

Indigo Care Services Limited

Eckington Court Nursing Home

Inspection report

Penny Engine Lane
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Eckington
Derbyshire
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Tel: 01246430066

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Ratings

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

Summary of findings

Overall summary

About the service

Eckington Court Nursing Home is a residential care home providing personal and nursing care to 50 older people or people with disabilities. On the day of our inspection there were 49 people living there. The home has communal areas across two floors as well as accessible gardens.

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

Medicines were managed to reduce the risks associated with them to ensure people received them as prescribed. People received safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and lessons were learnt when mistakes happened.

People received caring and kind support from staff who respected their dignity and privacy. They were encouraged to be independent and staff understood their needs well. 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. Staff were skilled in understanding the needs of people and engaged them in meaningful activities. Staff knew them well and understood how to care for them in a personalised way. Care plans were informative and regularly reviewed to support them.

People were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The registered manager was approachable and there were meetings in place which encouraged people and staff to give their feedback. People and relatives knew how to raise a concern or make a complaint.

The environment was adapted to meet people's needs. Regular monitoring of the home ensured that quality of care was regularly reviewed, and improvement measures were in place. There was regular oversight of clinical governance.

People had care plans which were detailed, personalised and included how risk should be managed. They were regularly reviewed and staff were aware of people's changing needs. The systems in place to monitor people's health and wellbeing were effective and led to good outcomes for people.

There was good communication with staff and people who lived at the home to ensure their feedback was followed up. Communication was adapted to be accessible for people when there was an assessed need. The registered manager was approachable and there were meetings in place which encouraged people and staff to give their feedback. People and relatives knew how to raise a concern or make a complaint.

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

Rating at last inspection

The last rating for this service was good (published 5 June 2018)

Why we inspected

The inspection was prompted in part by notification of a specific incident, following which a person using the service sustained a serious injury. This incident may be subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of medicines. This inspection examined those risks.

We found lessons had been learnt and new governance systems implemented and we found no evidence during this inspection that people continued to be at risk of harm from this concern.

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 remained exceptionally caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Eckington Court Nursing 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 completed by two inspectors and one medicines inspector.

Service and service type

Eckington Court Nursing Home is a care home. People in care homes receive accommodation and personal care. 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 the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used information we held about the home which included notifications that they sent us to plan this inspection. 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.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We also spoke with five relatives for their feedback. As some people were no longer able to give us verbal feedback, we also spent time observing interaction in communal areas. To support this we use 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 spoke with ten members of staff including the registered manager, the deputy manager, a nurse, care staff and the activities coordinator. We also spoke with two visiting professionals.

We reviewed a range of records. These included eight people's care records and fifteen medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, were reviewed.

After the inspection

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

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines systems were organised, and the provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- We observed some people being given their medicines and saw that staff administered medicines in a compassionate way and were competent for this role. People were given their medicines at the right time and in the preferred way.
- When people were prescribed medicines to take 'as required', there was guidance in place to support staff to know when this was needed. One relative told us, "[Name] is always offered their medicines to reduce pain when it is needed".

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and actions were taken to reduce the risk.
- A new approach to medicines management and assessment had been introduced after a specific incident which resulted in harm to one person. There were additional checks in place to ensure all information was recorded and passed to staff. There was also a new protocol with G.P.s to safeguard people which meant information was shared across organisations in a timely manner.
- Accidents and incidents were regularly reviewed and there were clear records of action taken to reduce the risk of repetition.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- One person told us, "I was lonely and isolated in the community. I feel totally safe here and I could approach any staff if something was wrong."
- When safeguarding concerns were raised and investigated, action was taken to protect people from further potential harm. For example, we saw a thorough investigation had been completed in a transparent manner and any improvements required in the service highlighted.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. For example, one person's care plan was updated after an incident which meant they were vulnerable in the community. They were now supported by staff to access the garden to ensure they remained safe.
- Some people living with dementia could at times behave in a way which caused them or others harm and action had been taken to help to reduce this. For example, referrals to other professionals and guidance for staff.

- Some people required closer monitoring to manage risk; for example, the risk of developing sore skin. There was clear guidance in place for staff and regular monitoring was recorded.
- Risks in the environment were all assessed and managed.

Preventing and controlling infection

- The home was clean and there were arrangements to maintain a good level of hygiene throughout the week. One relative said, "The home well maintained; the staff are always cleaning."
- Staff understood the importance of protective equipment in managing cross infection; for example, using gloves or aprons when required.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely. One relative told us, "Staff always answer the call bell promptly."
- Staff had time to spend with people throughout the day and to respond when assistance was required.
- One member of staff said, "There are enough of us as long as everyone is here. When staff are off sick it can be more difficult."
- The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people. One member of staff confirmed, "I went through a formal recruitment process, application, interview and had my police checks." Records we reviewed confirmed this.

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 good. At this inspection this key question has remained the same. 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

- People's needs and choices were met in line with national guidance and best practice.
- Their care plans contained detailed information to support specific diagnoses and there was also copies of guidance and resources available to people and staff.

For example, there was detailed guidance in managing diabetes which had been adapted for each individual so staff knew how to manage their condition with them.

- There was a detailed, thorough assessment in place for each new person and this included medical information to ensure staff were aware of their specific needs.

Staff support: induction, training, skills and experience

- Staff had the skills and training to support people well. One relative told us, "The staff are very good at their jobs. They are supportive, patient and knowledgeable."
- New staff had detailed training and support before they started working with people independently. One member of staff told us, "I shadowed experienced staff to get to know people and to learn the new electronic recording system. I have had my competency checked for different tasks."
- Other staff were provided with yearly refreshers or additional specific training when required. One member of staff said, "We did dementia awareness training which was very good to help us to understand the different types and what signs to look for."
- Nursing staff were supported to continue their clinical development. This ensured they had sufficient evidence to maintain their registration.
- Staff also had regular opportunities for support through supervision sessions.

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

- People were provided with food they enjoyed and could make choices about what they ate. This was offered in different ways and some people made their choice by looking at the food and deciding what they wanted then. One person told us, "The food is good, proper home-cooked. That's all we want really"
- Some people were being supported with specialist diets or to manage their food intake to improve their health. When they required assistance to eat this was given in a kind way, considering the person's dignity and maintaining communication with them.
- There were drinks and snacks available to people throughout the day. Some people preferred to eat small amounts throughout the day rather than larger meals and staff understood this and ensured they were provided with regular snacks such as yoghurts or milkshakes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- There were good relationships in place with other professionals to ensure that people received good person-centred support. One professional told us, "They are good at keeping in touch and will let us know promptly when people's needs change."
- People and relatives told us they saw health professionals regularly. One member of staff said, "We work closely with our local GP. They visit every week and see each person for a review at least every three months. However, they are always available to offer us advice." Records we reviewed confirmed regular contact.

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

- People were involved in decisions about the premises and environment. They decorated and adapted their bedrooms as they wished.
- Some areas at the home had been refurbished and modernised. For example, carpets had been replaced with flooring which was more easily cleaned. There was an ongoing programme of improvement.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, 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.

- One person told us how their decisions were respected, including when they wished not to be disturbed in the evenings and at night. This had been discussed with staff and other professionals and agreed that this was the person's choice.
- Staff had a good understanding of the MCA and could describe the process they would follow to ensure decisions were made in people's best interest if they were unable to do so.
- When required, assessments were completed with people to ascertain whether they had capacity for specific decisions.
- DoLS were in place and any conditions were met.

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 good. At this inspection this key question remained the same. This meant people were well supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People had good relationships with the staff who supported them. One person said, "I love living here because I have friends and staff make me feel included and part of the family." One relative told us, "The staff are caring, kind and helpful. They know our relative well and are very patient, they also have a laugh with them."
- We saw caring interaction between staff and people throughout the inspection. When people were distressed, they responded thoughtfully. For example, they hugged people or got them involved with jobs around the home to make them feel valued.
- Assessments highlighted equality and diversity support requirements; for example, around people's disability support needs.
- People were supported to practise their religious beliefs and there were regular visits from local churches. On the day of inspection there was a service where people could take communion and sing hymns and several people told us this was important to them.

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

- People were enabled to make choices about the care they received. They chose where they spent their time; for example, people spent time in their rooms. One relative told us, "The staff spent time getting to know our relative to understand what they liked."
- When people were less able to articulate their choices staff considered how they were responding and what this might mean. For example, understanding that some vocalisation may mean someone is tired. This information was detailed in people's care plans.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected. Staff spoke about people respectfully throughout the inspection visit and were cautious about confidentiality and ensuring any conversations with us were private.
- People's bedrooms were private spaces and they decorated them as they chose.
- People were encouraged to be as independent as possible. They had equipment to assist this when needed; for example mobility equipment or specialised cutlery. One relative told us how their family member had moved to the home after a fall meant they had decreased mobility They were now walking again with staff support and equipment and the relative told us how important this was for the person's wellbeing.
- People's families and friends could visit the home freely. They told us they were always welcomed and kept

informed of their relative's wellbeing.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were supported by staff who knew them well and understood their preferences. Staff could explain how they cared for each person in detail and could identify anybody they felt needed closer monitoring.
- Relatives and people told us how staff were responsive to people's changing needs; for example, one relative told us about a bedroom move which supported their family member to reduce social isolation.
- People had care plans which were personalised and detailed. An electronic system had been introduced which meant people's plans could be regularly reviewed and updated. One member of staff said, "The system allows me to check that everyone has had the support they require, rather than needing to check paperwork in each individual room."
- Staff told us they were also able to update themselves on any developments from the previous shift when they started work through the handover records on the system. The system highlighted the priorities for each person.

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

- Activities were planned with people to ensure they were engaged and interested, including group activities. People and families told us there were a range of activities in and out of the home. One visiting professional said, "There is always something going on here."
- There was a dedicated member of staff who described their plans and entertainers or parties planned. There were also individual activities such as looking after chickens and collecting eggs as well as growing vegetables in the garden.
- People had worked on a project to describe their wishes and the activities co-ordinator was working out ways to meet individual requests.

Improving care quality in response to complaints or concerns

- Information about how to complain was shared in an accessible format in the home.
- All complaints and concerns raised by people living in the home were managed in line with the providers procedure. This meant people received a response to their concern and asked if they were satisfied with the outcome.

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 were assessed, and it was clear how information should be shared with them.
- Information was shared in an accessible manner, using pictures and symbols to help explain it for some people. For example, one person who was sight impaired was provided with information in a suitable format.

End of life care and support

- People's wishes about the care they would like at the end of their lives had been discussed and recorded. For example, people's choices about whether they wanted to be actively resuscitated were recorded.

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 good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open culture with all staff we spoke with sharing values about person-centred care. One member of staff we spoke with said, "The registered manager is approachable and I feel I could go to her with anything and be listened to. However, she also wants things to get done correctly so is firm in her approach."
- Regular reviews and audits were completed to ensure the service was meeting standards and continually improving. For example, any incidents were reviewed by the registered manager to consider causes, outcomes and any changes which were needed either to care plans or staff training.
- The electronic care plan system allowed immediate oversight of clinical concerns. For example, it flagged concerns to the registered manager and staff about weight loss, medicines refusal and falls. There was a regular clinical governance meeting to review these themes and consider any serious incidents so that changes could be made; such as providing staff training.
- There were regular visits by senior staff in the organisation to review the quality of the service and check the homes governance systems were effective.

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

- All staff understood their roles and responsibilities and there were clear lines of delegation. Senior staff explained their role and the leadership they provided. This included monitoring and checking records were completed for people.
- Staff felt valued and confident to speak up about anything that concerned them.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- There were regular opportunities for people who lived at the service and their relatives to give feedback about the support they received. This included meetings which some people liked to attend. One relative told us, "We have attended meetings and find them informative."
- Staff felt supported through regular team meetings and supervision. Any additional support was

considered in line with equality characteristics.

Working in partnership with others

- There were strong relationships with local health and social care professionals, education establishments and community groups.
- One professional told us, "This is a nice home with a homely feel which we have no concerns about. The registered manager is always available if we need additional information."
- The local authority contracts management team had recently reviewed the home and the registered manager told us they had actioned the only point for improvement immediately. The home was now in a position to receive a quality mark from the local authority.