

Community Integrated Care

Eccleston Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eccleston Court Care Home accommodates up to 54 people who require personal and nursing care. At the time of the inspection there were 36 people using the service. The service consists of two separate Units, one of which provides nursing support to people who primarily have a physical health need and another that provides nursing support to people living with dementia.

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

At our previous inspection in July 2019 the provider was in breach of regulations. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations. However, improvements made needed to be embedded and sustained over a longer period of time to achieve a rating of good.

Daily checks were now carried out on the environment to make sure it was safe. Risks were identified and mitigated in a timely way. The environment was free from hazards, clean and hygienic. Staff followed good practice to minimise the risk of the spread of infection. Risks associated with people's individual care and support needs were regularly assessed and monitored.

The deployment of staff was better organised, people's needs were now safely met in a timely way. There were more permanent nurses employed at the service reducing the need to call upon agency nurses. People and family members commented that this had led to a much more consistent service.

Whilst care and support was planned and delivered in a more personalised a consistent approach to this was needed. Care records were completed in more detail and better reflected people's needs and choices and how they were to be met. Care plans were developed and regularly reviewed with the involvement of people and relevant others and updated following a change in people's need or at their request.

People were provided with more opportunities to engage in activities which were meaningful and stimulating. Staff spent more time occupying people in both group and one to one activities and conversations. Staff respected people's choice about how they spent their time.

People were now treated well and with dignity and respect. Staff responded quickly to people's requests for assistance and they checked on people's wellbeing and comfort. People and family members complimented staff for their kindness and caring approach. Personal care records were now stored securely and people's personal belongings were treated with respect. People and family members were provided with more opportunities to express their views and be involved in decisions about their care. People told us they felt listened to and they could talk to staff at any time.

The number of complaints received about the service had decreased since the last inspection. Those received were now acknowledged, investigated and used to improve the quality of the service. People and

family members knew how to complain, and they were confident their complaints would be acted upon and listened to.

The management of the service had improved, however this needed to be sustained. The systems and processes in place for assessing, monitoring and improving the quality and safety of the service were more effective. Risks to the health safety and welfare of people were identified and mitigated in a timely way and records were better maintained. The culture of the service had improved and was more person-centred and positive. People and family members told us communication and the visibility of the registered manager had improved a lot.

People were safeguarded from the risk of abuse. Staff understood what was meant by abuse and how to report any safeguarding concerns. People told us they felt safe. Medicines were safety managed and people received their prescribed medicines at the right time. Accidents and incidents were well managed, and lessons were learnt and shared with staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was inadequate (published July 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in special measures since July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we 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 safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Eccleston Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a dementia care specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was carried out by one inspector.

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.

The service had a manager registered with the Care Quality Commission. This means that they and 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

The inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and Healthwatch. 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eleven people who used the service and six family members about their experiences of the care provided. We also spoke with the registered manager, operations director and ten members of staff including nurses, care workers and ancillary staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke over the telephone with a visiting healthcare professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection;

At our last inspection the provider had failed to demonstrate safety was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people's health, safety and welfare were now identified and mitigated in a timely way.
- Regular daily checks were carried out across the service to make sure it was free from hazards. Regular safety checks were carried out on equipment and utilities.
- Risks people faced in relation to their individual care needs were now regularly assessed and monitored. People had equipment they needed to minimise the risk of harm such as, call bells, falls sensor mats and pressure relieving equipment
- Staff now followed good practice to minimise the spread of infection. They used appropriate bins to dispose of used personal protective equipment (PPE).
- Emergency evacuation procedures were clearly displayed and each person had an up-to-date personal emergency evacuation plan (PEEP).
- There was a process in place for reporting accidents and incidents and learning from them.

Staffing and recruitment

At our last inspection the provider failed to ensure effective staffing to safely meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staffing arrangements were now better organised to keep people safe and meet their needs. Staff reported that the skill mix and consistency was good across the service.
- A member of staff was present in communal areas used by people and regular checks were carried out on people who occupied their bedrooms.

- People's needs were met in a timely way. Their comments included; "Answer call bell, ever so quickly" and "Always prompt in coming."
- The use of agency nurses had decreased significantly following a recent recruitment drive for permanent nurses. People and family members told us this had led to positive outcomes for people. Their comments included; "The care is much more consistent" "It's reassuring to see the same faces" and "I know all the staff by name."
- Applicants suitability and fitness to work at the service was checked before they were offered a job. The professional registration of nursing staff with the Nursing and Midwifery Council were checked regularly.

Using medicines safely

- Medicines were safely managed by trained and competent staff.
- Medication administration records (MARs) detailed people's prescribed medicines and instructions for use. MARs were signed to show people received their medicines at the right time.
- People told us they received their medicines when they needed them. Their comments included; "Get my tablets on time" and "I can ask for any pain relief and the nurses will get it for me".

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- Staff were provided with training, information and guidance about how to safeguard people from the risk of abuse. Staff were confident about recognising and reporting safeguarding concerns.
- People told us they felt safe and protected from abuse. Their comments included; "Safe in the home, couldn't be better" and "I'm safe here, treat me very well."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider failed to ensure records in relation to people's care were accurate and up to date. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Assessments of people's needs were now completed in detail. Assessments identified the level and type of care and support people needed and what the intended outcome was for the person.
- Staff provided people with effective care and support. Records now detailed the care and support people received and showed their needs were met.
- Staff followed professional guidance to achieve good outcomes for people.

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

- People were provided with the support they needed to eat and drink and maintain a balanced diet.
- Referrals were made to dieticians and speech and language therapists (SLT) where people were at risk of dehydration, malnutrition or choking and staff followed their guidance.
- People were given a choice of food and drink and it was prepared to meet their dietary needs.
- Most people were happy with the choice and quality of food. Their comments included; "It's terrific, ever so good, it's nicely cooked" "Can have a cup of tea, any time." A family member told us "Food looks lovely." Two people did however tell us they didn't like the food. The chef assured us they would speak with these people about how they could improve the food for them.

Staff support: induction, training, skills and experience

- Staff now received regular supervision through meetings with their line manager. Staff told us they felt well supported by managers and other colleagues.
- New staff were inducted into their roles and all staff received ongoing training.
- People and family members told us they had confidence in staff and that they thought they were well trained. Their comments included; "Staff are sufficiently well trained" and "They [staff] are really good."

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

- The service had adaptations to meet people's mobility and personal care needs.
- There was a choice of communal areas for people to spend their time. Spaces along hallways leading to people's bedrooms on Eccleston unit had been turned in to focal points of interest. These areas had seating and items of memorabilia relevant to people's needs.
- Easy read signs were used to help people identify areas such as the lounge, dining room, toilets.

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

- Staff provided people with the support they needed to access healthcare services.
- Staff understood people's healthcare needs and responded quickly to any changes to their health and wellbeing. A family member told us; "They [staff] would get a doctor quickly for [relative] if she needed one.
- Staff followed advice and guidance from other professionals.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were provided with training in the MCA and they understood the principles of the act and associated DoLS.
- People were consulted with and supported to make as many decisions as possible for themselves. If people were unable to make a decision; a decision was made in the person's best interest following the appropriate process.
- DoLS authorisations for people were being effectively monitored.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence;

At our last inspection the provider failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- People were now well supported, and their privacy, dignity and independence were respected and promoted.
- Staff attended to people's requests for assistance in a consistent and timely way and they regularly checked on people's wellbeing and comfort.
- People and family members spoke positively about the support from staff. Their comments included; "Very attentive," "Can't do enough for you" and "Girls [staff] are lovely".
- People and family members told us staff were kind and respectful. Their comments included; "Care is good". "Staff are kind and polite," "Very nice, they really are" and "Staff treat [relative] kind, no fault there and they respect [relatives'] dignity and privacy."
- Staff were respectful of people's dignity and they gave people choice of when they received personal care. One person told us staff never entered their bedroom without knocking first and another person told us they could have a bath when they wanted to.
- Staff recognised when people were in discomfort or distress and supported them during these times. One person told a member of staff their legs felt cold and the staff member immediately fetched a blanket and placed it over the persons legs. The staff member carried out regular checks to make sure the person was warm.
- Staff understood their responsibility for keeping personal information about people private and confidential. Written records were locked away and computerised records were password protected and accessible only to authorised staff. Staff were discreet when completing personal records and when discussing matters of a personal nature with and about people.

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

- People and those acting on their behalf such as family members were given more opportunities to express

their views and make decisions about the care provided.

- People and relevant others were invited to express their views through regular care reviews, 'residents and relatives' meetings and satisfaction surveys. Details of residents and relatives' meetings were displayed on notice boards and people told us they were verbally informed about these.
- People told us they felt at ease speaking with staff and that staff often spent time talking with them and had listened. Their comments included "Very easy to talk to," "Oh yes they [staff] do listen" and "Could talk to staff if not happy about anything."
- Where it was needed people were provided with information and support to access services for independent support and advice.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant services were better planned and delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider failed to plan and deliver care in a person-centred way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9. However, the improvements made needed to be embedded and sustained over a longer period to achieve a rating of good.

- Care and support was now planned and delivered in a personalised way, however, a consistent approach to this was needed.
- Assessment and care planning documentation reflected people's choices and preferences with regards to how their needs were to be met.
- People and relevant others such as family members were involved in the development and reviewing of care plans. One person told us they helped with their care plan and had agreed to it. A family member told us their relative's care plan was put together when they first moved in and they were invited to attend a meeting to review it.
- People had choice and control in how their needs were met. One person told us it was their choice to stay in their room and staff supported this. They said they had everything they needed and were very happy. Other people told us they chose when they went to bed and got up and how they spend their time.
- People were now given opportunities to take part in activities to meet their needs and which were meaningful and stimulating.
- Throughout the inspection staff engaged people in both group and one to one activities. This included baking and decorating cakes, pamper sessions and discussions around daily newspapers and magazines. People told us they enjoyed the activities, their comments included; "I like the singing and dancing" and "I like to paint."
- Staff provided people with the support they needed to develop and maintain relationships. People's family and friends were made to feel welcome and invited to join their relatives in special celebrations and events held at the service.

Improving care quality in response to complaints or concerns

At our last inspection the provider failed to act upon complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 16.

- Complaints and concerns received were now acknowledged and listened to and used to improve the quality of the service.
- Since the last inspection there had been a decrease in the number of complaints made about the service.
- People and family members were provided with information about how to complain. They told us they would complain if they needed to and felt they would be listened to.

End of life care and support

- People were given the opportunity to discuss and plan their end of life wishes and others such as family members were involved where this was appropriate.
- Nursing and care staff had completed training around end of life care and support. They worked closely with health professionals to ensure that people experienced a comfortable, dignified and pain free death. There was anticipatory medication in place for when it may be required.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

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.

- People's communication needs had been assessed and were recorded in their care plans.
- Information was available in different formats where this was required.
- Staff understood how people communicated and they communicated with people in a way they could understand. People were supported and encouraged to use equipment to help improve their communication, such as hearing aids and glasses.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had improved.

At our last inspection the provider failed to operate effective systems for checking on the safety and quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17. However, improvements made needed to be embedded and sustained over a longer period to achieve a rating of good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management of the service had improved, however this needed to be consistent.
- The service now had a manager registered with the Care quality Commission (CQC). The previous manager who was not registered with the CQC left the service shortly after our last inspection.
- People, family members and staff told us there had been a lot of improvements to the service since the registered manager took up post. They reported that the management team were supportive and that the registered manager was visible.
- The registered manager had overall responsibility for the running of the service. Each unit and department had a named manager responsible for the management oversight of their area of work. Managers had a clear understanding about their roles and regulatory requirements.
- The provider's systems for checking on the quality and safety of the service were more effective in identifying and mitigating risks to people and others. Areas for improvement were actioned in a timely way.
- Managers and staff had acted to improve the service and enhance people's quality of life based upon our previous inspection and feedback from the local authority.
- There was a service improvement plan in place which clearly set out areas for improvement and timescale for completion.
- The ratings from the last inspection were clearly displayed in the reception and on the providers website.

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

- The atmosphere amongst the staff team and within the service had improved. People now received more person-centred care with positive outcomes.
- Staff morale was positive and there were good interactions between staff, people and family members. Staff described a more positive atmosphere and felt supported and listened to.

- Staff and family members described the registered manager as supportive and approachable.
- The registered manager operated an open-door policy and welcomed everyone's feedback, views and opinions about the service and ways to improve it.

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 registered manager and provider were open and honest with people, their family members and others about previous failings and areas that needed continuous improvement. They were enthusiastic to sustain the improvements made and to continue to improve the service people received.
- The registered manager shared appropriate information with the CQC and the local authority safeguarding team in a timely way and learnt from incidents.

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

- People were more engaged and involved in the running of the service and how their care was provided. This was done through more regular reviews, meetings and general discussions.
- More positive relationships were established with people's families and there was good partnership working with external health and social care professionals and the local authority.