

Community Integrated Care

Eccleston Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
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 29 people aged 65 and over at the time of the inspection. The service can support up to 54 people.

Eccleston Court Care Home provides care across separate two units. One unit specialises in dementia care.

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

Care planning and health monitoring was taking place but was inconsistent. New systems required embedding to improve and standardise the quality of record keeping. The provider had failed again to demonstrate the required standard of governance. This is a breach of Regulation 17 (Good Governance).

Complaints had been investigated and responded to in line with the provider's complaints policy. However, improvements and learning from complaints had progressed slowly.

Most relatives were very positive about care at Eccleston Court Care Home but told us that communication between themselves and their loved ones could be better supported by staff at the home.

People told us that activities were limited. The provider was in the process of appointing a new activity coordinator.

People were complimentary about the care and support they received from the service. One person told us, "The staff are caring and friendly I have no complaints." Another said, "The staff are busy but very attentive. Staff treat me very well."

Staff told us they felt supported in their role. Staff we spoke with were knowledgeable and passionate about providing good care.

There was a clear policy and system to manage infection control particularly in terms of the prevention of Covid-19. The inspector completed an infection control questionnaire on site and was assured by the findings.

There had been ongoing changes to the management team at Eccleston Court. New systems were being implemented to improve people's experience of care.

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

Rating at last inspection

The last rating for this service was requires improvement (published 28 February 2020).

Why we inspected

This was a planned inspection based on the previous rating. This was a focused inspection and the report only covers our findings in relation to the key questions Responsive and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eccleston Court Care Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since their registration. We also contacted the local Healthwatch who had not received any information about Eccleston Court Care Home. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 15 relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, the interim manager, a

registered nurse and four care staff.

We reviewed a range of records during the site visit. This included five people's care records. We looked at a variety of records relating to the management of the service, including governance audits, quality monitoring and complaints management.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant that improvements needed to embed and be sustained.

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

- At the last inspection we found that care and support was delivered in a person-centred way. However, a consistent approach was needed. This was still the case at this inspection.
- Care plans included detailed information but sometimes lacked order. The regional manager told us that care files were being streamlined in a new format but these had not all been completed at the time of this inspection.
- People's health needs were monitored but record keeping was not always well presented.
- Staff had a good understanding of people's individual needs. For example, one staff member described how they managed pressure care for one person. This description corresponded with the information in the person's care plan.
- Staff referred people to appropriate healthcare professionals. For example, one person had recently been referred to the speech and language therapist.

Improving care quality in response to complaints or concerns

- The provider responded to and investigated complaints in line with their complaints policy.
- The provider had implemented an enhanced action plan to improve care in response to complaints that had been raised since the last inspection. Improvements were still ongoing at the time of the inspection.
- The provider was responding to three complaints at the time of the inspection.

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

- Relatives were very positive about the care at Eccleston Court but told us the service did not always support family contact effectively. One relative said, "I am satisfied with the care, but communication could be supported better." Another said, "I cannot comment on the care at the moment. I want to see my loved one 'virtually' and check they are ok." The interim manager told us, "We know this is an area we need to prioritise. We have purchased some new technology so we can better support people to have contact with their relatives. We hope to get this up and running as soon as we can."
- People told us there was no current activity schedule. People were supported individually by staff or in small groups to take part in activities. There were professional entertainers to enjoy periodically. The regional manager told us, "We are recruiting an activity coordinator so we soon hope to implement an activity schedule."
- Staff recorded how much time they spent with people who were cared for in their rooms. Records demonstrated that people had staff contact daily to help avoid feelings of isolation. One staff member told

us, "Unless a person can tell us they don't want us to bother them we spend some time with everyone every day. This has become more important whilst we are not able to have visitors because of the pandemic."

- A relative told us that their loved one's preference is respected. They said, "[Relative] prefers to spend most of the day alone and staff respect that. Staff call in regularly to check if they need anything and fill up the bird feeders outside their window which is a nice touch."

End of life care and support

- People's end of life wishes were captured in care plans and efforts had been made to discuss this with relatives. Some care plans were exceptionally detailed.
- Staff described how they supported people to have a comfortable, dignified and pain-free death.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff adapted their communication styles to meet the differing needs of people.
- Information was available in pictorial format and different languages as required.

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was 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 were assured that care staff and housekeepers were cohorted to each unit to prevent cross contamination. Managers reviewed clinical governance audits on a weekly basis.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not consistently 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

- Improvements had been made to monitoring and quality assurance and new processes had been introduced. However, improvements had progressed slowly and systems were not fully embedded.
- The home was recruiting for a new registered manager. A consistent management team had not been sustained at Eccleston Court Care Home and this was the fifth time the service had not achieved an overall rating of good.

Systems and processes were not established and operated effectively to ensure compliance. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 identified areas for improvement and introduced an internal improvement framework. Progress was gradual and ongoing. Enough improvement had not been made to improve the rating to good.
- The regional manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- Records confirmed that the home had made all necessary referrals and notifications, for example, to the local authority and CQC.
- The provider investigated when things went wrong and followed their disciplinary procedures where required.

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

- The interim manager completed a daily walk-a-round to speak to residents and gather feedback
- The interim manager accepted there was scope for improvement to support people to communicate with their relatives. Socially distanced visits had taken place in the earlier stages of the pandemic. However, at the time of the inspection visits to the home had been restricted in line with government and local authority guidance.
- The home held a daily 'huddle' meeting that involved all levels of staff. The regional manager told us this was a valuable meeting and enabled them to communicate changes and to have a good overview of the

home. Records of these meetings showed they covered a broad range of subjects such as updates on people's wellbeing, infection control in regard to Covid-19 and managerial updates.

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

- Staff told us there had been many improvements at the home and they had faith that the service was moving in the right direction. One staff member said, "I sometimes feel like we are not kept informed." The regional manager told us they communicated with staff daily and would continue to improve how the management team communicated with staff.
- Staff were confident to report concerns and speak up if anything worried them.
- Staff demonstrated a positive attitude and approach towards the people in their care. They were open about still having work to do, but we found staff had a drive to improve people's lives.
- The previous inspection rating was displayed in the home and on the provider's website.

Working in partnership with others

- The service worked collaboratively with other healthcare agencies to ensure people received the care they needed. During the pandemic the management team had maintained links with people's GPs, the local authority and local clinical commissioning group (CCG).
- The management team ensured we received notifications about specific incidents which happened at the home. This was so we could check appropriate actions had been taken.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to demonstrate effective governance arrangements were in place to monitor and mitigate the risks relating to the health, safety and welfare of people receiving care.</p> <p>Regulation 17 (2) (b).</p>