

Robert Pattinson

Ella McCambridge Care Home

Inspection report

Winslow Place
Newcastle Upon Tyne
Tyne And Wear
NE6 3QP

Tel: 01912341881

Date of inspection visit:
29 November 2023
30 November 2023
04 December 2023

Date of publication:
28 December 2023

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?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Ella McCambridge Care Home is a care home which provides residential care for up to 67 people. The service provides support to older people and people living with dementia. At the time of our inspection, 48 people were living at this service.

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

The management team had reviewed and introduced an effective governance system. People found the new management team had made significant improvements to the home. The registered manager had been systematically resolving the issues identified at the last inspection. The management team had increased the support structures and a previous manager who had successfully worked at the home for over 20 years was helping staff to make the required improvements. All of the breaches and registration issues identified at the last inspection had been resolved.

People were happy with the care provided and felt staff went above and beyond in delivering the care. Relatives and people felt the service was delivering holistic and compassionate care, which enabled people to enjoy a good quality of life. Staff were passionate about providing good care outcomes and took ownership of their practice.

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 had received a range of training around the Mental Capacity Act 2005 and work was being completed to ensure all the required capacity and 'best interests' decisions were in place.

Risk assessments were clear and identified how to reduce the risks to people. Staff were familiar with these documents and the actions they needed to take. The management team were in the process of changing to electronic care records and we discussed how enhancements could be made as staff transferred the paper records to the new system. Medicines management was effective and monitored. The registered manager was working with staff to develop a consistent approach to checking how many medicines were left each day. Staff who administered medicines had the appropriate training. Staff adhered to infection control and prevention guidance.

The management team ensured there was always enough staff to support people. Recruitment practices met legal requirements.

People were routinely engaged in a range of activities and found these stimulating. People were provided with nutritious meals and staff routinely monitored people's health and well-being. Visiting healthcare professionals reported staff appropriately contacted them and always sought guidance when needed.

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

Rating at last inspection and update

The last rating for this service was inadequate (report published 6 April 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ella McCambridge Care Home on our website at www.cqc.org.uk.

Follow up

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 effective?

The service was not always effective

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was 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 

Ella McCambridge Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector and a regulatory coordinator.

Service and service type

Ella McCambridge Care Home is a 'care home'. People in care homes receive accommodation and personal care as single package dependent on their registration with us. Ella McCambridge 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local commissioners and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and 18 relatives. We spoke with the registered manager, the deputy manager, the compliance manager, 2 business support staff, 2 senior care workers, 7 staff members, the cook and we emailed the staff team.

We reviewed a range of records, which included 5 people's care records, medicine records, staff files and a variety of records relating to the management of the service, including policies and procedures.



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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects were still being made safe. Staff were still in the process of rectifying the failures, which had been found and the new practices were not yet fully embedded.

Using medicines safely

At the last inspection medicines were not always managed safely and in line with the provider's policy. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were appropriately managed. The manager had put systems in place to enable staff to closely monitor medicine administration, which were still in the process of being embedded.
- Medicines were safely received, stored, administered and destroyed when required. Clear protocols were in place for the use of 'as required' medicines.
- Staff had been trained to administer medicines in various routes including via a Percutaneous Endoscopic Gastrostomy [feeding tube], covertly or topically [directly onto the skin].

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

At the last inspection risks were not always effectively assessed, monitored and managed and records were not always accurate. Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12 and 17.

- Staff understood people's needs and how to manage any presenting risks. The new management team had made sure risk assessments were in place for risks such as choking and falls were working through people's records to ensure all required ones were written.
- Staff managed the safety of the living environment, and equipment in it.
- The service was committed to driving improvement and learning. The service responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.
- Effective systems were in place to mitigate the risk of people and staff catching or spreading infections.

Staffing and recruitment

At the last inspection risks were not always ensuring required recruitment procedures were followed. Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 19.

- The registered manager had made changes to ensure safe recruitment systems were in place. They recognised further improvements needed to be made to ensure all the records were fully completed and

was ensuring this happened.

- There were enough staff to safely care for people. There were always enough staff on duty to effectively support people and keep them safe.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- People said they felt safe. Relatives were kept informed of any changes and in general found the care delivered met people's needs. We observed staff interact with people in a kind and compassionate manner.
- One relative said, "They let me know immediately when he had a fall; they rang straight way and sent someone with him because I was at work. He gets on well with the staff; they're pretty busy on that floor, but they're always popping in to see how he's getting on. I'm happy he's being safely cared for."

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support was in the process of being improved to always achieve good outcomes and be consistent.

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection an effective system to ensure the principles of the MCA were followed was not in place. Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 11.

- The staff were ensuring all required capacity assessments and 'best interests' decisions were put in place. On coming back to the service, the deputy manager had found documents, which had previously been in place, were no longer there and had needed to develop new ones.
- Staff had received training around the Mental Capacity Act 2005 and associated code of practice and felt confident applying this in their practice.

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

At the last inspection there was a failure to ensure care and support was assessed and delivered in line with standards, guidance and the law. Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 9.

- Staff completed assessments of each person's physical and mental health. The provider was in the process of introducing an electronic care record system. This record system had a new assessment tool, which readily captured information about people's needs, what they needed, why they had moved to the service and their lived history.

- The management team checked care charts daily to ensure they were accurately completed.

Staff support: induction, training, skills and experience

At the last inspection staff were not suitably trained. Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 18.

- Staff had the skills and knowledge to carry out their role effectively. Staff completed training in relevant areas to ensure they could carry out their role safely and competently.
- Staff had received relevant and good quality training in evidence-based practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

At the last inspection records were not maintained in relation to meeting people's nutritional and hydration needs. Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 17.

- People had access to nutritious, wholesome meals. People reported they found the meals were "really enjoyable" and "tasty". Menus, including picture menus or other methods such as staff showing people the choice of meals were in place.
- The care records clearly set out what support people needed to eat and how associated risks such as choking were to be managed. Weight monitoring records enabled staff to quickly identify who may be at risk of losing weight and referred these individuals to dietitians for review in a timely manner.

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

At the last inspection an effective system was in place to ensure timely medical advice was sought was not in place. Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 17.

- An effective system was in place to ensure timely health advice was sought. Visiting healthcare professionals found the staff were very professional and always appropriately sought guidance. The community nursing team visited at least twice per week and the GP completed a weekly review.

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

- The design of the service met people's needs.

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 our last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
At the last inspection records did not always demonstrate that the correct individuals were involved when making decisions about any restrictions placed upon people. Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 17.

- People were given time to listen, process information and respond. Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves, and staff ensured they had the information they needed. One relative said, "I've now had a letter asking me if I want to be involved in his care plan review."

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

- People received kind, respectful and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person said, "The staff are lovely, they are so kind, caring and really treat me well."
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One relative said, "The staff are really good with him; they talk to him all the time about anything he wants to talk about."
- Staff supported people to regain skills and gain more independence. One person said, "Staff have been so thoughtful and really have helped me to get back to my old self."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last comprehensive inspection, we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection there was a failure to ensure people's support met their needs and reflected their preferences. Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 9.

- The service delivered person-centred care with people having choice and control regarding how staff met their needs. The provider was reviewing care plans to ensure they always contained pertinent information about people's needs and preferences to enable staff to provide appropriate care.
- One staff member said, "You can always see people's care plans, risk assessments and previous visit notes which really helps us deliver good care."
- People and relatives also described a person-centred service. One relative said, "[Person's name] has been there for 3 years and I've no concerns about their care. [Person's name] seems calm and content there. The staff are all very good with [Person's name], they're friendly and well mannered, smiling and chatting with them, keeping [Person's name] engaged. I think they're good at one-to-one care."
- Staff had the opportunity to socially interact with people and attempted to find ways to keep people stimulated. One person said, "Over the last six months we been involved in a lot more things. The staff are always thinking of things we can get involved in. I like to join in all of the activities they put on," and a relative said, "There seem to be more things happening now."

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.

- The registered manager understood the AIS requirements and had made sure appropriate communication tools, such as large print documents were, in place to meet people's needs.

Improving care quality in response to complaints or concerns

- People and relatives said they had no complaints and were happy to raise any concerns with the management team.
- The management team used all feedback to assist them improve the quality of care. The management

team monitored and responded to even minor concerns. Relatives said, "Previously there were issues at times with communication, but we have noticed this has improved since the new manager come into post. When we have any queries now these are swiftly dealt with."

End of life care and support

- End of life care and support was provided, and staff had received training in this area of care.

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 comprehensive inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
At the last inspection there was a failure to ensure an effective system was in place to monitor the quality and safety of the service and ensure people achieved good outcomes. Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 17.

- An effective system to monitor the quality and safety of the service and ensure people achieved positive outcomes had been put in place. The management team could readily identify where gaps existed and acted swiftly to address them.
- The registered manager discussed where the service had been and how they prioritised their work to ensure people were safe and well-cared for first. They had steadily worked through the issues raised at the previous inspection and had an action plan in place to assist them resolve and rectify all the issues.
- The provider had increased the support structures and a previous manager who had successfully worked at the home for over 20 years was working with staff to make the required improvements.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The registered manager closely reviewed all incidents. They ensured all relevant parties were involved in this process and outcomes were discussed.
- The issues with the provider's registration had been resolved.

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

At the last inspection there was a failure to ensure the duty of candour policy was being followed. Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 20.

- The provider's duty of candour policy was now being followed. Records demonstrated how the provider was meeting their responsibilities under the duty of candour. The duty of candour regulation tells providers they must be open and transparent with people about their care and treatment, as well as with people acting on their behalf. It sets out some specific things providers must do when something goes wrong with someone's care or treatment, including telling them what has happened, giving support, giving truthful information and apologising.

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

characteristics; Working in partnership with others

- The management team promoted a person-centred culture. Staff put people's needs and wishes at the heart of everything they did. A relative said, "We love the home and can't fault it at all. The staff are absolutely fantastic and always let us know how [Person's name] is doing. They always have time for all of us but especially [Person's name]."
- Staff were passionate about providing good care outcomes and took ownership of their practice. They understood their roles, responsibilities, and their accountability.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.