

Bondcare St Andrews Limited

Eckington Court Nursing Home

Inspection report

Penny Engine Lane, off Church Street,
Eckington
Derbyshire
S21 4BF
Tel: Tel: 01246 430066
Website: N/A

Date of inspection visit: 16 October 2014
Date of publication: 24/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 16 October 2014 and was unannounced.

Eckington Court Nursing Home is purpose built and provides residential care and nursing for up to 50 people. Some of the people who use the service are living with

dementia. There were 43 people using the service when we inspected. Fifteen of these had nursing needs and 29 were receiving residential care. One person was in hospital.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 12 September 2103 we asked the provider to take action to make improvements. This was in relation to consent to care and treatment, care and welfare of people who use services, the management of medicines, the safety and suitability of premises, staffing, and the management of complaints. The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that improvements were made in relation to consent to care and treatment, care and welfare of people who use services, the management of medicines. Improvements had also been made in relation to the premises, however we identified one area of the home which smelt unpleasant.

At this inspection we found that improvements had not been made in relation to staffing because staff were not always available to support people at the times they needed them in order to meet their needs and preferences.

People told us they were happy at the service. They said they were well cared for and felt safe. We saw staff received training to support them in safeguarding adults and told us they knew what actions they would take. We saw that individual risks were identified and accidents and incidents were reported in accordance with legal requirements.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards, and supported people in line with these principles. People we spoke with told us that staff supported them to maintain control and make decisions which affected their day to day lives.

People were appropriately supported during mealtimes and supported to have sufficient food and drink. People received their medicines as prescribed and these were given safely. People had access to GPs, and other health care professionals when they needed to see them. Community nurses were available to help nurses at the home with specific skills.

People told us staff were kind and caring and we observed this. People were encouraged to pursue an interest and if sufficient staff were available they were taken out by family and staff. We observed that all visitors were made welcome and visited without restrictions. People at the home with pets were also encouraged to bring their pets to live with them.

People told us that they knew how to make a complaint however they told us that actions taken as a result of investigations were not always sustained.

Arrangements were in place for people to put forward their suggestions about the service provided. Actions had been taken in response to suggestions made. However, the systems in place for monitoring the quality of service and care people received required further improvement.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond with a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

Staff were not always available to support people at the times they needed them in order to meet their needs and preferences.

Recruitment records demonstrated that people were recruited safely to work at the service.

Improvements had been made in relation to the premises, however there was an unpleasant odour in one area of the home.

People were protected from risks because staff at the service knew how to recognise abuse. Incidents were managed appropriately and people told us they felt safe at the service. People received their medicines safely.

Requires Improvement



Is the service effective?

The service was effective

Staff received training to meet people's needs.

People who lacked capacity were protected under the Mental Capacity Act 2005 and in accordance with the requirements of the Deprivation of Liberty Safeguards.

People were supported to receive food that met their needs and received a nutritious diet. Regular access and on-going support to healthcare services was received when people needed it.

Good



Is the service caring?

The service was caring.

Staff were kind and caring. People were provided with information in a way that they could understand. People told us that they received care that provided them with privacy.

Good



Is the service responsive?

The service was not consistently responsive.

People did not always receive care that was responsive to their preferences, wishes and individual care needs.

A complaints, compliments and suggestions procedure was available for people and their family representatives to use but actions from similar complaints were not always followed by staff.

Requires Improvement



Is the service well-led?

The service was not consistently well led

Requires Improvement



Summary of findings

A registered manager was in post supported by the provider's management team.

Arrangements were in place for people to put forward their suggestions about the service provided. However, the systems in place for monitoring the quality of service and care people received required further improvement.

Eckington Court Nursing 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.

This inspection took place on 16 October 2014 and was unannounced.

The inspection team comprised of two inspectors.

Before the inspection took place we contacted the local authority and the Clinical Commissioning Group (CCG) who fund people's care to live at the home. We asked them for information about the quality of service provided.

We spoke with six people using the service and four relatives and friends. We spoke with two visiting professionals. We spoke with ten staff including agency staff, the registered manager and a senior manager. We reviewed the records of four people with residential and nursing care needs and four staff records. We looked at a range of documents in relation to the management of the service. We used a Short Observational Framework Inspection (SOFI) and made general observations of people during their day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At the last inspection on 12 September 2013, we found that there were not enough staff available to meet people's needs.

The provider sent us an action plan outlining how they would make improvements. At this inspection we saw the provider had taken action by on-going staff recruitment and by using agency staff to cover any staffing shortages. The provider had introduced a dependency tool to assess people's needs that could be matched to the number of care hours and staff required to meet their needs. We saw that the assessed staffing levels were in place.

However, staff told us a number of care workers had recently left the service. They told us that this meant that they worked with new staff who sometimes did not have experience in care. They told us that this added extra pressure onto their own workloads and that it made it difficult to meet people's needs. Nurses at the service told us that as permanent nursing staff had left their employment they had, on occasions needed to rely on Community nurses to assist with specific nursing tasks that people at the home may require. This included the use of special syringes used to administer medicines for end of life care.

The provider's management team told us that there were two permanent full time nurses in post and regular agency nurses and care workers were also employed as necessary. The provider told us that they would continue to provide cover as needed in this way until further permanent staff could be employed. We saw the duty rota supported the use of agency staff for cover.

Staff we spoke with told us they would always try to answer call bells promptly. They knew that being present in the lounge areas was an important part of people's safety needs but said because of the work load this was not always possible to do and because of this people could be left at risk.

Throughout our inspection people and their visitors told us that staff were not always available at the times they needed them. This had a negative impact on how their personal and social care needs were being met. For

example, people told us that staff were not always available to support them to pursue their hobbies and interests and ensure that care was delivered in the way and at the time that they preferred.

This was a continued breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection on 12 September 2013, we found that action was needed to ensure the safety and suitability of the premises. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements. This included deep cleaning of the carpets and other actions needed to ensure that the living environment was safe. The provider told us that the registered manager was responsible for identifying when further actions were needed to address any new issues identified.

During this inspection, people told us that their bedrooms were cleaned each day and that communal areas were also kept clean.

Visitors told us the service usually smelt clean and fresh when they visited.

However, we found that an area of the home near to the downstairs dining room smelt unpleasant. We discussed this with the registered manager who took steps to address the issue. She told us that regular cleaning took place and that the carpet within this area of the home was being considered for replacement. We saw that cleaning records were kept which confirmed that this area of the home was cleaned each day. We found that other parts of the building smelt fresh and were clean.

At the last inspection Personal Emergency Evacuation Plan assessments were not in place. These plans would have enabled staff to safely support people who could not leave the building unaided during an emergency situation. At this inspection we found that these assessments were now in place and that they reflected people's current needs. This meant that the required information was now available to

Is the service safe?

enable staff to safely support people in the event of an emergency. Staff we spoke with had a good understanding of this and told us that they had undertaken training in this area.

At the last inspection on 12 September 2013, we found that the planning and delivery of care did not meet people's safety and welfare needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements. At this inspection we saw that improvements had been made.

People told us that they and their family representatives were involved in assessments of the risks associated with their care. One person told us "I don't like the hoist but staff make me feel safer." We observed people being hoisted and transferred from armchair to wheelchair and saw that this was done safely. We saw that the hoist was in good working order so that it was safe for people to use.

Care records included information about the risks associated with people's care needs and health conditions. For example, assessments had been undertaken should a person be at risk of falling. These included information about how to minimise the risks associated with this. Screening tools were used to ensure people remained safe in relation to their skin condition, weight and hydration. These were monitored by nursing staff to ensure that people's care needs were being met.

Management plans were in place for risks associated with people's skin and with people's mobility. In one person's records we saw that they were at risk of falling out of bed. We noted that measures had been put into place to reduce the risk of the person sustaining an injury as a result of this. Additional measures were in place to reduce their risk of injury and a sensor mat was in place when they were seated and when they were in their bedroom. This would alert staff that the person was mobilising so that they could check that they were safe. This meant that people were encouraged to make decisions for themselves and to take risks for as long as they could do so safely whilst maintaining their independence.

We observed people who used walking aids as they left the dining room independently. Staff told us that they observed these people from a short distance to ensure that they were safe.

At the last inspection on 12 September 2013, we found that action was needed in relation to the management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements

At this inspection people told us they received their medicines on time and could ask for pain relief when they needed it. People were involved in their risk assessment for the self-administration of their own medicines so that they could take these at the times they needed them. We saw people who were able to, using their own inhalers. They told us "I can manage my inhalers myself and staff encourage me to do this."

Staff told us that they had received training to give medicines safely to people. They were able to describe the risks associated with specific medicines so that they could address people's complex needs. This included people on strong pain relief and the increased risks associated with falls because of this. Staff told us random and regular checks of medicines at each shift enabled them to check that people were being given their medicines correctly. Staff told us that each month they were now allocated time to check new medicines into the service. This reduced the risk of errors being made during this process. We saw that medicines were reviewed when needed through the weekly GP surgeries at the service so that people could be assured that their medicines met their health care needs.

People told us that they felt safe at the service. One person told us "They look after me here and keep me safe and I can ask staff for help when I need it."

The provider's safeguarding policy and procedures were available to all staff. They told us they had received training about safeguarding adults and described the actions they would take should there be any suspicion of abuse. This showed that they had a good understanding about how to protect people who lived at the home.

We brought this inspection forward because of a safeguarding investigation being undertaken by other agencies. We found that the registered manager had taken action as a result of the outcome of this, in order to reduce the risk of a further incident of a similar nature.

Is the service safe?

People told us they thought staff were safely recruited to be with them at the service. We spoke with staff about their recruitment process. They told us they were asked for references to check their character and for their suitability to work with people who used the service. We checked staff

records and found that systems were in place to ensure they were recruited in a safe way so that the checks required by law for their employment had been undertaken.

Is the service effective?

Our findings

At the last inspection on 12 September 2013, we found that improvements were needed in relation to how people's consent to care was sought. Staff did not have a good understanding of the Mental Capacity Act. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements. At this inspection we saw the provider had taken action where people did not have capacity to consent.

People we spoke with told us they were offered choices about their day to day lives, for example the time they went to bed at night and out of bed in the morning. Within one person's care records we noted that they had expressed a wish not to go into hospital for end of life care. Assessments had been undertaken for this person including assessments of whether they had the capacity to make their own decisions.

Arrangements for obtaining consent if a person lacked the mental capacity to make their own decisions were in place. Legally appointed persons were included to act on the person's behalf and in their best interests. This included permissions for advance decisions with regards to resuscitation. We saw that the person's GP was involved in this assessment through consultation with staff and family representatives and a social worker who worked closely with the service.

The registered manager, care workers and nurses had knowledge of the Mental Capacity Act 2005. Staff told us they understood how to assess people's mental capacity and how this could fluctuate depending on a person's condition. They told us they had received training in this area and records confirmed this.

The registered manager had applied for Deprivation of Liberty Safeguard authorisations (DoLS) for people confined to their bedroom through their health condition and for people living at the service whose safety needs meant they were not safe to leave the home on their own. These safeguards protected the rights of these people who used the service by ensuring that if there were restrictions on their freedom and liberty these were assessed by professionals who were trained to assess whether the restriction was needed. The registered manager had a good

understanding of DoLS and knew the correct procedures to follow to ensure people's rights were protected. One DoLS authorisation was already in place to address this need. Records were available for staff to refer to about how to ensure the least restrictive options were being used, only when needed.

Staff we spoke with were able to describe ways in which a person could be deprived of their liberty. This included the use of sensor mats or bed rails identifying that the person or their representative's permission, if appropriate was needed as part of the assessment. The care records we saw included a best interest assessment to explain why these restrictions were necessary.

People told us that they felt that staff had the skills and knowledge to support them. Agency staff we spoke with told us that they were provided with an induction when they first worked at the home. They told us they worked with permanent staff until they became more familiar with how people wanted their care needs met or were assigned jobs, that they could do without supervision. Records showed that all staff had received training in different areas of work in relation to meeting people's needs, for example the safe administration of medicines, safeguarding people, infection control and moving and handling. New staff undertook an induction which covered areas of practice including moving and handling people, fire safety, diet and nutrition. We spoke with staff about the needs of three people. They were able to tell us what support each person needed and if there were any risks in relation to their health. Staff told us they had started to receive regular supervisions since the new manager came into post and staff meetings were provided.

We observed the support people received during a meal time and found that people's needs were being met. We saw that some people were able to eat without direct support and staff were seated at the tables for people who needed some assistance. This allowed staff to support a number of people at the same table at their own pace. Picture menus were used to help people choose their meals. One person told us "When I can see the food it helps me to choose what I fancy." Snacks and drinks were available throughout the day. Facilities around the home encouraged people to make themselves or their families a drink when needed. As a result of a meeting held with people at the service the midday meal was a selection of buffet style meals and the main hot meal for the day was

Is the service effective?

provided in the afternoon. Nutritional assessments were undertaken and special diets were catered for. People's weight was monitored regularly and where weight loss was identified a referral was made to a dietician. We saw advice was incorporated into people's care records and appropriate diets were offered such as fork mashable foods and thickeners added to fluids.

People told us that when they were not well staff sought medical advice on their behalf. People told us the doctor visited every week and it was easy to have a referral to see them. One person told us the 'foot doctor' saw people every two weeks. We spoke with two visiting health

professionals who said that when people's physical or mental health needs changed staff contacted them. We spoke with them about the effectiveness of staff at the service and about the service people received. They spoke positively about the staff and about what they saw of the care provided. Records showed that people received care and treatment from other health professionals including the services of a chiropodist and optician. We saw that these referrals were made in a timely manner. Regular meetings with the local doctor's surgery were attended by a staff member to exchange ideas. This helped to ensure that people received good medical support.

Is the service caring?

Our findings

People told us that the staff were approachable and kind to them. They told us they were happy with their care and that they enjoyed the companionship they had with other people at the service.

One person told us “I am well treated and staff respond when I call them.” Another person told us “I am treated well, I have made friends and I find staff to be helpful.” Another person told us they were treated respectfully because staff closed doors behind them when providing personal care and asked for their permission before carrying out a care task.

People had been encouraged to bring their pets to live with them. One person told us “It meant a lot to me to be able to bring [pets name] with me. [Pets name] is an important part of my life.” Staff told us that this helped people to settle into their new environment. Staff told us that they volunteered to help people with their pets. We saw family pets were also encouraged to visit people at the home. People told us this made them feel good to be able to keep in contact with their family pets.

People were involved in their care planning and their preferences about how their care was delivered were included. For one person this meant having their pet come to live with them. Care records we looked at included information about people’s likes and dislikes. People and

their relatives had been involved in developing their life history profile. It was not clear if people were always involved in the reviews of their care plans, however people told us they felt they were involved in making decisions about their care.

We observed that visitors were made welcome when visiting the service which helped the people who used the service to maintain their relationships with their families and friends. One visitor told us “We are made welcome when we visit and my relative is happy here.”

We found staff had a positive attitude towards the care provided to people and spoke about them at the change of shift ‘handover’ with respect. Communications were held in the office and the manager told us this was to respect people’s confidentiality.

We observed staff interactions with people and they were friendly and relaxed. For example, we observed that when a nurse entered a person’s bedroom they asked the person how they was feeling and replaced their pillow to make them comfortable again before they left. We observed care staff spent time talking with one person as they gave them assistance with a drink. They talked about things they liked. Some people needed hoisting. Care staff ensured this was carried out with regards to people’s dignity and in a reassuring manner. We observed a nurse and senior care worker who administered people’s medicines to be polite and helpful towards them.

Is the service responsive?

Our findings

At the last inspection on 12 September 2013, we found that there was not an effective system in place for the management of complaints. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that some improvements had been made, however, a small number of visitors told us that when complaints were investigated, they did not always see this reflected in a change in practice.

We looked at how a complaint was handled. We saw that although actions were taken as a result of the complaint these were not sustained. We spoke with the registered manager who assured us that staff would be reminded about the importance of sustaining this action.

People told us that overall they were happy with the service they received. Pre admission assessments were undertaken and care plans included details about people's individual preferences and choices.

However, there were occasions where people did not receive care and support in the way they preferred due to there not being enough staff available to support them. For example, people told us they were offered a daily wash and that they had a scheduled bath day each week. This was further demonstrated within care records provided. The schedules were not based around how often people preferred to have a bath or their preferred time of the day.

People we spoke with told us that they understood staff were busy and because of this were not always able to offer choice. Staff told us that having set days for people's baths helped them to respond to people's needs because it meant that people would not be forgotten. This demonstrated that people's wishes were not always taken into account. Visitors told us to their knowledge their relative only had one bath a week. The registered manager

told us that set days allowed people to have a minimum number of baths each week and where possible further baths were available. We did not see where people were able to choose more than one bath a week.

Some people told us that they were encouraged to take part in social activities. However, we spoke with the families of people who did not join in with group activities at the home and were not involved in community activities. They told us in their opinion that their relatives did not seem to be given as much time and support to participate in activities of their choice as other independent people at the service did. They told us this was because more staff were needed to facilitate this. We spoke with the person responsible for facilitating activities. They told us that they divided their time between as many people as they could. They told us they provided interesting activities that were appropriate to meet people's needs and gave us examples of time spent with a person in their bedroom reading the newspaper to them.

A bar area was created for people to use and to socialise. A relative told us that although this facility was provided, if staff were not available, some people who required support from staff were not be able to access it when they chose. We spoke with the deputy manager who told us that people were encouraged to use the bar but had not always done so. The person employed to carry out activities with people told us that the bar was used if staff were available to support people to access this facility.

A staff member who was responsible for ensuring people's dignity needs were addressed at the service told us that they made special efforts to include everyone at the service with activities so that no one was left out. The registered manager told us that they would revisit how people who were not able to take part in group activities could have increased time with staff.

The registered manager told us that they had recognised the need to increase activities available to people. They told us that the suggestion of the bar, pat the dog and sensory boards had been in response to people's requests. The registered manager told us that they would revisit how people who were not able to take part in group activities could have increased time with staff.

Is the service well-led?

Our findings

Quality and monitoring reviews took place at the service each month. They included checking that medicines were correct and care records were reviewed when changes were required so that people received safe care that met their needs. We saw audits of assessments and testing of service equipment within the home was available for us to see and they were up to date.

We saw that there were procedures for the reporting, recording and action to be taken in the event of accidents, incidents and emergencies. Discussions about any issues raised as a result of these were included in Head of department meetings in order to ensure actions were taken to reduce further risks.

People we spoke with told us they had the opportunity to express their views about the service provided. One person told us that they attended a group meeting and suggested that they did not like some of the food offered at meal times. When the buffet style menu was implemented they told us they liked this better. A survey was carried out in April 2014 and people's suggestions were listened to. For example when people asked for different menu items these were provided. The registered manager told us that other actions had been taken in response to people's suggestions. For example, the creation of the bar area, the introduction of sensory boards and additional social activities.

A registered manager was in post and people and their visitors told us that they were approachable. They told us that it was good for them as they knew who to speak with if they had any concerns.

However, staff told us that they did not always feel supported by the management team and did not always feel confident to report their concerns directly to them. They told us that staff morale was low and that their workload was increased when they worked alongside agency staff because they may not be as familiar with people's care needs.

Other comments from staff included "Care workers attitudes are not always great," and "Staff seemed to snap at each other quite a lot. Staff are not motivated or supported."

We saw that the management team held meetings with staff to discuss care issues. They reminded them to work together as a team as this would improve how they provided care to people at the service. Staff told us that current staffing levels meant that they were not always able to deliver person-centred care. An example of people not being able to choose the times they were assisted out of bed in the morning was given. A staff member told us that "New staff don't last the distance because the workload is too heavy for them."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured that sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed in order to meet people's needs.