff. We also spoke with the training manager, the registered manager and a representative of the provider. Some people living in the home were not able to communicate their views to us, therefore we spent time observing how support was provided to them.

The records we looked at included six people's care records, 25 people's medicine records, three staff recruitment files, staff training records and records in relation to the safety of the premises. We also looked at documentation showing how the provider assessed the quality of the service they provided.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we rated Safe as Requires Improvements. At this inspection, we have again rated Safe as Requires Improvement.

People's medicines were not always managed safely. We looked at how the service managed people's medicines and how information in medication records and care notes supported the safe handling of their medicines.

In December 2016, the local authority told us of a concern that had been raised with them regarding the safe administration of insulin within the home. This was because one person had been given an incorrect dose. In January 2017, the registered manager told us of a further error that had been made where a person had not received their insulin at the correct time. Neither of these people were harmed due to these errors.

We therefore checked the management of insulin as part of this inspection. One person was receiving insulin within The Grange and we checked their records. We found a recent gap in the records which indicated that it may not have been given. The registered manager and a senior member of staff told us that both the staff and the community nurse were responsible for administering the insulin. They said that on some occasion's staff would do this but on others the community nurse would. On this occasion, they told us a community nurse administered the insulin and we were therefore satisfied the person had received it. However, as the record had not been updated there was a risk that an additional dose could have been given in error. This issue had not been identified as an incident to help make sure appropriate actions were taken to minimise the chance of a similar error occurring again in the future.

We audited some people's medicines to see if the number of tablets left matched the records of administration. We found issues with five people's medicines. Three people had an excess of tablets in relation to the medicine records. This suggested that people may not have received all of their medicines as intended by the person who prescribed them.

For a person managing their own medicines, we noted that these were not securely stored within their room. This meant they could be easily tampered with or removed without authorisation. Although the registered manager had completed a risk assessment regarding the person taking their own medicines, they had not considered this as a risk. They had not explored other ways that could support the person's independence whilst also ensuring the medicines were kept secure.

External medicines such as creams and ointments were often not properly secured so it was possible people living at the service could access them placing themselves at risk of accidental harm. There were lockable cabinets available to staff to store these medicines in. Although we found these were locked, the key had either been left in the lock or on top of the cabinet rendering the medicines unsecure.

Records of application of these creams were frequently not completed, indicating that they may not have been given as intended by the person who had prescribed them. For example, one person had been

prescribed topical cream zerobase to be applied 'at least twice per day', however the records from 23rd October to 1st November 2017 implied the cream had only been applied twice on one occasion, once on two occasions and not at all for seven days. We also found that some medicines such as paracetamol had not had the appropriate time interval between doses even though the records clearly stated when the last dose had been given. This presented a risk that people could be overdosed with the medicine.

Some supporting information was available for staff to refer to when handling and giving people their medicines but this was not always accurate or clear placing people at risk of receiving their medicines incorrectly. For example, there was personal identification and information about known allergies and medicine sensitivities. However, there were inconsistencies between information about medicine sensitivities in care notes and on medicine administration record charts. This could have led to confusion and error placing people at risk of receiving incorrect medicines.

There was inconsistency in the completion of records relating to the application of prescribed pain patches. Some records had been completed correctly to show where the patch had been applied to their bodies and to confirm they were later removed before the next patch was applied. This is important to protect the person's skin and ensure staff know when and where to place a patch. However, these records had not always been completed by staff and they did not always show that patches had been applied as the prescriber intended.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other improvements are required in relation to the safe management of people's medicines. Oral medicines were stored in a separate room that was only accessed by a keypad. However, the security code of this keypad did not differ from other codes used throughout the home. Therefore all staff who knew these codes could enter the medicines room rather than only staff authorised to deal with medicines. This is low risk as only authorised staff had keys to access the relevant medicines however, it is good practice to ensure the code is changed regularly.

Care plans about people's medicines did not show how people preferred to have their medicines given to them. When people were prescribed medicines on a when-required basis, including pain-relief and sedative medicines, there was not always detailed written information available to guide staff how and when to give them to people to ensure they were given consistently and appropriately.

Some controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), were not being stored in line with relevant legislation. Although they were being kept in a secure room, they were not stored in the controlled drugs cabinet which has to meet certain standards for safe storage. Furthermore, the records showed that these medicines were no longer at the home and that they had been disposed of which was incorrect.

Risks to people's individual safety in areas such as falls, choking, developing pressure sores and not eating or drinking enough had been assessed and managed well. Staff had the necessary information to support people safely and they were able to tell us what steps they took to keep people safe. We observed that the identified actions to reduce risks of people experiencing harm in these areas had been put in place. For example, to reduce the risk of people developing a pressure ulcer they were using specialist equipment. Some people who had been deemed as being at risk of falls had the relevant equipment in place such as a bed low to the floor or a crash mat to protect them from injury if they fell.

Most risks in relation to the premises and equipment people used had been assessed and actions taken to mitigate risks. For example, regular checks in relation to fire safety, the risk of legionella and gas safety had taken place. Lifting equipment such as hoists had all been serviced in line with the relevant legislation to ensure it was safe to use. However, during a walk around of the home, we found that one communal bathroom had exposed pipework in it that was hot to the touch. Some people living in the home were at risk of falling and therefore, this posed a risk of burns should they fall against the pipes. Other exposed pipework was also found although that was cold to the touch. We spoke with the representative of the provider about this. They immediately assessed the whole building in relation to this risk and took remedial action for the protection of people living in the home.

All of the people we spoke with told us they felt safe living in the home. One person told us, "I do feel safe, yes I do." Another person said, "I am safe and secure. I must be because I sleep well. I have no worries." A relative told us, "I have never been concerned about anything untoward." Another relative said, "Every time I leave after a visit I feel content."

The staff were clear about how to protect people from the risk of abuse. They understood what abuse was and the various forms it could take. They told us they would report any concerns they had to the registered manager or a senior member of staff. They were also aware they could report it to other organisations outside of the home if they needed to. Records showed that staff had received training within this subject and that safeguarding matters were discussed in team meetings to help staff learn from past events.

The registered manager had investigated any such concerns raised with them and taken action where necessary. They had reported most issues to the appropriate authorities although during the inspection, we were made aware of a recent incident that had not been reported appropriately. The registered manager agreed to do this immediately.

The staff told us that some people living in the home sometimes became upset and distressed. This may pose a risk to the person, other people living in the home and the staff. We asked staff how they managed these situations. They told us they used techniques such as distraction or removed a person from the area to help them calm down. Their explanations matched the information that had been documented within people's care records. Therefore, staff applied consistent approaches to ensure people's safety. We observed staff putting this into practice. They used techniques to calm people and dealt with these situations well.

We received mixed views from people in relation to staffing levels and whether there were consistently enough to meet their needs. Four of the six people we spoke with about this subject told us this was not a concern for them. One person told us, "I never wait more than five minutes for the bell to be answered." However two people said it was sometimes a concern. One person said, "Generally they answer the buzzer in good time but sometimes they are a little late and if it's because I want to go to the toilet, I can't wait." Another person said, "In my room I have occasionally had to wait 10-15 minutes for my buzzer to be answered."

We also received mixed feedback from the relatives we spoke with. One relative told us, "I have noticed that on occasions there is a delay. Say five minutes before [family member's] bell is answered and that is always tricky if it is related to a toileting issue." Another relative said, "The bells do seem to be going off a lot. Not so much today. In mum's case it seems there have been no problems with how long she has had to wait. They seem to have time to talk, in which case there must be enough staff."

All of the staff we spoke with told us they felt there were enough staff to meet people's needs and to keep

them safe. They said that on occasions, a staff member may not be able to do their shift at the last minute but that this was normally covered. The staff rotas showed there were usually seven to eight care staff working in the morning and seven in the afternoon within the Grange and five in the morning and four in the afternoon in the Wing. In the Grange, these staff were supported by one activities member of staff, two senior support workers and one head of care in the morning, and one activities member of staff with one senior support worker in the afternoon. The staff in the Wing were supported by an activities member of staff, one senior support worker and one head of care in the morning, and one activities member of staff with one senior support worker in the afternoon. One head of care oversaw both sides of the home in the afternoon. The registered manager told us if required, existing staff were used to cover any staff absence and that they now had in place a bank of staff who could also assist.

During our inspection visit, we saw that people's request for assistance was met in a timely manner. For example, staff responded promptly to a person who became very upset and anxious as they required personal care. Another member of staff was not rushed in their interaction with a person who needed time to express their wishes. Call bells were also answered quickly.

The registered manager told us the provider monitored staff response to people's request for assistance through the conduction of an audit of call bell waiting times. In September 2017 it was found that 69% of calls were being answered within five minutes. The registered manager told us that a number of actions had been taken to improve this. These included reviewing and changing the hours that some senior staff worked. This was so they could assist care staff later in the evenings which they had identified as being a particular busy time. Administration staff also worked later so that care staff did not need to answer the phone which left them free to assist people. A further audit in November 2017 found that 75% of calls had been answered within five minutes. This was an improvement however, this meant that 25% of calls may not have been answered within this timeframe. Therefore, further improvements are required to the deployment of staff to ensure that people's requests for assistance are met in a timely manner.

We asked the registered manager how they calculated the number of staff they required to meet people's needs. They told us a tool was used to calculate the home's requirements and that this was formally completed every six months. We asked the registered manager whether they felt a formal calculation of needs every six months was sufficient to give them accurate staffing levels. They told us they felt the current staffing levels within the home were sufficient but agreed that a more regular calculation might be beneficial. Since our inspection visit, the registered manager has confirmed they will formally review staffing levels on a more regular basis. This is so the provider can ensure that staff are deployed effectively in the home to meet people's needs consistently in a timely manner.

The registered manager had conducted the required recruitment checks prior to staff working in the home. This was to ensure that staff were suitable for working within a care environment. These included obtaining references from the staff member's previous employers and a Disclosure and Barring Service (DBS) check prior to commencing employment at Eckling Grange. The (DBS) helps employers ensure staff they recruit are of good character and therefore suitable to work with people who use care and support services.

Good

Is the service effective?

Our findings

At our last inspection we rated Effective as Requires Improvement. At this inspection, we have rated Effective as Good.

At our last inspection in July 2016, we found that the principles of the Mental Capacity Act (MCA) 2005 had not always been followed when decisions had been made on behalf of people who could not consent to a particular aspect of their care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We told the provider they needed to improve within this area. At this inspection we found the required improvements had been made.

All of the people and relatives we spoke with told us that they or their family member's consent was sought when needed. One person told us, "They always ask permission before they do anything. They'll say, 'Are you ready to go?' or whatever it is." Another person said, "Yes they ask my consent."

Staff said they had received training in the Mental Capacity Act (MCA) and most staff demonstrated a good understanding about what this meant for their role. We observed staff involving people in decisions about their care. They always asked for consent before performing a task such as placing a tabard over someone's clothing to protect it when the person ate their meal. Where people found it difficult to consent, staff supported the person by, for example, showing them the food or drink on offer so they could make the decision themselves. The staff when spoken to, were aware that any decisions they made for people had to be in their best interests.

Each person's care record contained clear information about what decisions they could make themselves and when/how staff could support them when needed. However, the accompanying assessments of people's capacity to make their own decisions was generic in nature implying that people lacked capacity to make all decisions. We spoke with the registered manager who told us they recognised this record was mis-leading. They had therefore begun to introduce new paperwork to ensure that assessments of people's capacity were being performed in relation to specific decisions rather than generically.

Records of any decisions made on behalf of the person in their best interests had been made and in the main, detailed the people who have been involved in that decision. However, this could be improved further by stating clearly in care records whether people have a nominated legal representative who can directly consent for a person in relation to their health and welfare. This is important to ensure staff do not get confused as to whether or not a relative can legally make decisions on behalf of a person without having to go through the best interest decision making process.

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 is called the

Deprivation of Liberty Safeguards (DoLS). The registered manager had assessed people living in the home in relation to DoLS and where they felt this was necessary, had made an application to the appropriate organisation for approval. The staff had recently contacted the DoLS team for advice in relation to a particular issue which demonstrated staff were aware of the need to support people in the least restrictive way.

All of the people and relatives we spoke with told us they felt the staff were competent and had good knowledge and skills to provide effective care. One person told us, "They all know I need a rota stand to help me up. They steady me and I am confident in them." Another person said, "They know exactly what to do to help me with the hoist. They know my skin is thin so use a cushion where the hoist will make contact. They talk me through and reassure me." A relative told us, "They know mum's needs so there are always two carers to lift and support her."

All of the staff we spoke with told us they felt they received enough training and supervision to provide people with safe and effective care. They said they had completed training in a number of different subjects including but not limited to, supporting people to move, safeguarding people from the risk of abuse, infection control and dementia. Staff told us they were able to seek training in other areas if they felt they required it. For example in nutrition, catheter or diabetes care. We observed staff using safe practice throughout the inspection.

The staff told us their competency to perform their roles effectively was regularly monitored by the senior staff. They also said they felt fully supported to develop within the home and that they were encouraged to complete qualifications in health and social care. We found that records in the main supported this although some staff had not had their competency tested in relation to the safe management of medicines within the last 12 months which is good practice.

The registered provider had systems in place to ensure staff received the induction training they required to carry out their roles. This induction training, which was completed over five days, was comprehensive in nature. New staff completed the Care Certificate during their probationary period. This is a recognised industry qualification that provides staff with the knowledge and skills they need to provide people with good quality care. We spoke with the home's trainer who demonstrated they had sufficient experience and knowledge to train staff effectively within the home.

People were satisfied with the food and drink they received. They told us their individual likes and dislikes were respected and that they were offered a choice or alternative if necessary. One person told us, "The food is very good. I don't like pork so they avoid giving it to me and they'll do soup for me if I want. I can eat where I like. We get fresh fruit sometimes with the meal." Another person said, "The food must be good. I've put on weight. They are very obliging if you want something different like omelette." A relative told us, "Mum says the food is good and she likes the fact that she can choose something else."

The staff were knowledgeable about people's individual likes and dislikes. We saw one person being given their favourite food which they looked to enjoy eating. The kitchen staff told us the communication with them about people's individual dietary requirements due to their health or cultural needs was good. This ensured people's values were respected and their safety was maintained.

We observed lunchtime in both the Grange and the Wing. Both were pleasant experiences for people. People were offered choice and provided with assistance when this was required. This was always completed in a friendly, polite and respectful way. Within the Wing, food was served on coloured plates to help people distinguish the food, thus encouraging them to eat. In the Grange, people were able to help

themselves to accompanying vegetables meaning they had choice and control over how much of these were on their plate.

Staff took appropriate action in response to concerns in relation to people not eating and drinking enough to maintain their health. They closely monitored people and this included regularly weighing them with their consent or in their best interests and providing them with extra snacks. On the first day of our inspection visit, a number of kitchen staff were attending training on how to provide people with high calorific food and drink if this was necessary.

People were supported to maintain good health. One person told us, "Yes I'm sure they would get the doctor if I said I didn't feel well." The staff demonstrated they were knowledgeable about people's health needs and gave us examples of when they would seek specialist help. For example, one staff member told us they would request advice from the GP if someone stopped drinking or if their intake was particularly low or unusual for several days. Another staff member said they contacted the specialist dementia team if they felt a person required more support with their behaviour.

The records we looked at confirmed people were supported with their healthcare needs. This included seeing dentists, GPs, physiotherapists, occupational therapists, district nurses and chiropodists when required. Emergency services were contacted when necessary. One person told us, "I have fallen twice and once had a fracture and was taken to hospital. Both were dealt with properly." A relative said, "On one occasion, [family member] told the carers she had had a minor fall but it turned out to be more serious. When the home found out, the doctor was called and she was taken to hospital. I was informed straight away when the doctor went in."

The environment within both areas of the home was homely and welcoming. Items of furniture had been carefully chosen to maximise this effect. There were a number of different areas people could reside in both parts of the home. In the Grange there was a large communal room where people gathered to talk and do crafts and activities. There was also a TV lounge and a quiet area that people could choose to sit and read or watch television. In the Wing, there was a large communal area and other quiet areas with comfortable chairs that were inviting for people to use. There was also a reminiscence area which people were observed to make use of and enjoy during our inspection visit.

There was clear signage to help people find their way to communal areas. There was good use of colour to also help people who may require more support to see and find particular areas of the home. In the Wing, there were tactile items available for people to pick up and feel and provide them with sensory stimulation.

In the Grange, we saw that some carpets in communal areas were stained and therefore looked unpleasant. The provider told us they had recognised this. They said they had a refurbishment plan in place which they shared with us. This included replacing certain carpets and flooring in communal areas and within people's rooms. They were also planning to install a shower into both areas of the home in 2018. This had been in response to requests from the people living in the home.

Good

Is the service caring?

Our findings

At our last inspection we rated Caring as Good. At this inspection, we have continued to rate Caring as Good.

Without exception, all of the people told us they felt staff were kind, caring, polite and treated them with dignity and respect. They also told us they felt valued and that the staff knew them well and were interested in them which made them feel that they mattered. The relatives we spoke with agreed with this.

One person told us, "The carers are very good. They are so cheerful and nothing is too much trouble. I chat to them and it could be about their families or general things. I like jokes and conversations with them, it makes me feel good. It shows to me how much they care. I really matter to them, or it feels like that!" Another person said, "Yes I feel they are kind. That's based on a combination of how they help me and how they respect me. They make me laugh with some of their tales. Yes of course all of this makes you feel good. The more of it the better." A further person told us, "Everyone is lovely here. They all really care about me and everyone else. They are so helpful. I'm so impressed. The carers are usually very busy but we can have a laugh on the 'right' level. It makes life feel normal. They respect me and treat me as an equal."

A relative told us, "The carers are kind, patient, reassuring and understanding. It really matters to [family member] to know this. The relationship with the activities' lady is so lovely and she goes out of her way to speak to mum. The staff know her so well. I know what she is like and goodness me they do too. She is well cared for in every way." Another relative said, "They are all kind here. Everyone genuinely cares about the residents' wellbeing. They remember who I am and chat to both of us. The cleaners join in too."

People also told us that staff had accompanied them to hospital when they had had an accident which they felt demonstrated a caring approach. One person told us, "I can't fault the support from the staff. You know when I went to hospital, a carer accompanied me. I really appreciated that." Another person said, "When I had to go to hospital a carer went with me in the ambulance. That didn't happen where I was before."

Our conversations with staff demonstrated they knew the people they supported very well. They understood their routines, personalities and likes and dislikes. Each staff member spoke of people in a respectful, warm and compassionate manner. This demonstrated they genuinely cared for the people they supported and valued them as individuals.

We observed many warm and friendly interactions between staff and the people living in the home. People were comfortable in the staff's presence and positive and caring relationships had been developed between staff and people who lived at Eckling Grange. For example, one person became concerned that their clothes did not match. Staff reassured the person that they matched very well and told the person they looked nice. The person smiled and became calm. Another person who became tearful was treated kindly. Staff took their hand and encouraged the person to have a walk in order to distract them. One relative told us, "Staff have a great empathy with people" and our observations throughout the inspection confirmed this.

People's birthdays were celebrated with the cook making them a special cake. Where this was a significant

birthday such as people reaching 100, flowers were also brought for the person. People's rooms were personalised to their own taste and they were able to have items in their rooms that were special to them and gave them comfort. One person told us, "I like it because they've let me bring things from my home. I've got my own bed and television plus a china cabinet. [Provider's name] also said I could bring my old armchair and my stack of CDs. It really has made it feel like home."

People's privacy and dignity was respected and upheld. Staff were observed to knock on people's doors before entering their room. Throughout the day staff were seen to use a portable screen when hoisting people in the communal lounges to help preserve their privacy. For people sat near the window within the Wing, staff also drew the curtains as an extra precaution when assisting with their mobility. This was because double decker busses sometimes went past and the passengers could look in which may have compromised people's privacy.

People's independence was encouraged. One person told us, "They [the staff] encourage me to do things for myself." When we spoke with staff they told us they routinely encouraged this to enhance people's wellbeing. One staff member told us how they encouraged a person to do as much personal care for themselves as they could. We observed one person being given the option to walk to their room or to use a wheelchair. The person opted to walk. One staff member supported them to do this in their own time whilst another, followed with a wheelchair for the person's safety. Another person had a cushion placed behind their back so they could be independent with eating their food. Some people were supported to take their medicines themselves and others were involved in making their own beds, tending and watering plants or dusting in communal areas which encouraged their independence and control.

People told us they felt in control of their care and that they were supported to make decisions. The relatives we spoke with agreed with this. Throughout the inspection, we heard staff offer people choice so they could make a decision about their care. For instance, we heard people being asked if they were ready for their lunch and where they would like to eat it. This provided people with choices about their meals and their dining experience. People were asked if they wanted to join in with activities or what they wanted to drink.

Before people moved into the home, they and a relative if necessary were invited to make decisions about how the care was to be received. The registered manager told us that people and relatives were invited to discuss the care that was being received every few months or whenever they wished to discuss this.

The registered manager told us that staff adapted how they communicated information to some people if this was required. For example, by writing information down if people could not hear or through facial expressions. We observed this practice during the inspection. Records showed that people's individual communication needs had been assessed and strategies were in place to meet these. For those with a sensory impairment or loss, a projector was available to magnify words, photos and pictures. There was also a hearing aid loop system in the lounge to support people with hearing loss and in the dining room, there was a public address system that could be used to help people hear any announcements. Large print Bibles, song books and audio books were also provided where required. However, the registered manager told us they had not heard of the Accessible Information Standard.

This standard has been in place since 1st August 2016. It legally requires all organisations that provide NHS care and/or publicly-funded adult social care to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.

From the evidence we saw we were happy that the home was meeting the Accessible Information Standard.

However, we recommend that the registered manager and provider familiarise themselves with this standard to ensure they are familiar with its requirements.

Good

Is the service responsive?

Our findings

At our last inspection we rated Responsive as Good. At this inspection, we have continued to rate Responsive as Good.

All of the people we spoke with expressed they were happy that the support they received and that their individual needs and preferences were met. One person told us, "I am happy here. All of my needs are met and I never feel let down by anything." Another person said, "They sensed I was not happy in my room so arranged for me to move to this much nicer one. They get me up and out of bed when I need help. In the night the carers check me every two hours. If I'm awake I say 'hello' and they'll help me to the toilet and settle me back down." Relatives were also happy that care was being delivered to meet their family member's needs.

The staff told us they were aware of how people liked to receive their care. One staff member said it was very important for one person to use a particular type of hand cream as they liked the smell of it. The staff ensured the person had a regular supply of this. Another staff member told us how one person only liked to receive personal care from female staff and that this was respected.

People's individual needs and how they wanted their care delivered to them had been recorded within their care record. There was sufficient information within these records to enable staff to deliver care according to people's wishes and we saw this was the case. We saw these records had been regularly reviewed so that they contained accurate and up to date information about people's individual needs and preferences.

Throughout the inspection visit, we observed staff being responsive to people's needs in line with their assessed needs. One example was the nutrition support plan for a person on end of life care. This noted that the person continued to enjoy their food and that the person 'must be supported to eat and drink for as long as they wish to do so and their comfort and dignity prioritised.' Staff were seen to spend time with this person over lunch to ensure they had enjoyment from their meal. Another example was where one person's record said it was important for them to be well dressed and to wear makeup and staff had ensured this happened.

All of the people and relatives we spoke with told us there was enough stimulation offered within the home to enhance their wellbeing. They said they were supported to maintain or take up new hobbies or interests. People also told us they were able to access the gardens when they wanted to and had sufficient freedom to do this independently. The garden area attached to the Wing was secure so that people could wander in and out of it when they wanted to for fresh air and sunshine on a nice day.

One person told us, "I've been out in the garden in my wheelchair and off to Blickling Hall and Yaxham Waters. I do go into the lounge and take part in most things on offer and attend a church service every Sunday. I entertain myself with the television." Another said, "I like the activities and keep busy doing art and making cards. I can't get bored as there's too much going on. The lounge is absolutely packed for the Sunday morning service." A further person told us, "I've been on trips to Norwich like the market and the

carol service. I do flower arranging, painting and keep fit. Whatever goes on, I'll do it. I can go for walks in the garden. I use the library as well. I'm content."

Regular trips were offered to local areas of interest. Outside entertainers also visited on occasions as did local school children and a charity who had been involved in building a pond within the grounds for the benefit of people living in the home. There were books available to people that they could read within the home. On the day of the inspection visit, we saw a number of people taking part in bowling within a communal lounge within the Grange and arts and crafts. People were seen to very much enjoy this activity.

In the Wing, there were less activities taking part. However, some people were supported to go over to the Grange to join in with activities and others were frequently engaged with by staff or had tactile and sensory objects they touched and looked at to prevent boredom. There was a member of staff who provided regular activities to people within the Grange. A new staff member had recently been employed to do the same in the Wing and they were currently completing their induction training. Other activities that people participated in included card making, flower arranging, gardening and singing.

Some people were interested in painting. One person displayed their paintings in the communal lounge and staff told us some of these had been sold to raise funds for the home. Parties were held in relation to significant events during the year such as Christmas and Easter. The harvest festival was celebrated which people were involved with. A summer fair had been recently held which had been well attended and funds had been raised for activities provision within the home. People from the sheltered accommodation bungalows within the grounds of Eckling Grange regularly visited people living in the home and attended activities. This created a communal atmosphere within the home with some good friendships between people having been formed.

Eckling Grange is a Christian care home. Therefore there is a strong emphasis in supporting people with their faith. As well as a weekly programme of social activities, people could also attend spiritual activities. This included a Sunday service, bible reading and a regular 'Thought of the day.' People told us it was important they were able to follow their faith and the staff had received training in this specific area to help them do this appropriately. A Pastor was employed by the home to visit people and offer them comfort if they required this, including hospital visits. Outside speakers provided people with talks around specific areas of people's interests. We observed that some people were supported to say grace before they ate their lunchtime meal.

All of the people we spoke with and relatives said they did not have any concerns or complaints. They told us if they did, they would feel confident to speak with the staff, the registered manager or the provider. Staff told us they were aware that any concerns or complaints needed to be raised with the registered manager for investigation. Staff were seen to encourage people to discuss any problems with them. For example, one member of staff spoke kindly with a person and said, "You can let any of us know if you have a problem. You must come to us."

The registered manager captured any complaints made. These could be made via letter, email, verbally or by filling in a form which was available for people to use. We saw that any concerns raised had been quickly investigated and dealt with to the person's satisfaction. The registered manager told us their preferred method was to meet with the person who had raised the concern face to face so they could discuss and agree a way forward. This was so they could fully understand the concern in an attempt to put actions in place to prevent the same issue from re-occurring in the future. They also said they analysed any complaints for patterns but that none had been found as the small number of complaints raised had been about different issues.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we rated Well-Led as Good. At this inspection, we have rated Well-Led as Requires Improvement.

During the previous two inspections that took place in January 2015 and July 2016, we rated the home overall as Requires Improvement. At this inspection although we found some good aspects in relation to the quality of care being delivered, we also found some areas of concern. Following our previous inspections the provider had always improved in the specific areas we had identified as needing improvement. However, their governance systems were not been robust enough to ensure they sustained improvements across all of the required areas.

Our concern in relation to the safe management of people's medicines had previously been raised with the provider in 2015 where a breach of regulation was made. At the following inspection in 2016, some improvements had been made which meant they were no longer in breach of the regulation. However, further improvements were noted as being required. At this inspection, we found that the management of people's medicines was not safe, resulting in a breach of the relevant regulation once again.

We found that existing audits of medicines had not identified the issues we found during this inspection and were therefore not effective. For example, the heads of care told us that the medicine records were checked each day for gaps and errors but the omissions we found had not been identified and therefore investigated or corrected. Records in relation to the administration of creams had numerous gaps. This particular issue had been raised before in a previous inspection but again had not been identified as a concern through any current governance process.

As the issue in relation to the gap in a person's medicine record regarding the administration of insulin had not been identified, it had not been reported as an incident for investigation and the registered manager was not aware of it. This was a concern as an error in relation to the administration of insulin had occurred late in 2016 due to staff following different recording procedures. When we spoke with the registered manager about our finding at this inspection, they told us there was no clear system in place to ensure that staff were clear who was responsible for updating medicine records where joint administration occurred between the home and the community team. This placed the person at risk of receiving a double dose of insulin and demonstrated a lack of learning within this particular area.

We also found some poor practice in place. For example, risks in relation to prescribed creams being in people's rooms unsecure. Some medicines that required special storage were being stored inappropriately and not in line with current legislation. The current systems in place had not ensured that these remained stored correctly until they had been returned to the pharmacy. A similar issue to this had again been found during our inspection in 2015.

During the last two inspections in 2015 and 2016, we received mixed feedback from people in relation to staff response to their requests for assistance. We again found the same thing at this inspection. The

registered manager told us they were aware that this needed to be improved and felt they had sufficient staff to do this. They told us that since an audit in September 2017 had identified that only 69% of calls were being answered within five minutes, actions had been taken to improve this. However, no follow up audit had been conducted to see if these actions had been effective at improving this situation. The registered manager told us these were completed monthly although the provider actually completed them quarterly. An audit was only conducted in November 2017 when we enquired about these audits after our inspection visit. This showed the staff response time had increased to 75% of calls. This meant this area was not being monitored sufficiently to ascertain whether the actions taken were effective or not at improving the issue.

The provider and registered manager were not aware of the relevant health and safety guidance that has been in place since 2012 in relation to risks associated with exposed pipework which placed some people at risk of burns. This area had not been identified as a concern in their health and safety audits.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In January 2015, we gave the provider a breach of regulation in relation to not notifying us of serious incidents as is required by law. At our inspection in July 2016 we were satisfied that this was being completed correctly. During the inspection however, we became aware that we had not been notified regarding an incident involving a person leaving the home when it had not been safe for them to do so. In December 2016, we were also notified by a third party of a concern that we should have been told about by the provider. At that time, we had to ask the registered manager to send us the required notification. This meant the provider had not ensured we were being notified about important incidents as is required by law.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009

Other systems in place to monitor the quality and safety of the care provided was robust at doing this. This included the monitoring of areas such as fire safety, equipment safety, staff awareness of how to report concerns and the quality and cleanliness of the premises. This monitoring took place in a number of different ways from regular audits to daily walk rounds by the registered manager. Analysis in areas such as complaints and falls had taken place. We saw that when a pattern had emerged in relation to a person falling, action had been taken to reduce them from experiencing injury.

All of the people and relatives were happy with the care and support that was being delivered. One person told us, "It's brilliant here. Not a single thing to worry about." Another person said, "I have been asked, 'Are you happy here?' I tell them yes because they make me feel content." A relative told us, "My abiding feeling is that this is such a caring place. Yes the physical side is dated and a lick of paint is required, but the qualities far outweigh anything negative."

People and relatives told us they felt there was an open culture within the home. They said the management team and provider were always available to them when they needed. They felt able to raise any concerns or complaints without fear of recrimination. One person told us, "[Provider] is in charge and he is always amiable. I can describe the home like this- it is all about friendliness and helpfulness." Another person said, "I'd advise anyone to move in here. 95% of everything is very good and that's difficult to beat isn't it? [Provider] and [registered manager] are both very nice." A further person said, "They are easy to talk to. When I arrived [the provider] said,'This is your home and we'll do everything we can to help you feel that.' The activity co-ordinator is absolutely wonderful. She is delightful, dedicated, patient and kind." A relative told us "All the staff talk to me as a visitor and I feel most welcome. [Provider and registered manager] do a very good job of leading this place."

All of the staff we spoke with agreed there was an open and inclusive culture. They told us they felt able to approach any of the management team at any time. They felt valued and were thanked when necessary. A number of staff had worked in the home for a long time and had gained promotions within the home.

The staff told us their morale was good and that they all worked well as a team to deliver care and support to people in the way they wanted. They told us they were asked for their opinion about the quality of care and were asked for their ideas. One staff member said they had raised that a hot trolley was required in one part of the home as people's breakfasts were getting cold. This had been listened to and immediately implemented.

From our conversations with the staff, it was evident that they understood the values of the home and that a culture of treating a person with respect and as an individual had been instilled in them by the management team. Some staff told us the aim was to provide people with 'holistic' care that was not just care based on their physical condition. One staff member said, "People are the most important thing." The registered manager told us this was a strong on-going ethos that they were looking to improve further. They were passionate about enabling people to live full lives with as much choice and freedom as they wished.

Staff meetings were held regularly. Minutes from these meetings demonstrated that staff were praised when they had done a good job and compliments from people and/or relatives were shared with them. Various issues were communicated to staff including any incidents or accidents that had occurred. Staff were also reminded of the importance of ensuring that people received care based on their own individual needs rather than in a task-based manner.

People were asked for their opinion about how the home should be run. This was completed in various ways through day to day chats and meetings. Review meetings with people who lived in the home and relatives took place regularly and feedback was recorded in care records. Those seen confirmed that people were happy with their care and were given the opportunity to be involved and make suggestions regarding the running of the home. The registered manager told us they were planning to involve people in the recruitment of staff so they could have a say who worked within the home. Relative's opinions were also sort and the home had arranged a 'cheese and wine' evening that relatives could attend to discuss dementia. The aim of this was to enhance relatives' knowledge regarding this condition and also provide them with support.

A survey was sent to people for their feedback on the quality of care. We read some of these and saw that in the main, they were very positive. The registered manager analysed these responses and took action where needed in response to people's suggestions. For example, people had suggested that their clothing should be returned to them on a hanger rather than folder to prevent creases, this had been implemented. Various activities had been requested and these had been implemented into the activities programme and the registered manager was looking to extend the Wi-Fi access in the home. Showers were also being installed in relation to people's feedback.

The provider and registered manager were keen to make further improvements within the home. This included refurbishing some areas of the home to make it more pleasant for the people living there. The registered manager told us they were in the process of starting regular meetings with more senior staff to discuss falls and other incidents each month to ensure all action was being taken where necessary. A new electronic care record system was to be implemented. This hope was that this would help to free up staff time so they could spend more time with people and also help staff obtain information about people's needs and preferences.

Links with the local community were in place. This included with the local church and school and various charities. Local supermarkets donated flowers so people could use these for flower arranging and a representative from another supermarket regularly visited and provided food and drink tasting sessions in a social gathering. The home's trainer had forged links with the local University and local healthcare professionals to enhance the training that staff received on various subjects. The home was also involved in a pilot study with the local clinical commissioning group. This was in relation to providing staff with the necessary equipment and skills to assess and dress certain wounds that people may experience.

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 18 Registration Regulations 2009 Notifications of other incidents The Commission had not always been notified of specific incidents as is required. Regulation 18, 1, 2 (e) and (f).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines had not always been managed safely Regulation 12, 1, 2 (a), (b) and (g).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Not all the systems in place were effective at identifying or mitigating risk to people's safety. An accurate, complete and contemporaneous record had not always been kept in relation to people's care and treatment. Regulation 17, 1, 2 (a), (b), (c) and (f).

The enforcement action we took:

We issued the provider with a warning notice and told them they had to be meeting this regulation by 31 January 2018