

Enhanced Elderly Care Limited

Enhanced Elderly Care Service - Wardley Gate Care Centre

Inspection report

Lingey Lane
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Gateshead
Tyne and Wear
NE10 8EU

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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

We carried out a comprehensive inspection of Enhanced Elderly Care Service - Wardley Gate Care Centre in January 2017. We found breaches of legal requirements and took enforcement action against the provider in relation to staffing and the governance of the service.

We undertook an unannounced focused follow up inspection on 8 August 2017 to check whether the legal requirements were being met. This report only covers our findings regarding these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Enhanced Elderly Care Service - Wardley Gate Care Centre on our website at www.cqc.org.uk.

Enhanced Elderly Care Service - Wardley Gate Care Centre is a care home for up to 88 older people, including people with dementia related conditions. Nursing care is not provided. At the time of our inspection 74 people were living at the home.

The service had a manager who had applied to become registered. 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.

We found care staffing levels had been increased, enabling people's needs to be responded to in a timely way.

Senior management supported the manager and had a regular presence in the home. Improved systems for record-keeping and assuring the quality and safety of the service had been implemented.

Overall, we judged that the provider had made sufficient improvements to comply with the legal requirements.

We have made recommendations about making fully robust arrangements for covering staff absence and formalising observations of people's care experiences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found action had been taken to improve the safety of the service.

Steps had been taken to increase the numbers of care staff and review the way they were deployed to meet people's needs.

We have not improved the rating for 'Is the service safe?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found action had been taken to improve the governance of the service.

More thorough measures were now in place for monitoring and improving standards at the service.

We have not improved the rating for 'Is the service well-led?' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Enhanced Elderly Care Service - Wardley Gate Care Centre

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Enhanced Elderly Care Service - Wardley Gate Care Centre on 8 August 2017. This inspection was carried out to check that improvements to meet legal requirements had been made following enforcement action taken after the comprehensive inspection in January 2017. We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well-led?' This was because the service was not meeting legal requirements at the time of our comprehensive inspection.

The inspection was undertaken by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the home prior to our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted two of the local authorities that commission the service and Healthwatch, the local consumer champion for health and social care services.

During our visit we talked with eight people living at the home, 10 relatives and observed the care and support provided by staff. We met with the manager and group director, talked with 12 care and ancillary staff, and reviewed a range of records relating to the staffing and governance arrangements at the service.

Is the service safe?

Our findings

At our comprehensive inspection in January 2017 we found a continued breach of regulations regarding staffing levels at the home. As a result we issued a Warning Notice to the provider to improve the numbers of care staff.

During this inspection we found that the numbers of care staff on duty across the day had been increased on the ground and middle floor units. The manager said these were the areas of greatest need according to people's dependency assessments and the views of staff. On the ground floor residential unit there was now six care staff, including a senior. The middle floor unit for people living with dementia now had seven care staff, including a unit manager or seniors. Staffing on the top floor residential unit continued to be three care staff, including a unit manager or senior.

A staffing model, based on the numbers and dependency of the people living at the home, was used each month to calculate the extent of care staff required. The tool indicated that the care staff hours were consistently 'above average'. A clocking in and out system was now in place that monitored the staff ratios against occupancy on an on-going basis. During our visit we reviewed the action taken in response to a safeguarding alert that had recently been notified to us. This had included the service instigating closer supervision by staff to reduce the risk of further incidents occurring.

Rosters were forward planned to meet the staffing levels, including where shifts needed to be, or had been covered, due to holidays or sickness absence. However, the manager acknowledged, and staff confirmed, that on some occasions it had not been possible to arrange cover when there was absence at short notice. The home had bank staff and the manager told us some care staff were willing to work extra hours when cover was needed. Recruitment was continuing to fill staff vacancies and appoint more bank staff. Most of the staff we talked with described good teamwork. A unit manager told us they always attempted to organise cover as quickly as possible when they were made aware of any shortfall in the staffing levels.

We recommend the service makes more robust contingencies to ensure staffing levels are always consistently met.

Pendants that could be worn on the body had been introduced, linked to the call system, enabling people to summon help from staff at any time. We observed that staff were visible throughout the home and responded to people's needs and requests promptly. There was a calmer atmosphere and although staff were kept busy we saw they spent time engaging with people and their visitors. We did not see any instances when people were rushed or not cared for safely. Social activities were provided and these were well attended. The activities co-ordinator told us staff were good at helping out with the activities and the home was looking to recruit another activities co-ordinator.

At peak times, such as mealtimes, care staff were better organised and kitchen staff helped by serving the food. When an accident occurred, there was an immediate response from staff to the emergency call system sounding. A staff member also stayed with the person to keep them comfortable for an extended time whilst

waiting for an ambulance to arrive.

We received variable feedback about the staffing arrangements. Some people and their relatives felt staffing had improved and told us the response time was good when they needed assistance. Their comments included, "We've seen the changes, the improvements in staffing. We've never had any issues with the care or [relative] not being attended to"; "Yes, staff are very good at responding to the alarms when they are set off"; and, "[Relative] fell recently in his room and staff responded immediately. He was taken to hospital and I was called and asked to go straight to the hospital." Others felt there was not enough staff and that they were too busy to engage with them. One person told us they had to wait to be assisted to the toilet and another person was unhappy about the staff turnover and staff being moved to work on other floors. We raised these matters with the manager to address.

People and their relatives were complimentary about the staff. They told us, "The staff are lovely, so friendly and welcoming, as are the management"; "They're very caring and accommodating"; and, "There are some hard working staff here. The activities co-ordinator works very hard to put on activities." People said they felt safe at the home and some were aware of safety measures. Their comments included, "[Relative] is quite content here, very calm. That tells me he feels safe" and "We have a very good fire system. Alarms are tested every week and the bedroom doors shut automatically when they go off. I know that I am safe behind a fire door."

Overall, we concluded that the staffing arrangements had improved, though further efforts were needed to reliably cover absence.

Is the service well-led?

Our findings

At our comprehensive inspection in January 2017 we found a continued breach of regulations regarding the governance of the service. As a result we issued a Warning Notice to the provider to improve governance and their quality assurance and record keeping systems.

The group director told us that following the last inspection they had worked to their action plan and the plan set by Gateshead local authority, in order to make the necessary improvements. The home had been monitored by commissioners during this period and in July 2017 was taken out of the provider 'serious concerns process' due to the progress made.

A manager had taken up post at the home in February 2017 and they had commenced the application process to become registered with the Care Quality Commission (CQC). The manager had worked in care for 18 years, including two years management experience, and was working towards a qualification in leadership and management. The home's management team had been strengthened by the appointments of a new deputy manager and two unit managers who were well experienced.

The manager felt well supported by the senior management who had a regular, at least weekly presence in the home, including monitoring standards outside of office hours. They met with the manager, provided a monthly governance summary, and held meetings each month with the managers from the provider's group of care homes. The senior management also attended meetings with people, their relatives and staff at the home so they could share information and receive feedback directly.

We saw monthly reports focused on the quality and safety of the service were produced. These included monitoring the incidence of notifications to CQC, safeguarding allegations, complaints, staffing, maintenance and services, and care-related issues such as hospital admissions and weight loss. A summary from the 'happy or not' machine, an electronic system installed in the home which people, staff and visitors could use to rate their experiences, was also incorporated. The statistics from this for June and July 2017 showed 92% and 95% scorings of 'very positive' or 'positive'. We saw other compliments received about the service had not been fully captured and the manager recognised this needed to be addressed.

Staffing levels, the call system and staff response times were now routinely monitored. The roles of senior staff had been revised and care staff were allocated particular duties each day at handovers. This had helped to improve accountability and the way staff were deployed.

A range of audits were completed covering aspects of the service including infection control, kitchen hygiene and care plans. An electronic care recording system was now operational and being embedded. This alerted the manager to any overdue recording and kept them apprised of incidents and events that affected people's care. Each person's personal emergency evacuation plan had been reviewed, updated and entered onto the system. The manager ensured that action taken following accidents was reported on, though more details were needed in the monthly accident analysis to give a clearer overview of any trends.

Other managers within the group had carried out checks during the night to make sure people were being cared for safely at the home. The manager told us they spent time working with and directing staff, and at times had covered shifts including a recent night duty. However, their observations of people's care and care practices were not documented to form part of the quality assurance system.

We recommend that the service formalises quality assurance observations in line with current best practice.

There was thorough monitoring of weight loss and a number of people had been referred for dietetic advice. People at nutritional risk were weighed weekly and staff kept records of their food intake. The records now specified the amounts of food consumed, though we pointed out that snacks between meals were not always being documented. We saw some people were given meals on low occasional tables and were informed extra adjustable height tables were being purchased to aid independent eating. A new chef was in post, who told us they had introduced new seasonal menus and reviewed people's individual dietary requirements.

Most people and their relatives knew the manager, were aware of the meetings held where they could express their views about the service, and said they felt listened to. They told us, "Staff do listen to us. They know what we need"; "Yes, we attend the meetings"; "They (the management) have 'bent over backwards' for us"; and, "Staff know me well. I don't get involved in resident meetings or anything like that but I do tell staff when things go wrong. I'm always able to get my feelings heard."

Detailed written responses were now given following investigations into complaints and the manager had met with a complainant. The people and relatives we talked with knew how to make a complaint and felt concerns they raised had been acted on. Their comments included, "I would go straight to the office downstairs to complain if I felt the need. I know who the manager is and I would speak to her" and "I made a comment about my food going cold and now things are better. When I commented to (name of manager), shortly after she joined this home, that I didn't have a towel rail in my bathroom, it was done immediately."

During and following our visit we relayed our inspection findings to the management, including specific comments made about staffing and other issues we observed and were told about. These concerned the support provided to some individuals, missing clothing, bed-linen changes, an unlocked medicines trolley and odours in some areas. We were given explanations and assurance that standards had been reinforced at the staff meeting held the day after our visit. The manager also intended to follow up comments made by individuals and meet more often with a person and their relative to attempt to resolve concerns to their satisfaction.

Overall, we concluded that the governance arrangements for the service had improved. We have recommended these be further enhanced by demonstrating evidence of monitoring people's care experiences.