

Eckling Grange Limited

# Eckling Grange

## Inspection report

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### 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 ●

# Summary of findings

## Overall summary

About the service: Eckling Grange is a residential care home and domiciliary care service that was providing personal care accommodation to 58 people aged 65 and over in the care home at the time of the inspection. Some people were living with dementia. Two people living on site in sheltered accommodation received personal care from the domiciliary care service.

People's experience of using this service: Improvements had been made to the service following our previous inspection in November 2017 to address concerns and breaches of Regulations of the Health and Social Care Act 2008. The risks to the quality and safety of the service were identified and acted on. There was enough staff on duty to enable people to remain safe and receive care in a timely way. The environment was safe and people had access to appropriate equipment where needed. People were supported to take their medicines safely.

Staff had received appropriate training and support to enable them to carry out their role safely. People's health was well managed and staff had positive links with healthcare professionals which promoted wellbeing for them. Staff sought people's consent before providing them with care and worked within the guidelines of the Mental Capacity Act 2005.

Staff were kind and caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this. People had very good relationships with staff and told us staff went the extra mile to ensure their needs were met. Staff actively ensured people maintained links with their friends and family and with the wider community.

People's records clearly identified support needs and preferences. Staff provided effective care for people which met their needs through person-centred care planning. This enabled people to achieve positive outcomes and promoted a good quality of life. Records accurately reflected the care that people had received. People's spiritual and religious needs were a cornerstone of the services provision. People actively participated in a range of enrichment activities that included members of the local and wider community. Complaints were managed in line with the providers stated procedure.

Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received. Staff were motivated and enjoyed strong team work. The management team worked closely together under the strong leadership of the registered manager and general manager. People and their relatives told us that they were visible, open and approachable.

More information is in the full report

Rating at last inspection: Requires improvement (report published December 2017).

Why we inspected: This was a scheduled inspection based on our previous rating. The service has improved

its rating to good in all key questions.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Eckling Grange

## Detailed findings

### Background to this inspection

**The 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 checked 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.

**Inspection team:** Four inspectors, including a member of the CQC medicines team and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Eckling Grange is a care home and domiciliary care service. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Eckling Grange also provides personal care to a small number of people who live on the same site in supported living accommodation. The service had an established registered manager. The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was unannounced. Inspection site visit activity took place on Tuesday 22 January 2019.

**What we did:**

- ☐ We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service. We used all this information to plan our inspection.
- ☐ We spoke with four people who used the service and three relatives
- ☐ We also spoke with eight members of staff including managers and carers.
- ☐ We conducted observations of how people received their care in communal areas of the service. We used the Short Observational Framework for Inspection (SOFI) during our visit. SOFI is a way of observing care to

help us understand the experience of people who could not talk with us.

- ☐ We looked at records in relation to people who used the service.
- ☐ We also looked records relating to the management of the service, recruitment, policies and systems for monitoring quality.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- At the last inspection in November 2017 the provider had failed to ensure that medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 12.
- Medicines were stored securely for the protection of people who used the service and at correct temperatures. Staff giving people their medicines had received training and had their competence assessed to ensure they handled their medicines safely.
- Records showed people living at the service received their medicines as prescribed. People we spoke with confirmed this. Changes made by prescribers were accurately recorded. Regular internal audits were in place to check people's medicines and any issues raised by the audits were raised with the management team.
- When people were prescribed medicines on a when-required basis, there was written information available to show staff how and when to give them to people to ensure they were given consistently and appropriately.

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

- The service had effective safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.
- People we spoke with told us they felt safe. One person told us, "I feel very safe, but if I didn't I would be sure to talk to [registered manager] or a senior amongst the care staff."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service assessed risks to people's safety and well-being. Plans were put in place to mitigate these risks and staff were familiar with them. This included risks associated with health conditions, mobility and nutrition, for example.
- The service had a system to record and analyse any accidents or incidents. This helped to identify any trends or themes. The registered manager referred people to community professionals support when required.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of an emergency such as a fire.
- The management team had a culture of continuous improvement. Any accidents or incidents were holistically reviewed and actions put in place to minimise future occurrences.

### Staffing and recruitment

- The provider ensured there were enough staff available to ensure people received support in a timely way. People we spoke with and our observations confirmed this. A tool was used to monitor the number of staff required, based on people's needs.
- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.

### Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons.
- We observed, and people told us staff practiced good infection control measures.
- The service was kept very clean and free from malodour. Surfaces in communal areas such as lounges, bathrooms and dining rooms were cleaned very frequently.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were supported by staff that knew the principles of the MCA. They knew what they needed to do to make sure decisions were made in people's best interests. Staff told us how people's family members were involved, where appropriate.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People and their relatives told us they were involved in planning the care delivered to them and were in control of what care was provided. They told us staff always sought consent before care was provided.
- The residential home supported several people who were living with dementia. We saw the service ensured assessments of people's capacity to consent were carried out when someone had an impairment of the brain or mind, before decisions were made on their behalf. The process and discussions around decisions made in people's best interests were recorded.

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

- People's needs were assessed before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when their needs changed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their roles. Staff told us they had access to a range of training which fully equipped them for their role. People we spoke with confirmed this. A relative of one person told us, "The staff are very capable here."
- Staff were supported to completed national vocation qualifications, and received one to one development support sessions from the services training manager.
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own. Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care.
- Staff told us they felt well-supported. They received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development.

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

- People were supported by staff to maintain good hydration and hydration.
- People's nutritional intake was monitored by staff where required, and advice was sought from community professionals as appropriate.
- Alternative meals, for example soft or pureed food for people with swallowing difficulties, were prepared by staff who had received specialist training in how to do this. Kitchen staff had detailed knowledge about people's preferences and dislikes, or if a person required a higher calorific intake.
- People told us that the quality of the food served was good. One person told us, "The food is very good. The staff get to know what you like. They will make you a packed lunch if you are going out. The staff always put themselves out for us all."

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

- People were supported to make their own room homely with their own belongings. People had call bells in their rooms to summon help and equipment, such as hoists, were available to meet people's needs.
- The residential home had been adapted to meet the needs of people with mobility support needs, including the installation of lifts, ramps and easy access bathrooms.
- For people living with dementia, signage in line with best practice guidance had been installed. Contrasting décor of handrails and doorways, including bedrooms were in place to aid people's orientation and navigation around the service.

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

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services, such as hospitals.
- People and their relatives told us that healthcare support was arranged without delay. One relative said, "Yes I see the doctor if necessary." Another person told us that when they needed to see a GP, "The staff organise everything."

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We received consistently positive feedback about the approach of staff and the care and support delivered to people. Comments we received included, "I get on well with all the staff, they are caring and kind to me."
- People said staff had taken time to get to know them well. People's communication needs had been assessed and staff supported people to make decisions where required. One person told us, "My relationship with staff is brilliant, they know me well. It's like one big happy family here with laughter, and staff who are brilliant."
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them.
- People told us, staff knew their preferences and used this knowledge to care for them in the way they liked. Our observations confirmed this. One person who lived with a relative at the residential home told us, "The staff are very kind to us both, I know them really well, and they know both of us well."
- People told us staff were very kind and treated them with respect. We witnessed many positive interactions between staff and people they supported which were warm and friendly. Staff prioritised people's emotional wellbeing, ensuring that people were given the time they needed to express themselves or communicate what they needed.

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

- People told us that they were offered choices and felt in control of the care they received. Relatives and those who had been legally appointed to represent the views of people were involved in contributing to planning and reviewing of people's care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was promoted. For example, we observed that when a person needed to use a hoist to transfer to their wheelchair in a public area, staff used a screen so that this was carried out in private.
- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- People were supported to maintain their independence. Staff knew what people could do for themselves, and were patient and supportive in helping them to this.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff we spoke with could describe in detail the steps they took to support people, their preferences, life histories and how they liked to receive their care.
- People told us the service was responsive to their needs and staff went out of their way to assist them with any problems or changes to care and support they might require.
- Care plans highlighted individual needs and preferences and included detailed person-centred information. Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met people's information and communication needs, as required by the Accessible Information Standard. Recently, the registered manager had arranged for people to undertake lip reading lesson, after it was discussed at a residents meeting that some people felt that it could be of use to them as their hearing deteriorated.
- Contact with other community resources and services was encouraged and valued. For example, people went into the local schools for activities and they in turn visited regularly to do arts and crafts and singing with people. People who lived on the same site as the service in sheltered accommodation bungalows, were actively encouraged to integrate within the service. This included attending activities and religious services, celebrations and festivals. People and staff had visited the bungalows to sing carols on Christmas Eve.
- People and staff told us that Eckling Grange was very much a community for people with a strong emphasis on their spiritual and religious wellbeing. The service's own Pastor provided regular services, hymn practice, bible class and prayer meetings.
- The management team actively tackled the risk of people becoming socially isolated or lonely. People were encouraged to join in social activities in small or large groups. Those people not wishing to could receive one to one support from staff to engage in a social activity, such as visiting the local town to go shopping or have coffee. Also included were people living in the bungalows on site, who were extended an invitation for lunch on Christmas Day. The registered manager told us that people living in the service wanted to make this invitation, and were clear that, "People should not have to be lonely at Christmas if they didn't want to be."
- The service provided an extensive range of enrichment activities and outings. People told us that they enjoyed this. One person told us, "Oh yes there are lots of activities. There's painting, flower arranging, I never get bored. We have got a singer coming on Thursday, in the summer we go on outings."

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. Feedback was gained from people and their relatives through day-to-day conversations.
- People and their families knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

#### End of life care and support

- People were supported to make decisions and make plans about their preferences for end of life care.
- Staff were skilled and experienced in end of life care and understood people's needs. People's spiritual welfare and observances were a cornerstone of the service and this was strongly reflected in planning for people's care at the end of their lives.
- People were supported to remain at the service, in familiar surroundings, supported by staff who knew them well. We received feedback following our inspection visit from the family of a person who had recently passed away. They told us, "Over the final week of her life they have supported us, cared lovingly and respectfully for her and been first rate in kindness and helpfulness. We couldn't have asked for a better level of care and concern for us all."
- External healthcare professionals were involved as appropriate and specialist equipment and medicines were made available to ensure people were comfortable and pain-free.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

- At the last inspection in November 2017 the provider had failed to ensure that systems to identify or mitigate risks to people safety were effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 17.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. One person said, "[Registered manager] and [general manager] are often around the home. Its managed well, full marks." Another person told us, "The managers are both easy to talk to and I think they manage the home well."
- Staff understood their roles and responsibilities and had confidence in the management team.
- There was good communication maintained between the management team and staff.
- Staff felt valued and well-supported by the management team.

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

- People and their relatives told us they were encouraged to comment on the care delivered to them. People also told us they could simply speak with staff if there was anything they wished to discuss or change. The registered manager had implemented a suggestions box for people to leave feedback.
- Staff spoke positively about the support they received from the management team. They told us senior staff were approachable and available for advice and support.

Continuous learning and improving care

- The management team were keen to ensure a culture of continuous learning and improvement.
- The management team positively encouraged feedback, reviewed the quality of the service and acted on any identified shortfalls to continuously improve the service.

#### Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health professionals.