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Enbridge House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Enbridge House Care Home is a residential care home providing personal care for up to 17 people aged 65 and over. The service was supporting 12 people at the time of the inspection. The care home accommodates people in one adapted building, across three floors. People were accommodated in single rooms, most of which have an en-suite. People have access to a communal lounge, dining room and garden area.

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

We received positive feedback from people and their relatives that they were happy with the care provided at Enbridge House Care Home. People told us they were treated with kindness and respect and that they had good relationships with the staff. Relatives told us they felt their loved ones received personalised care and the service was homely and welcoming.

Medicines management had improved since the last inspection. However, further improvements are needed to ensure medicines are always managed safely at the home. We have made two recommendations to improve records relating to people's medicines administration records and their prescribed as required medicines. We identified areas of improvement were still required to ensure safety checks and actions taken to reduce risk were consistently managed in line with current guidance. We found the provider was continuing to embed good practice to meet people's needs and continued to build on communication with external professionals to ensure people's health care needs were met and timely referrals were sought when changes were identified. There were clear systems in place to safeguard people from abuse and there were enough staff available to meet people's needs.

We reviewed the providers infection, prevention and control measures and how the provider protected people from the risks of infection outbreaks, including COVID19. We observed staff consistently wore appropriate PPE, regular cleaning schedules were in place and the home operated safe visiting arrangements to enable people to maintain relationships with their loved ones. However, the frequency of staff completing lateral flow testing was not in line with national guidance and written protocols were not always fully up to date with current national guidance.

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.

We found some systems and processes in place to monitor and improve service delivery were not always effective. The provider used a range of tools and audits to monitor the care people received, however they had not identified the issues we found at this inspection. We have recommended the provider reviews the scope of their audits to address this. There was a clear leadership team in place and people, their relatives and staff knew where they could access advice and support. The providers were open and responsive to our

feedback and we received positive feedback from professionals that the service had made improvements in areas identified in our last report.

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

Rating at last inspection

The last rating for this service was requires improvement (published 16 February 2022).

Why we inspected

We inspected Enbridge House Care Home to review our findings from the last report and identify if further improvements had been made. We found the provider continued to embed improvements from our last report, however we identified at this inspection areas where further improvement was required. We undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe 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 ●

Enbridge House 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 Health and Social Care Act 2008.

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

Inspection team

This inspection was undertaken by an inspector and an inspector from CQC's medicines team.

Service and service type

Enbridge House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Enbridge House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we had about the provider and used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection we spoke to a range of staff including care staff, the cook, home manager, and providers and one visiting professional. We spoke with four people living at the home about their experience of the care provided. We completed a range of observations around the home and reviewed care records for people including care plans, risk assessments and 13 medicines administration records. We reviewed a variety of records relating to the management of the service, including policies and procedures.

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 sought feedback from the local authority commissioners and spoke with three relatives.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines including controlled drugs were stored securely and at appropriate temperatures. The provider had moved the medicines to a dedicated storage room with access restricted to authorised staff. A new portable refrigerator had been bought to store medicines.
- Controlled drugs (CD) record keeping was appropriate to meet requirements.
- The Medicine Administration Records (MAR) were supplied by the pharmacy. Some MARs were handwritten by staff. For one person their allergy was not recorded on the handwritten MAR. However, it was recorded in their care plan and the information sheet lied along with the MAR in the same folder.

We have recommended the provider review the process of writing medicine administration records to include the required information.

- We observed staff administer medicines to people. The staff were polite gained permission before giving the medicine and signed for each medicine after giving the medicine on the MAR.
- Some people at the home were prescribed medicines to be given on when a required basis for pain, constipation among other conditions. Guidance in the form of PRN protocols or information in care plans was available to help staff give these medicines consistently. However, some electronic care plans were not always up to date with the currently prescribed PRN medicines.

We have recommended the provider review care plans and guidance for medicines prescribed to be given on when required basis to ensure they have accurate and up to date information.

- There were medicines care plans related in place to provide guidance to staff on how to support people with their health conditions.
- There was a policy in place for medicines management.
- There was a process in place to receive and act on medicine alerts.
- The staff received training for handling medicines.

Assessing risk, safety monitoring and management

- The provider had commissioned an external risk assessment to be undertaken by a competent person to assess the risk of legionella in July 2021. Legionella can cause a serious type of pneumonia called Legionnaires' disease. Where the assessment had identified actions to be taken these had been completed. However, we found issues with the provider's hot water temperature monitoring records, therefore we could

not be assured the provider had consistently mitigated all risk. We found no evidence people had been harmed. We raised this with the provider who re-tested all outlets on the day of the inspection and hot water temperatures evidenced were in-line with Health and Safety guidance.

- To prevent people from the risk of scalding from hot water the provider had fitted thermostatic mixing valves (TMVs) to baths and bath temperature records were in place. However, water temperature records identified high water temperatures were accessible to some people at hand basins. We brought this to the providers attention. After the site visit the providers gave us assurances on measures to address this.
- All other environmental risks to people were managed. The provider took appropriate steps to make sure the building and equipment used were maintained in a safe way. There were regular maintenance and safety checks completed and where actions had been taken this was clearly recorded.
- The provider ensured regular fire checks were completed. They had continued to work on the actions and recommendations set by the fire and rescue service inspection. There was one remaining outstanding action which was scheduled for completion at the end of July 2022. People had individual Personal Emergency Evacuation Plans in place, with the exception of one person who was at the home for a short stay. We raised this with the provider and this issue was resolved by the end of the inspection.
- Risks to people were appropriately managed. Care records provided information for staff to follow and included the steps they should take to reduce or remove identified risks to people. For example, where people were identified to be at risk of developing pressure areas and of skin integrity breakdown, the information included how this should be managed and any equipment they required such as pressure relieving mattresses.
- The provider had embedded practice which ensured communication systems were in place where people's identified needs or risk management plans changed or there were concerns. This included a monitoring log of all professional visits and feedback, staff handover and information boards. This ensured identified areas could be consistently monitored and timely action was taken to meet people's needs.

Staffing and recruitment

- The provider made pre-employment checks to new staff to help ensure their suitability for the role. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We noted the providers had taken up the most recent employment references, checked their right to work and employment history. However, where the staff member had previously had a history of other employment in the care sector, steps as to the reason their employment ended had not been sought in line with guidance.
- There were enough suitably qualified staff rostered to support people. People told us they were able to access staff in good time to meet their needs. We observed staff were regularly available throughout the day in communal areas.
- The providers acknowledged staff recruitment had been challenging in recent times. This meant the management team were often assisting people in a caring role.

Preventing and controlling infection

- We were somewhat assured that the provider was accessing testing for people using the service and staff. We noted staff were not carrying out lateral flow tests in the recommended frequency in line with current guidance. We raised this with the provider who addressed this immediately.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. Where the provider had implemented service specific guidance to manage easing of COVID19 restrictions, this did not fully reflect all aspects of national guidance. The provider had access to the latest national guidance and told us they would review this.
- We were assured that the provider was preventing visitors from catching and spreading infections. We

observed relatives and visiting professionals wore appropriate PPE, however we received feedback from a relative they were not encouraged to wear a mask when visiting. We shared this feedback with the provider.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. The registered manager told us people accessed testing prior to admission where possible or in line with guidance when they arrived.
- We were assured that the provider was using PPE effectively and safely. We observed staff wore appropriate PPE during the inspection and people we spoke with confirmed they observed staff wore masks.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The providers welcomed visitors to the service to support people to maintain relationships with their loved ones. The registered manager told us where possible visits were facilitated in the persons room or appropriate communal areas of the home. If required or preferred, visits could also be facilitated in the garden areas to promote people's safety.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us, "I feel safe, they know what they are doing, when [relative] went on holiday I was worried and they calm you down very much.", Another person said, "Kind, helpful staff make me feel safe here." A relative commented, "I must say she really is [safe], she treats the care home very much like her own home, she really does feel quite happy."
- There were clear systems in place to protect people from abuse. The provider had a robust recording system in place to ensure concerns were appropriately reported and responded to. This included good communication with the appropriate professionals within the local authority and health commissioners to ensure people were protected from abuse.
- The provider had an up to date safeguarding policy which had been shared with staff.
- Staff received relevant training in safeguarding to enable them to identify signs of abuse and report any concerns.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong

- There were processes in place which enabled the provider to maintain oversight of all accidents and incidents at the home. This supported them to identify potential patterns, themes or trends at the service

and take appropriate action. We saw records which evidenced this approach led to positive outcomes for people.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider was continuing to develop their audit schedule. Findings from this inspection were not identified by the provider, including some errors in water temperature monitoring and PEEPs. We highlighted this to the provider who agreed to review and improve their audits related to these areas.
- The provider had systems in place to monitor and review records relating to people's care and treatment. There had been continued improvements in some aspects of record keeping, for example the management of people's skin integrity and weight. However, further improvements were needed to ensure they were always accurate and complete. We found two examples where records did not reflect people's current needs as they had not been updated in a timely way. These issues were addressed during the inspection.
- Protocols around managing risks related to COVID-19 did not always reflect national guidance. The registered manager agreed to review protocols to ensure they met these requirements.

We have recommended the provider proactively reviews their audit scope to identify and embed the required improvements identified at this inspection.

- Where audits had been effective in identifying and addressing issues or required actions, these were discussed at weekly management meetings which enabled the provider to take timely action. This included oversight of planned maintenance, PPE supply and monitoring of staffing levels and recruitment.
- The staff had improved medicines management related audits since the previous inspection and carried these out regularly.

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

- The people and relatives we spoke with were very happy with the care provided at Enbridge House Care Home. A person told us, "I'm lucky to have met [providers] and sit and have a chat and coffee, they have been so kind to me over the years." A relative commented, "It's a good culture, it's a very relaxed well-run affair. They concentrate on the home side of it rather than an institution where [people] become numbers, [people] are treated personally. We're very fortunate to have a place [loved one] is so happy in."
- A professional told us, "The one thing that has always stood out at Enbridge is that they are a very homely and family environment. They are respected within the community and very involved and open with families."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the importance of being open and transparent when things go wrong. This included ensuring information was appropriately shared with people, their families and relevant organisations.
- The registered manager had made notifications to CQC as legally required. People's relatives told us they were informed of incidents. A relative said, "The provider's very hands on and know exactly what's going on and they always have time for communication".

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

- The providers were committed to fostering good relationships with the people they support and their families. We received positive feedback from relatives about this.
- People and staff were asked for their views of the service. We reviewed records which demonstrated the provider consulted with people on choices about the care they received including planned celebrations, activities and menu changes.
- The provider operated a suggestions box in the home which people told us they could use to put their suggestions forward.
- We reviewed staff records which demonstrated the providers promoted a caring and supportive approach towards staff. A staff member told us, "The management are so supportive, I couldn't ask for better. I feel I could approach them if I had a problem with anything, they're that welcoming. If you need guidance, they're there to support you. They would deal with things straight away as they're very on the ball. I only regret I didn't [work at the service] sooner."

Continuous learning and improving care

- The providers were committed to continuing to improve the service people received. A professional who had been working regularly alongside the service told us, "The leadership and oversight have improved. They are still embedding good practice with their staff team. Each visit I can see improvements."
- We found the providers were open and transparent in their approach. They were open to receiving feedback during the inspection on our findings and by the end of the inspection had already taken some steps to make improvements.

Working in partnership with others

- We reviewed records kept by the service which demonstrated the leadership of the service worked well in partnership with other organisations to promote the health, safety and wellbeing of people using the service. This included the GP, Speech and Language Therapists and the Community Nursing team.
- We received positive feedback from professionals which supported this. Comments included, "They are very quick to act, they give us a call if there having any issues, they act of feedback and anything we request will be acted on"; and, "I have found [the providers] to engage well in the support offered by myself. In fact, in recent months they have reached out and asked for support and guidance in relation to things that they are not sure of."