

# Community Integrated Care Eccleston Court Care Home

## Inspection report

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Date of inspection visit: 7 & 11 May 2015

Date of publication: 28/07/2015

### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This unannounced inspection of Eccleston Court Care Home took place on the 4 & 7 May 2015.

Eccleston Court is registered to provide accommodation for people with nursing care needs. The service is in two buildings with the main building containing the administration and management. Eccleston court is owned by Community Integrated Care (CIC) and is situated close to Taylor Park in St Helens. The service is registered to provide a service to 50 people.

During our inspection there were 49 people living in the home, with 15 people living in the Haydock suite and 34 people living in the Eccleston suite.

The service had a registered manager who had been in post for two years. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

‘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 we found that the registered provider was not meeting one regulation, which related to people not being protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. We judged that this had a minor impact on people who used the service. The registered provider sent us an action plan advising how they had actioned this. We found that those improvements had been maintained.

The Haydock suite was in the process of receiving a complete refurbishment, including full redecoration, new flooring and new furniture. People living there and their representatives had been fully consulted over the refurbishment and how it would affect them.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse.

We found there were enough staff on duty to keep people safe. People who lived in the home said, “The girls are very good”, “It’s very good, day and night” and “I always feel really safe”.

Throughout the inspection we observed members of staff interacting in a positive way with the people who lived in the home and with their visiting relatives.

We saw that people received their medicines in a safe and timely way.

The Registered provider carried out the necessary health and safety checks to ensure the premises were safe for the people who lived and worked there.

The food menus were varied and two choices were offered at every meal. One person said, “The food is excellent”. We observed some people being supported with their meals by members of staff. Some people had specific dietary needs, which were appropriately catered for.

There were effective systems in place to assess and monitor the quality of the service. This included gathering the views and opinions of people who used the service and their families and monitoring the quality of the

service that was provided. We were told by people who lived in the home, their relatives and members of staff that the manager was approachable and supportive. The registered provider had consistently carried out a range of audits, in order to check the quality of the care being delivered.

A complaints policy and procedure were available. People who lived in the home and their relatives told us they would feel confident to raise any concerns if they needed to.

Staff we spoke with had a good understanding of the needs of people they supported and were positive about their role and the support they received from the service. Staff received on-going training to ensure they had up to date knowledge and skills to provide the right support for the people they were supporting. They also received regular supervision and appraisals.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLs) and to report on what we find. DoLs are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection of Eccleston Court there were 12 people who were subject to a DoLs authorisation. The registered manager and the nursing staff had received training and had a good understanding of the Mental Capacity Act 2005 (MCA) and best interest decision making, when people were unable to make decisions themselves. We found that people who lived in the home had been asked for their consent before receiving support. We saw consent forms which had been signed and dated by the person who used the service or their representative, with the person’s permission and consent.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed.

A variety of activities and entertainment were available for people. The registered provider focused on special dates / events. Observed VE (Victory in Europe) day celebrations including, World war II memorabilia

## Summary of findings

displayed. The people who lived in the home had been actively involved in this activity. One person said, "The tea party and the entertainment for VE day was fabulous, everybody had a good time"

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People who lived in the home told us they felt safe living there. Relatives also confirmed that they felt the service was safe. Staff were aware of the different types of abuse and they knew how to report any concerns they may have to ensure people were protected.

Policies and procedures were in place to ensure people received their medicines in a safe and timely manner.

Staff were appropriately recruited, with the necessary checks being carried out to ensure that they were of suitable character and had the appropriate skills.

Good



### Is the service effective?

The service was effective.

We found that people who lived in the home received effective care, as staff had a good understanding and were knowledgeable of people's care and support needs.

We found that staff were supported to carry out their roles and they had received the training they needed to meet people's needs.

People told us the food was good and we saw that different dietary needs had been catered for.

Good



### Is the service caring?

The service was caring.

People's rights to privacy and dignity were respected and staff cared and supported people in a calm, relaxed and unhurried manner.

People told us they were pleased and happy with the care and support they received. This was also confirmed by relatives.

We observed staff assist people with activities, promoting independence, self-esteem and providing stimulation.

Good



### Is the service responsive?

The service was responsive.

We found that staff had good knowledge of people's care needs and support was provided in accordance with their care plans.

People told us staff listened to them and responded to their requests for support.

A satisfactory process was in place for managing complaints, with complaint forms being readily available for people who lived in the home and any visitors.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

There was a registered manager in place at the home. Positive comments were received about the manager from people who lived in Eccleston Court, members of staff and from relatives.

Members of staff and relatives told us the manager was approachable and always helpful.

There were quality monitoring systems in place including, audits and checks. Survey questionnaires were also provided to people.

# Eccleston Court Care Home

## Detailed findings

### Background to this inspection

‘We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.’

The inspection took place on the 7 and 11 of May 2015 and was unannounced. This meant that the registered provider did not know we were going. The inspection was carried out by an adult social care inspector.

During our inspection we spoke with six people who lived at the home, we looked at records, met with seven

members of staff, spoke with four relatives and conducted general observations. There was a relaxed friendly atmosphere and people appeared comfortable and at ease with the staff.

We looked at the care records of five people who lived in the home and found their care plans to be individualised and informative for the nursing and care staff.

The records relating to the management of the service were also reviewed, including quality audits and health and safety inspection checks. We also looked at six staff files, including recruitment records.

Before the inspection we spoke with the local authority’s safeguarding team and the contracts monitoring unit to check if they had identified any concerns or issues on their monitoring visits to the home. No concerns or issues had been identified.

# Is the service safe?

## Our findings

People told us that they felt safe living in the home. Some of the comments were, “I really like it here, It’s very homely and I do feel safe” and “It’s great here, I have been in a few homes before, but this is the best”.

Relatives told us that they were assured that staff were competent to keep people safe. All of the feedback was positive about the safety of the service. Some of the comments were, “I am very, very satisfied with here. I have no concerns at all about [name] safety” and “I am here nearly every day. I see most things, including people being hoisted and I can tell you the quality of care is really good”.

There were health and safety inspection checks in place to ensure that people were safe, including up to date and satisfactory inspection certificates such as, Portable Appliance Testing (PAT), Gas inspection certificate, and Electric inspection certificate. Fire alarm safety testing, Water temperatures, lifting hoists and the Nurse call / emergency system were checked monthly. The registered manager said, “everybody has done fire safety training and fire drills are carried out every two months by different staff. This to ensure that everyone knows the correct procedure”.

The staff we spoke with told us what action they would take if they were concerned, suspected or witnessed any abuse of a person who lived in the home. We found they had received up to date and training in the safeguarding of adults. Flowcharts from the local authority safeguarding team, were displayed in various and relevant areas throughout the home, giving clear guidance to members of staff of how to raise any concern or allegation of abuse.

The staff had recently raised a safeguarding alert, which was dealt with satisfactorily and appropriately in agreement with the local authority safeguarding team.

We saw that the Registered provider had the necessary recruitment and selection processes in place. We found that appropriate checks had been carried out, including evidence that pre-employment checks had been made such as written references, registration checks for qualified nurses and satisfactory Disclosure and Barring Service clearance (DBS) checks.

We checked the process for the safe storage, recording and administration of medicines. We saw that MAR sheets were correct and up to date, with people’s photographs on, which helped to avoid any potential errors. People’s allergies clearly recorded. We checked the controlled drug register [CD’s] and found that it was accurately managed with two staff signatures for each medication administered. The controlled drugs were safely and securely stored in a separate locked cupboard. We found the storage of all the medicines to be well organised, safely and accurately stored. Only qualified nurses administer medication.

Extensive refurbishment was taking place in the Haydock suite. This incorporated full redecoration, new furniture throughout and some building work taking place. The people who lived in the Haydock suite and their relatives had been consulted about the refurbishment work and they had consented to remaining in the suite, whilst the work progressed. Plastic screens had been used to section off where the building work was taking place, with rooms being closed until the work was completed. It was evident that people’s safety had been paramount in the refurbishment.

Some of the comments from staff regarding the newly refurbished Haydock suite were, “All of the residents and families were consulted about the changes, shown plans and had meetings. Everybody has been really excited” and “I am thrilled to bits about the changes, especially for the people who live here” and one person who lived in the Haydock suite said, “It’s lovely, really nice”.

# Is the service effective?

## Our findings

People told us that the staff were really good and always helped them. Some comments were, “I only have to ask and they help me right away” and “I had some tests yesterday they [staff] suggested I needed to have blood tests. They are great”.

People’s care and support needs had been assessed before they moved into the home. People had relevant care plans in place, which had been completed with input from health and social care professionals, helping to show that people received relevant and appropriate care, in accordance with their individual needs and wishes.

Staff had opportunities for training to understand people’s care and support needs. Comments from staff members included; “We do a lot of training here, to be honest, it keeps everybody up to date with things”, “I enjoy the training. It’s important to keep up, new things are coming in all of the time” and “I have done loads of training”. We were informed that all training was provided by Utopia training, which was an external training organisation. The registered manager provided us with a copy of the training matrix. We saw that all of the staff training was up to date and relevant to meet the needs of the people who lived in the home. Some of the training included, dementia awareness, dignity and respect, manual handling, first aid, safeguarding of adults and infection control. The registered manager told us that staff supervisions took place every two months, we saw supervision records, which confirmed this.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager. The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. We discussed this with the registered manager, who informed us that she and the nurses had received MCA training and

the rest of the staff will be accessing the training next. The registered manager and the nurses we spoke with were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Applications for DoLS had been made for 12 people, the relevant documentation was in place for these. This was appropriately recorded in their care plans. Care plans reflected where people were subject to DoLS. Other care plans demonstrated that consent had been sought from people, for example, people had signed forms consenting to staff administering medicines.

We observed records which demonstrated that people had received visits from health care professionals, such as doctors, chiropodists and opticians. The registered provider had been proactive in accessing appropriate health care and treatment for people, when it was needed.

We were provided with copies of the food menus, which was a rolling four week menu. There were at least two alternatives to the main meal, which was usually the lunchtime meal. Staff told us that people were always offered a choice of meals. We saw that one person had specifically requested curry and rice, the person said, “It was very good”. We saw other people being supported with soft food diets and we overheard a member of staff being very supportive and encouraging to a person saying, “[name] try and eat a little more, it will be good for you”. During the mealtimes we observed members of staff supporting people in an unhurried, dignified and respectful way.

One visiting relative said, “Look at that food, it’s beautiful, can’t complain about that”.

On the second day of our inspection, quite a bit of the refurbishment had been completed in the Haydock suite, with people being able to access the modern and functional lounge. We were informed that the work was based on the needs and requirements of people who lived with dementia. This included the use of bright and vivid colours throughout, plenty of space, signage on doors and well lit wide corridors.



# Is the service caring?

## Our findings

People who lived in the home and their visitors were very positive about the care provided by staff. Comments included, “It’s alright here and yes I do get treated with dignity and respect”, “The carers are lovely, I get cared for very well”, “You decide when you go to bed, I usually go about 10 o’clock” and “It’s very good. Both day and night”. One relative said, “The carers never seem to have a minute, they are so caring”.

In both the Eccleston and the Haydock suite we saw that people were cared for and supported by members of staff in a dignified, respectful and appropriate manner. People who lived in the home looked relaxed, content and well cared for. We saw and heard staff interacting with people in a calm and polite way. Staff encouraged and motivated people to participate in the activities that were taking place. Staff were friendly, patient and discreet when they provided support to people. We observed many positive interactions and saw that these supported people’s wellbeing. There was a relaxed atmosphere in the Eccleston and Haydock suites.

Care plans contained good information about people’s background history, their likes and dislikes. The information and guidance in care plans was descriptive, relevant and appropriate information for staff, helping them to meet people’s care and support needs. As an example one person’s care plan stated, “[name] is immobile due to arthritis and frailty. When mobilising, use slide sheet or hoist. Has a profile bed with pressure relieving mattress. Position change every 3 hours”. Records confirmed that the care plan had been correctly followed. Another care plan stated that the person had a visual impairment. Care plan stated, “stand close to [name] because of visual and

hearing impairment, give assurance at all times. Ensure staff are aware of [name] fears and anxieties. Check regularly to reduce fears and encourage [name] to use the nurse /call cord”.

Personalised care plans helped to demonstrate that individualised care and support was promoted and provided.

Comments from relatives were, “I visit most days and I see most things, all I can say is, the quality of care is good”, “I went to inform the nurse that [name] had a cough. They had already contacted the GP. They don’t miss anything” and “They [staff] are so caring, the person in the room across the corridor is not very well, they are in and out all of the time”.

We observed staff knocking on bedroom doors before entering, asking people if they needed anything and interacting with people in a calm, relaxed and unhurried way. Staff comments regarding, how to promote dignity and respect were, “I treat people as though they were my own parents”, “I have had training about dignity and respect. It’s really about how you would like to be treated yourself” and “You need to be really respectful when providing personal care for example, close the curtains, ensure privacy, try and keep the person covered with a towel and always communicate what you are going to do and ask their permission”.

The registered manager informed us that if someone needed an independent advocate, they had the contact details for the St Helens Advice and Advocacy service. No one was using the service at the time of our inspection. We saw that an IMCA (Independent Mental Capacity Act Assessor) had previously been accessed for a person. This demonstrated that the registered provider had advocacy information available and had made advocacy referrals for people.

# Is the service responsive?

## Our findings

People who lived in the home told us they had been involved in their assessments, one person said “I have always been involved, even before I came to live here”. Some of the relatives we spoke with said, “I am always asked if I want to contribute to [name] care plan, they are inclusive and include relatives”.

People’s care support plans were individualised, focusing on the person’s specific needs, their likes and dislikes. The care files contained personal profiles with emergency details, GP, social worker, any medical diagnosis and the person’s social background history.

This person centred information gave guidance that helped members of staff provide an individualised service.

People told us they were asked and encouraged to get involved in different activities.

We saw that there was a variety of activities and entertainment available. The service focused on special dates / events. The first day of our inspection was the day before the VE (Victory in Europe) day celebrations. There was large display, which commemorated VE day. World war II memorabilia was displayed. The people who lived in the home had been actively involved in this activity with the activities coordinator. The display included, flags, bunting, photographs of residents in military uniform, war and service medals, old photographs and ration books. We were told that a tea party was planned, with members of

staff dressing up in old time uniforms and clothes. On the second day of our inspection (after VE day) one person who lived in the home said, “ The tea party and the entertainment for VE day was fabulous, everybody had a good time”. There was an activities notice board, which advertised the various activities that were available including, gentle exercise, walks in the park, bingo, baking, pet therapy and pampering and massage. There were also some evening activities planned which included a visit to the local pub. We saw photographs of people being involved in the different activities.

We observed members of staff reassuring people when it was required, for example,

one person was a little upset and unsure of where she was and asked a member of staff if she could stay. The member of staff reassured the person, giving loads of encouragement, saying, “of course you can stay, try not to worry, you are safe here with us”. The person became calm, relaxed and chatted with the staff member.

We asked if people had any complaints. People told us, “I am very, very satisfied living here. No complaints at all”, “Never had to complain about anything” and “It’s great here, nothing at all to complain about”. We saw the complaints policy and procedure; these were up to date and accurate. There was a complaints procedure displayed in the home and there was also a suggestions box if anyone wanted to raise an anonymous concern or to write a compliment about the service.

# Is the service well-led?

## Our findings

People who lived in the home were very positive about the management. Some of the comments from people who lived in the home and their relatives were, “The manager is always nice and speaks to everyone”, “The manager has an open door policy, she is very approachable and helpful”, “I visit most days, there is no apparent hierarchy. I see the domestic staff informing the care staff and vice versa, it’s really good. They are a team” and “There is nothing too much trouble for the manager and she knows everybody’s name”.

The home had a registered manager who had been in post for two years. We received positive feedback about the manager from staff. Staff told us the manager was ‘approachable’ and said the home was run really well. Staff comments included, “The manager is really approachable, keeps everybody up to date with things” and “The manager has been really supportive to me and I know to others too”.

At our last inspection we found that there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider did not have an effective system to regularly assess and monitor the quality of service that people received. Regulation 10. (1) (a) & (b). After the last inspection an action plan was received and showed how the registered provider intended to meet this breach. During this inspection we found that the required improvements had been made.

The registered provider had appropriate quality monitoring systems in place including, survey questionnaires provided to people who lived in the home and their relatives. This was to obtain people’s views and opinions of the service delivery. The surveys were generally positive with tick boxes. The majority of people had ticked either very happy or happy with the service. One person wrote, “I am hoping things will improve with the dining areas after the refurbishment”.

There were other systems in place to monitor the service provision including, audits {checks} for care plans, medication, health and safety and accidents and incidents. The registered manager carried out a six monthly quality monitoring assessment, which included every aspect of the service delivery. This assessment was checked by the area manager who made comments and recommendations and whether the issues and identified actions had been addressed. We found that the areas that needed attention had been actioned.

The registered manager understood the responsibilities of her registration with the Care Quality Commission and had reported significant information and events to the commission, such as notifications of deaths, serious injuries and any safeguarding issues, in accordance with the requirements of their registration.