

Park Homes (UK) Limited

# Eccleston Court Care Home

## Inspection report

Holme Road  
Eccleston  
St. Helens  
WA10 5NW

Tel: 01744453655  
Website: [www.c-i-c.co.uk](http://www.c-i-c.co.uk)

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Eccleston Court Care Home is a care home providing personal and nursing care to up to 54 people. The service provides support to people requiring nursing care and support. The service is delivered in two separate buildings each with separate adapted facilities. At the time of our inspection one of the buildings supporting people living with dementia was not in use. There were 23 people using the service at the time of this inspection.

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

There were failings in how the provider led and had oversight of the service. The systems for monitoring the quality and safety of the service by the provider were not effective, as there was lack of monitoring and support by the provider.

People were supported by enough staff who knew them well. We have made a recommendation about how staff on duty are deployed around the service. People's medicines were generally managed well, staff were working to an action plan to improve the overall management of people's medicines. Recent fire inspection reports had identified areas of improvement were needed. We have made a recommendation for the provider to complete these improvements.

People and their family members told us they felt safe living at Eccleston Court Care Home. Comments included, "She is safe and is happy beyond expectation" and, "We sleep well at night as she is safe, it has taken a lot of pressure off us."

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. However, the policies and systems in the service did not always support this practice. Where required, applications had been made appropriately under the Mental Capacity Act. However, we have made a recommendation that best interest decisions made on behalf of people using specific furniture are formally recorded.

People were offered a choice of food and drinks at mealtimes. Staff worked with health care professionals to ensure that people's medical needs were met.

Records relating to people's care and support needed improvement to ensure that all relevant information was recorded appropriately. People were supported to maintain their hobbies, and activities were provided by the staff team.

People and their family members knew who to speak to if they wanted to make a complaint about the service.

People and their family members were happy with the care and support they received from the staff team. Their comments included, "Staff are amazing"; "Nothing is too much trouble" and, "Never had any problems with the staff, always polite and will do anything to help."

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters.' We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

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

#### Rating at last inspection

The last rating for the service under the previous provider Community Integrated Care was requires improvement, published on 11 November 2020.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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

#### Enforcement and Recommendations

We have made a recommendation in relation to responding to fire safety reports; management of some medicines; the deployment of staff; best interest decisions; records and accessible information.

We have identified breaches in relation to the overall management and oversight of the provider at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Eccleston Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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.

Eccleston Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eccleston Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service. We spoke with seven members of staff including the registered manager; nurses; care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

During the inspection we spoke with five family members by telephone to gain their views on the service.

We reviewed a range of records. This included several people's care and medication records. We looked at three staff files in relation to recruitment; training records and records relating to the management of the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated 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

- Systems were in place to identify, assess and monitor risk. However, an independent fire risk assessment and inspection from the Fire and Rescue Service carried out at the time of this inspection identified areas of improvement were needed. These improvements included both changes to the environment and equipment.

We recommend the provider takes action to ensure that all outstanding requirements made in relation to fire prevention are completed and continually monitored.

- People's care plans detailed potential risks to people.
- Identified risks were monitored including, risks in relation to malnutrition, weight loss and skin integrity.
- Unlabelled food was seen stored in a communal dining room fridge. We brought this to the attention of staff who took action to remove the food. During feedback, the registered manager told us the contents of the fridge were monitored daily by identified staff members.

### Using medicines safely

- People's medicines were not always managed safely.
- Unlabelled prescribed drinks for people were left in the communal dining areas. In addition, a prescribed cream without a lid was found discarded in the medicines room. These items were moved and destroyed by staff.
- A number of medicine errors had recently been reported. To address this, senior staff had developed guidance for the safe administration of medicines and were working to an action plan produced by the local authority medicines optimisation team.

We recommend that the provider takes action to ensure regular reviews of medicine administration takes place to minimise the risk of error.

- Policies, procedures and good practice guidance were in place for the safe management of people's medicines.
- Medication administration records (MAR) were in use to record people's medicines. These records were completed appropriately.

### Staffing and recruitment

- Sufficient staff were available to meet people's needs. However, during mealtimes people were seen waiting for staff to support them. At other times, staff were not always available to support people in the communal areas. Following feedback, the registered manager told us that a senior member of staff had now been identified to ensure that staff were deployed appropriately to meet the needs of people.

We recommend that the provider takes action to review the deployment of staff on a regular basis to ensure people receive their support in a timely manner.

- Systems were in place for the recruitment of staff. Paper recruitment records were in the process of being transferred onto an electronic system.

#### Preventing and controlling infection

- We were not assured that the provider was meeting shielding and social distancing rules. No specific risk assessments had been developed for people using the service; staff, and visitors who were identified as high risk from COVID -19. We have also signposted the provider to resources to develop their approach.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- 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 have also signposted the provider to resources to develop their approach.

The service was following government guidelines for visitors to the service.

#### Learning lessons when things go wrong

- Procedures were in place to support staff in responding to and recording accidents and incidents which occurred.

- Information relating to accidents and incidents was reported to the provider by the registered manager on a regular basis.

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

- Effective safeguarding procedures were in place. Staff had access to information about how to protect people from harm and to report any concerns they had.

- Safeguarding concerns relating to people were reported to external agencies as required.

- People and their family members told us they felt safe living at Eccleston Court. Comments included "She is safe and is happy beyond expectation" and "We sleep well at night as she is safe, it has taken a lot of



pressure off us."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Decisions in people's best interests had not always been formally recorded. For example, for the use of bespoke seating.

We recommend the provider considers current guidance to ensure that the MCA is fully considered in the planning of people's care.

- Where required, DoLS applications had been made on behalf of people.
- A review had recently taken place of current DoLS authorisations in place for people. Where required, applications to renew the DoLS had been completed.

Staff support: induction, training, skills and experience

- The majority of staff had completed identified training. However, not all staff had access to electronic training and policies and procedures needed for their role.
- A system was in place for staff to receive regular formal supervision for their role. However, records showed that a number of staff had not received regular opportunities to discuss their role. This included the registered manager.

We recommend the provider reviews the systems in place to ensure that all staff have access to ongoing

support and electronic training programmes.

- People were supported by a team of staff of mixed skills and experience.
- Staff told us they felt supported in their role by senior staff.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice prior to them moving into the service.
- During the COVID-19 pandemic, changes were made as to how people's needs were assessed prior to moving into services. These changes included the increase in use of health and social care trusted assessors.
- Prior to admission, senior staff ensured that they were able to meet a person's needs and wishes. This involved visiting the person and seeking further information from health care professionals involved in their care.

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

- Systems were in place to protect people from the risk of poor nutrition and dehydration.
- People had access to sufficient food to meet their dietary needs. People's comments included, "I have a choice of what I want to eat."
- Family members comments included "Likes certain [food] and the cook deals with this"; "Has gained weight and is doing well"; "[Name] seems to enjoy the food" and, "Enjoys the food at the service. Has gained weight whilst at the service."
- Staff had access to information for the preparation of people's food where specific dietary needs were required.

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

- Systems were in place for people to have access to the healthcare support they required.
- Where people required support from health care professionals this was arranged. For example, staff requested advice and support from specialist tissue viability nurses when required.
- GP services and associated health care professionals visited on a regular basis to assess and monitor the health of people.
- When appropriate, staff kept in touch with family members about their relative's health. Comments included, "They keep in contact with us to tell us about [name] care and medicines; staff accompany her to hospital."

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

- The buildings facilities and bedrooms were situated on the ground floor and there was easy access into the service.
- Equipment was available to support people with their mobility.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 were well treated and staff respected their equality and diversity needs. We saw interactions that showed positive relationships had been formed between people and the staff who supported them.
- People and their family members spoke positively about the support they received. Comments included, "Staff are amazing"; "Nothing is too much trouble"; "Never had any problems with the staff, always polite and will do anything to help" and, "Staff deliver excellent care and support. Sadly in the past the service has had bad reports due to constantly changing managers – the care is excellent."
- People's care plans gave the opportunity to record personal wishes, including any characteristics identifiable under the Equality Act 2010.

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

- People were supported to express their views and were involved in making decisions about their care and support.
- People told us that staff always asked and explained what they are doing prior to delivering care and support.
- Family members with the legal right to make decisions on behalf of their relative told us they were always consulted prior to any changes in care provision. Comments included, "They keep in contact with us to tell us about her care and medicines" and, "Have Power of Attorney for [name] and am involved in [name] care and decision making."
- People were supported to complete a survey asking for their views on the service they received.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were respectful and promoted privacy and dignity. For example, we observed staff shutting several doors to ensure that a person receiving end of life care could spend quiet time with family members and their priest.
- People's personal records were stored securely.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People did not always have access to information that met their needs. For example, menus were in small print, which some people were unable to read and make choices from.

We recommend the provider reviews all information available to people to ensure it is accessible in a way people can understand.

- People were supported by staff who understood their communication needs. We saw staff taking time to communicate with people in a positive manner. This gave time for people to express themselves.
- People's communication needs were recorded within their care plans.

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

- People's records relating to the personal care that had been delivered were not always completed. Not all records demonstrated that people had received the care and support they required consistently.

We recommend the provider reviews the systems in place for recording care and support delivered to people to ensure that detailed records are maintained at all times.

- People's care needs were assessed and planned for. Family members told us they were involved in their relatives' care planning.
- People's care plans were reviewed on a regular basis. This enabled staff to review people's care and support to ensure that care plans met the needs of people. Family members told us that they were, when appropriate, invited to reviews of their relatives' care.
- Staff provided activities for people. Several people told us they preferred not to participate in activities, but they were always asked. People were seen reading magazines and doing puzzles with the support of staff.

#### Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place.
- People and their family members were aware of who they would speak with if they had a concern about the service. One person shared their experience of raising a concern with the registered manager. They told us that they felt listened to and appropriate action was taken.

#### End of life care and support

- Care planning records gave the opportunity to record people's specific wishes as to how they wanted to be cared for at the end of their life.
- Where required, GP services were involved in the planning of a person's end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving 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

- The provider had failed to ensure that appropriate support was given to staff and the registered manager. The service was registered under the current provider in October 2021. The transfer from the previous provider had not been well planned, including the integration of new systems and procedures.
- There were challenges in relation to the way the registered provider operated the service, including staff not being able to access all electronic records and systems. In addition, the provider had failed to ensure that day to day office supplies were available to support the staff team in their role. During this inspection the nominated individual was present and arranged temporary access to electronic policies and procedures for the staff team.
- There was a lack of auditing, oversight and support by the provider. Where issues had been identified, the provider had not acted in a timely way to address these. For example, staff training and supervision; access to finances and records of people using the service.

Systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their responsibilities in responding to people who use the service under the duty of candour following incidents and when things had gone wrong.
- Staff had a clear understanding of their roles.

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

- Regular daily meetings took place for staff to discuss and plan the day's events. These were attended by each department within the service.
- Staff meetings took place. These meetings were recorded to ensure that staff not attending had access to the information discussed.
- People and their family members spoke positively about the care and support they received and felt that staff involved them in decision making.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- A system was in place to gather people's views on the service.
- People were asked, and supported if needed to complete a questionnaire for their views about the service they received.
- The registered manager produced a regular newsletter informing people, their family members and staff of upcoming events and news.
- Family members felt engaged with the service and involved in their relative's care. However, family members told us they had not received any information or had contact regarding the new provider for the service.
- Staff worked in partnership with the Local Authority; Clinical Commissioning Group and community based healthcare professionals to ensure people received the healthcare support they required.



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
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.