

St Andrews Care GRP Limited

Eckington Court Nursing Home

Inspection report

Penny Engine Lane
off Church Street
Eckington
Derbyshire
S21 4BF

Tel: 01246430066

Date of inspection visit:
18 March 2016
22 March 2016

Date of publication:
21 July 2016

Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 18 and 22 March 2016 and was unannounced.

At the last inspection on 18 November and 8 December 2015, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection in April 2015 the service was rated as 'Inadequate' due to serious concerns about the safety and well-being of the people who lived there. The commission placed the service in special measures. At the time of this inspection we found that although there were areas where further improvement was needed that significant progress had been made in the way that the home operated and in relation to the way in which care was being provided. Enough improvements had been made to take the provider out of special measures.

Eckington Court Nursing Home is required to have a registered manager. At the time of our inspection there was a new manager in place and their application to become a registered manager was being processed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered 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.

The service is registered to provide residential care for up to 50 older people. At this inspection 29 people were using the service.

At our last inspection on 18 and 8 December 2015 we asked the provider to take action as risks to people were not well-managed. At this inspection we found improvements in how some risks to people were managed, such as risks of weight loss, pressure area care and fluid intake. However, we found improvements were still required to how the service managed risks to people who experienced, or were at risk of experiencing falls. Whilst medicines administration practices had also improved, some improvements were still required.

We had asked the provider to make improvements to the planning and deployment of staff to meet people's needs. On this inspection we found the staffing group had stabilised, however we still found occasions when staff had not been deployed to meet people's needs safely. In addition, we were not assured that the number of staff planned to meet people's needs was based on the current needs of people using the service. We were concerned that there were not sufficient staff deployed to meet people's needs. Staff were recruited safely because checks to help confirm their suitability to work with people using the service had been completed prior to them starting work. We had asked the provider to make improvements to the supervision, support and training of staff. At this inspection we found training had either been completed or had been arranged and that staff had started to have supervision and further support had been planned. In addition, we found staff meetings had been held.

At our last inspection we asked the provider to take action to ensure the principles of the Mental Capacity

Act (MCA) 2005 were followed and any applications for people to receive assessment for a Deprivation of Liberty Safeguard (DoLS) were made appropriately. At this inspection we found applications had been made where people required them.

At our last inspection we had asked the provider to take action to ensure people received personalised and responsive care and support. We found some improvements on this inspection, however, staff were not always aware of people's food preferences. We saw staff understood the needs of people using the service and demonstrated their knowledge of how to work with people in a personalised and responsive way.

At our last inspection we asked the provider to take action as the service did not have a registered manager and was managed by an interim management team. Systems and checks were also not in place or operated effectively to assess, monitor, reduce risks to people and improve the quality and safety of services provided. This included systems to check on the control and prevention of infections. We also found that records of people's care and treatment were not accurate nor made contemporaneously. This included information on people's dietary needs, risk assessments, quality satisfaction survey results and daily records. The provider had also not sent in notifications of changes, events or incidents that they must tell us about.

At this inspection we found some improvements had been made and some improvements were still required. Systems and processes to check on the quality and safety of services were in place, however these were not always effective. We found further improvements were required as actions identified by the new audits had not always been carried out. In addition audits were not always based on accurate information as care plans were not always accurate. This meant that improvements to the quality and safety of services people received were not always implemented or effective. We were concerned that this may put the health and safety of people using the service at risk.

At this inspection we found some improvements to record keeping and saw that records were being transitioned across to a new system used by the new provider. We found improvements were required as some handwritten care plans and staff rotas were illegible.

We found people benefited from seeing other external health professionals involved in their care and treatment, such as GP's, opticians and continence professionals. However we could not be assured that people at risk of falls were appropriately referred for further assessments to help identify how any further risks from falls could be reduced.

People told us they were happy with most, but not all of the staff who worked at the service and we discussed this with the manager. Staff respected people's privacy and promoted people's dignity when they provided care and support. People's views and opinions were respected and included in the planning of their care and support.

We saw people enjoyed a variety of pastimes and activities and families were free to visit people when they wanted. People also had opportunities to comment or complain or offer feedback on the service. Where people had raised any issues with the manager we saw that they had been recorded and resolved in an open style. People were provided with sufficient and nutritious food and drink to meet their needs.

We found that the manager and the senior staff team were open and approachable and were supported by a motivated and committed staff team. The manager had also applied to become the registered manager and understood their responsibilities and had submitted notifications to inform us of any changes, events and incidents that they have to tell us about.

We found two breaches continuing 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.

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.

At times, the numbers and roles of staff deployed had not met the levels expected by the manager to meet people's needs. Staffing levels were not planned according to the needs of people currently using the service.

Most, but not all risks to people's health and safety were identified and well managed and some medicines administration was not always in line with good practice.

Recruitment processes were followed to ensure staff were suitable to work with people using the service.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People were referred for further assessment and support from some, but not all, available and appropriate external health services.

The principles of the Mental Capacity Act 2005 (MCA) had been applied and Deprivation of Liberty Safeguards (DoLS) assessments requested.

People enjoyed their meals and received sufficient nutrition. Staff had either received, or were due to receive training and support to enable them to care for people effectively.

Requires Improvement ●

Is the service caring?

The service was mostly caring.

People told us most, but not all staff were kind and caring and respected their privacy and promoted their dignity. People's views and opinions were respected and people were involved in planning their own care.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's preferences were not always met by staff. The manager responded to people's comments and people were asked for their views. People were supported to take part in enjoyable pastimes and activities.

Is the service well-led?

The service was not consistently well led.

Checks were completed on the quality and safety of services, however not all actions identified were completed to ensure improvements were made and records were not always accurate.

The manager understood their responsibilities and showed an open and approachable management style.

Requires 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 was unannounced and took place on 18 and 22 March 2016. The inspection team included two inspectors and a specialist professional nursing advisor who looked at general clinical expertise.

We reviewed relevant information, including notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about.

We spoke with five people who used the service. Not everyone who used the service could fully communicate with us and so we also completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the relatives of four people who used the service. We spoke with nine members of staff, including catering and maintenance staff and the manager. We looked at six people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Is the service safe?

Our findings

At our previous inspection in November and December 2015, we asked the provider to take action to protect people from the risks associated with inadequate risk assessment systems and inadequate responses in relation to identified risks to people. This included the risks of weight loss, pressure ulcers, fluid intake and medicines. We had also asked the provider to take action to protect people from the risks of having insufficient staff deployed. These were breaches of Regulation 12 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At this inspection we checked whether improvements had been made and found that some improvements had been made and some improvements were still required.

At our last inspection people told us they had to wait long periods of time before staff could assist them. We also found that the numbers of staff deployed had not been calculated on people's needs and the staff group was not consistent as a lot of agency staff had been employed. At this inspection, we found recruitment of staff had been completed and this had helped to stabilise the staffing group, however we found improvements were still needed to ensure staff were deployed to meet people's needs.

On this inspection, we observed there were no members of care staff present in communal areas of the building for lengthy periods of time. On one occasion, we observed four people left unaccompanied in the lounge area for twenty minutes. One person told us, "I find it difficult to get staff to respond when I try to get help." Some of these people would not have been able to use the call bell system to call staff for any assistance. During this time the fire alarm was tested and the doors to the lounge automatically shut. One person asked, "Do we need to leave now?" Although the maintenance person had announced to people the alarms were going to be tested, the event itself caused some alarm for people and there were no care staff present to reassure them.

Some staff we spoke with told us they did not know how they could safely care for people with the numbers of staff available. One member of staff told us, "There is not enough staff [on this unit] to care for all the residents." Another member of staff we spoke with also told us there had been times when there had not been enough staff to ensure people were dressed in time for breakfast.

In addition, we observed people who had chosen to eat in their own rooms over lunchtime. One person displayed signs of anxiety and was upset for a period of five minutes without a member of care staff available to assist them. Although a member of the domestic staff tried to reassure them, this did not replace the presence of a member of care staff who understood what support this person required. On the second day of our inspection we found there was a member of the care staff team available to assist people upstairs over lunchtime.

We spoke with the manager about how they calculated the number of staff they needed to deploy to safely meet people's needs. We could not be assured that the staffing tool was accurate as it did not reflect the current occupancy of the service. It also identified people by their room numbers and some people had

moved rooms since the dependency tool had been calculated. We were therefore unable to identify people accurately and confirm whether their needs had been accurately reflected in the calculations. The manager confirmed they were looking to establish another method for calculating staffing levels.

The staffing rotas records were at times illegible and we were therefore unclear as to whether the staffing numbers had always met the numbers of staff identified as required by the manager. In addition, on completion of each shift, staff completed 'clinical accountability handover sheets' where they were required to record if there had been any issues with staffing. On one sheet we found staff had recorded, "Only had three care staff." The manager confirmed there were only three members of staff on this occasion instead of four. They confirmed this was because a member of staff was sick. On another occasion staff had recorded, "No senior today / no answer from agencies." The manager told us they had not been able to obtain a senior carer from an agency on this occasion; however they had obtained a care assistant to help cover the shift. This meant there was still a shortage of a senior carer on this occasion. These records demonstrate that on occasions, the numbers and roles of staff deployed had not always met the numbers and roles of staff identified as required by the service. Whilst there had been improvements made to stabilising the staffing group and reducing the use of agency staff, we were still not assured that the staffing calculations and numbers of staff deployed were sufficient to meet people's needs.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were aware of some concerns staff had not responded to call bell alarms in a timely manner. We discussed this with the manager who confirmed the concerns had been investigated. As a response, an additional alarm had been installed and we also saw that the manager regularly tested and monitored staff response times to alarm calls at various locations around the service.

People we spoke with and families told us they felt the service was safe when there were enough staff on duty. One relative told us that their family member had been worried about a specific incident. We spoke with the manager regarding this and they made a safeguarding referral so the person's concerns could be investigated appropriately. We saw that most staff had received, or had been booked in to attend training in safeguarding and information was on display in the service to raise awareness of how to safeguard people. Staff recruitment files showed that staff employed at the service had been subject to pre-employment checks. These helped to ensure staff were suitable to work with people using the service. The provider had taken steps to reduce the risk of abuse to people using the service.

Risks to people's health were mostly managed well, for example, we found that a person's historic pressure ulcer was healing. In addition, people at risk of weight loss were closely monitored and actions taken in response to any identified weight loss. Records also showed staff recorded the amount of fluids people at risk of dehydration had taken. Although we noted people received a sufficient amount of fluids each day, we noted that some people could benefit from further prompting. We discussed this with the manager who took action, during our inspection, to implement further provision and prompting of fluids. In addition, we could not be assured risks and prevention of falls had been correctly identified as records of people's falls were not accurate.

We found one occasion where staff had signed to confirm they had administered medicines however they were still in the blister pack. The manager confirmed that the medicines had not been administered as the person had refused them, however this had not been recorded.

The other medicines administration record (MAR) charts we saw had had been completed accurately for

medicines administered to people, including for any creams prescribed. People also had their photographs on their MAR charts to assist staff in the correct identification of people when administering medicines. Medicines were stored safely and medicines were not left unattended. Any medicines no longer required were disposed of safely and records kept. Staff asked people if they required any medicines for pain relief and these were administered as required. However staff had not recorded whether 1 or 2 tablets had been administered in these circumstances. We discussed this with the manager who confirmed this would now be recorded. At the time of this inspection there was no-one who was unable to communicate whether they needed pain relief. The manager confirmed that the provider had a protocol to use to ascertain if a person who was unable to communicate was in any pain.

We found one person's MAR chart required staff to prepare the person's medicines in a specific way, and in a different way to how their other medicines were administered. We also noted that the person was prescribed more of this medicine than would usually be recommended. In addition, there was no care plan in place to support the specific method of administration for this medicine. Having a care plan in place would help ensure the method of medicines administration was consistent even if medicines were being prepared by an agency or a new staff member. Although this person had had their medicines reviewed by their GP before, the manager confirmed they would arrange a further review to discuss the issues we had raised.

Is the service effective?

Our findings

At our previous inspection in November and December 2015, we asked the provider to take action to protect people from the risks associated with having an unlawful restriction placed on them. This was because an application to assess and authorise a restriction to a person's freedom to keep them safe had not been made in a timely manner. We also asked the provider to take action as we were not assured all staff had relevant training and support in order to meet people's needs effectively. These were breaches of Regulation 13 and 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At this inspection we found that where people did not have capacity to make a decision, the provider made sure that any decisions relating to their care followed the principles of the Mental Capacity Act 2005 (MCA). 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 they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Since our last inspection we found applications for DoLS assessments had been made. However, we also found that one person required the use of aids that would restrict their freedom. This person's application for a DoLS did not make any reference to the use of these aids and we brought this to the manager's attention so they could discuss this with the relevant professionals. We received further information of concern regarding the person's DoLS application not including all restrictions to the person and we referred this concern to the local authority.

Staff knowledge of the MCA and DoLS was variable. Some staff we spoke to had not yet completed their training in this area whilst some staff had. It is important that all staff understand which people have lawful restrictions placed on them as this will ensure staff understand how to comply with any conditions on a person's freedom.

At our last inspection there was no comprehensive system in place to record the dates of staff training and identify when this was out of date. At this inspection we found that records were now kept of the training staff had completed and any outstanding training was clearly indicated. We were also shown evidence that staff had been booked on to training courses that had not yet been completed. One member of staff told us, "I have not done any training on DoLS yet." Another member of staff told us they had recently done training in moving and handling and safeguarding. During our inspection we saw one new staff member being supported in their induction and having the fire evacuation procedures explained to them. Although progress had been made since our last inspection, some staff would still require further training dates to be booked to enable the provider to demonstrate all staff had completed the relevant training. We saw training

for new staff was included on the provider's action plan.

During our inspection staff demonstrated they had the relevant skills and knowledge to help people effectively. We observed staff assisting people with their meals and to mobilise effectively. When we spoke with staff they could tell us about people's health and care needs and how to meet those needs.

However, we did identify areas of catheter care that required improvement and we fed this back to the manager who took action to address our concerns. We found that people received support from some external health professionals, such as continence professionals and GP's. However we could not be assured that people at risk of falls had been referred to external professionals as appropriate. We brought this to the attention of the manager who assured us that appropriate action would be taken.

We found at our last inspection that staff had not received any formal supervision. At this inspection we found some staff had received supervision and that other supervision dates had been planned. We spoke with the manager who showed us that some initial supervision had been held with a group of staff and further plans were made for the remaining staff to receive a group supervision. Staff comments included, "Yes I've had supervision," and, ""There are no formal supervision processes in place yet but I have had one from the operational manager." In addition, one member of staff told us, "There have been two staff meetings since [the new manager] arrived."

Staff told us they felt supported by their colleagues and the new manager, however they felt under pressure, whilst the changes to the staffing group were still being embedded. One staff member said, "There were so many staff starting, this added to the pressures," and, "Things have improved considerably since the [new manager] arrived." While another staff member said, "We have worked more as a team." The care staff we spoke with spoke highly of the senior care staff and the support they had provided, one staff member said, "The senior is really good." The new manager and senior staff were providing support and encouraging teamwork.

A relative commented that they thought the food was good but they wished there was more fresh fruit available. They told us, "There is always a jug of fresh water in [my relative's] room." Another relative told us, "They're ever so good here. They cut [my relative's] food up." We saw that people received their midday dinner on time. We saw that people who required staff to assist them to eat their meal in the dining room received this support. We saw other people had use of plate guards and adapted cups to help them eat and drink independently. Records held in the kitchen on people's dietary needs, including any diabetic requirements were up to date. Catering staff we spoke with understood how to fortify diets for people who were at risk of weight loss as well as understanding how to cater for people's cholesterol and diabetes. People received sufficient nutritional food and drink to meet their needs.

Is the service caring?

Our findings

During our inspection, a concern regarding a member of staff being unkind to a person was reported to us. We informed the manager who took appropriate action to deal with the concerns raised with us. The manager was committed to ensuring people using the service were cared for by kind and caring staff. They demonstrated they were aware of when people may feel worried about raising any concerns regarding staff and had offered people reassurance.

Most people we spoke with told us they felt comfortable with staff. One person told us, "Staff are all fine with me and I feel as comfortable as I can bearing in mind where I live now." One relative told us, "The care girls are lovely, we have no problems with them." Another relative told us, "Staff are really caring." A third relative said, "Let me tell you this, these girls are wonderful. I have a good rapport with all of them. I come regularly and they cannot do enough for [my relative], nothing is too much trouble."

We also saw a recent thank you card from a family whose relative had been cared for at Eckington Court. It read, "Thank you for the love and care you gave to [name of person]. You are amazing. Everyone we met cared for [them] with dignity, respect and a smiley face. Nothing was too much trouble."

People we spoke with all told us they felt respected by staff. Throughout the day we saw that staff respected people's privacy by closing people's bedroom doors whenever they went to assist a person with any personal care. We observed positive interactions between care workers and people, including reassurance given through staff holding hands with people. Conversations between staff and people were polite and respectful. Relationships between staff and people were friendly and we could see people enjoyed sharing interactions with staff.

People were asked their views and made decisions about their care. For example, we heard staff asked people what they would like to eat or drink, and whether they wanted to spend time in their room. We observed one person told staff they did not like what was on the TV. The staff member took time to go through the available channels until the person was happy with the choice of programme. We saw that care plans recorded people's involvement in decision making, and that this also included the views of people's relatives where appropriate. Care plans were written to support people's independence and their involvement. The service was supporting people to express their wishes for their care and treatment.

Is the service responsive?

Our findings

At our previous inspection in November and December 2015, we asked the provider to take action to ensure people received personalised care that was responsive to their needs. This was because not everyone received a bath when they wanted one, or saw action taken in response to their feedback. People's feedback had included that staff did not care for them in consistent ways and that areas of stained carpet had not been cleaned. These were breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At this inspection we found some improvements had been made and some improvements were still required.

At this inspection, we found people's experience of receiving support to have a bath or a shower when they wanted one varied. One person told us, "I have asked staff for a bath and have been told they will give me a bath when they can fit me in." They also added, "I am upset at having to keep asking." We asked the manager about this person's personal care. They reported that baths had been regularly offered to this person, but on occasions they had refused them. A relative of a person told us they had requested for their family member to receive a bath or a shower twice a week and this had not happened. However, another relative told us their family member was assisted to have a bath whenever they wanted one.

People's care plans reflected their individual care needs, however these were not always followed by staff. For example, one person was not eating their fried bacon breakfast and they told us, "I don't want it." Their care plan recorded that they did not like bacon. Although staff prompted the person to eat their breakfast and offered and provided an alternative, staff had not originally provided food in line with this person's preferences. We made the manager aware of our observations so staff could be reminded about this person's preferences.

At other times we saw staff knew people's needs and respond to them. For example we saw staff singing to one person when they became distressed and we saw that this calmed and reassured the person. At this inspection no-one raised concerns with us that staff were providing care to them in inconsistent ways. We saw the carpets were regularly cleaned and we found no stained carpets.

Care plans contained information on people's life histories and what was important to them. The plans were being re-written into the format used by the new provider. As part of this process, staff had attempted to involve people and their families. We saw staff asking relatives to review their family member's care plan with them on the day of our inspection and some other relatives told us they had been invited to meetings to discuss their family member's care. However, we also found some barriers that prevented relatives from contributing. One relative told us they found the handwritten care plans hard to read. In addition, another relative told us that the meeting to discuss their family member's care plan had been poorly organised, which resulted in them missing the meeting.

People were supported to take part in enjoyable pastimes. A relative told us, "[Staff member] has good ideas

for involving people." Another relative told us, [Staff member] is really, really good." They went on to say, "We've been making pom-poms and the Mother's Day breakfast was brilliant." We saw there was a box of yarn and pom-pom's out for people to make. In addition, a jigsaw had been set out for people to help finish. We also saw cheerful seasonal displays for Easter and saw that people enjoyed making Easter bonnets together. Other people could watch television or spend time in their rooms. We saw that families visited throughout the day. People were supported to maintain their relationships and were supported to take part in activities.

People told us they would feel confident to make a complaint should they need to. A relative we spoke with told us, "If I have any concerns I speak with [staff member]." They added, "[They] listen and something is usually done about whatever issues I raise." Another relative told us, "I have no complaints." There had been no formal complaints made since our last inspection, however the manager showed us systems and processes were in place to record and respond to any complaint received. We also saw that two issues had been raised with the manager, which had been recorded and investigated and a satisfactory outcome achieved. We saw information on display around the service for people on how to make a complaint or suggestion. Procedures were in place for people to raise any concerns and people were able to share their views.

We saw people and their families were also asked for their views on the services they received. Minutes showed meetings had been held with relatives since our last inspection, as well as a new survey form sent out that asked people about their experiences. We also saw people were invited to comment on the meals that were provided. People had opportunities to share their views on the services they received.

Is the service well-led?

Our findings

At our previous inspection in November and December 2015, we asked the provider to take action to ensure systems and processes were established and operated to ensure the quality and safety of services. In addition, any risks relating to the health, safety and welfare of people were assessed, monitored and improved. We also asked the provider to take action as records were not accurate, complete or contemporaneous. In addition, feedback from people had not been used to evaluate and improve the service. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At this inspection we found some improvements had been made and some improvements were still required.

The provider had systems and processes in place to check on the quality and safety of services, however, we found they were not always effective. This was because systems to identify risks to people's health had failed to identify risks correctly and not all steps to mitigate risks had been taken. For example, we found that the evaluation of one person's falls risk assessment had not included a recent fall they had experienced. Therefore, we could not be assured that the risks to this person were being monitored and assessed, and that the correct actions to reduce the risks had been taken. In addition, the accident form completed where a person had experienced a fall did not contain any actions to be taken by staff in order to reduce the likelihood of a repeat incident. Systems that were designed to assess monitor and reduce risks to people's health, safety and welfare were not effective.

We found that actions identified by the provider as a result of an audit on falls had not been taken. An audit of falls completed in January 2016 identified that four people required a referral for further professional assessment due to their falls history. The manager told us staff had been in contact with the falls referral service however had not recorded this had been completed. There was nothing recorded in the action plan to confirm these referrals had been made. We also found the falls audit that had been completed had not accurately included the total number of falls for one person. We found that evidence used in audits was not always accurate and actions identified were not always completed.

At our last inspection we found records were not always accurate, complete or contemporaneous. At this inspection, we were not assured that records were always accurate. This was because we observed a person refuse their breakfast, however their records showed that they had eaten half of this breakfast. In addition, we found that falls risk assessments had been incorrectly calculated. This had incorrectly reduced a person's level of risk to a lower risk category. We also found that some medicines had not been administered as prescribed, however, no record had been made to confirm this was the case. Some handwritten care plan records were difficult to read. In addition, the records of staffing rotas, were at times, illegible. We were not able to assure ourselves how many staff had actually worked on particular days. It is important that records are accurate and legible. This meant records of people's care and treatment were not always accurate or complete and a true reflection of people's care.

This was a continued of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some systems to check on the quality and safety of services were effective. One relative told us, "Things had really deteriorated, things seem to now be improving." We saw audits had been completed by the provider and had checked on health and safety practices such as medicines management and administration, infection monitoring and checks on equipment such as mattresses. Other audits, carried out by the new manager checked that items of personal protective equipment were available and that call bells were answered appropriately by staff.

People using the service knew the manager and told us that although they had not been in post long, they had confidence in them. One relative told us, "I know who the new manager is and I do see her when I visit." Another relative told us, "[The manager] met relatives a few weeks ago. She had called a meeting to introduce herself. Quite a few relatives had been unhappy about all the changes but respected the fact she had taken the time to speak with them." One member of staff told us, "[The new manager] is very approachable." They also went onto say, "Other people who have been recruited, such as [another senior member of staff] are brilliant and really have people's interests at heart." They also said they had approached the new manager with a problem and this had been resolved. Another member of staff told us, "The manager is approachable, easy to get along with, gives out constructive criticism fairly." We saw an 'open door' policy on display so people and families knew they could approach the manager at any time. One relative told us, "The door in the office is always open." People felt the new manager, and the other senior staff were open and approachable.

Eckington Court Nursing Home is required to have a registered manager. The new manager had applied to become a registered manager and this application was being processed. The manager understood their responsibilities and had sent written notifications when required to tell us about any important changes, events or incidents at the service. The manager had support from senior staff and an additional deputy manager had been recruited to further support the manager. Staff working at the service were motivated and were clear on their roles and responsibilities. One staff member told us their job was, "Brilliant." The service was being developed with good leadership.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems or processes were not fully established and operated effectively to ensure the assessment, monitoring and improvement of the quality and safety of services provided and the assessment, monitoring and mitigation of any risks relating to the health, safety and welfare of people. In addition, records of people's care and treatment were not always accurate or complete. Regulation 17 (1) (2) (a) (b) (c).
Treatment of disease, disorder or injury	

The enforcement action we took:

We issued a warning notice to the Provider

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not always deployed to meet people's needs. Regulation 18 (1).
Treatment of disease, disorder or injury	

The enforcement action we took:

We issued a warning notice to the Provider