Care Quality Commission

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Ella McCambridge Care Home

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This was an unannounced inspection which took place over two days, 18 and 19 May 2015. The last inspection took place on 20 November 2013. At that time, the service was meeting all the regulations inspected.

Ella McCambridge Care Home is registered to provide care and support for up to 67 older people, some of whom may have a dementia related condition. It is a two storey building in a residential area of Walker, Newcastle upon Tyne. It is registered to provide accommodation for persons who require personal care. There were 48 people living at the service when we inspected.

Ella McCambridge Care Home has a registered manager who has been in post since 2008. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

People told us they felt safe and were cared for by staff who knew them well. Staff told us they knew how to raise concerns about people's safety and had confidence action would be taken if they had any issues. Relatives told us they felt their families were safe at Ella McCambridge Care Home and the service was welcoming and had a family atmosphere.

Risk assessments had been carried out, but some audits and reviews did not clearly demonstrate how the care plans had changed. This did not give the details needed for staff to meet people's changing needs. Staff were aware of people's needs and provided the care needed, but the written care plans did not always have the details required.

Staff were recruited and trained so they would be safe to work with vulnerable people and able to meet their needs. There were sufficient staff to meet people's needs throughout the day and night.

People's medicines were managed safely. Stock control and ordering were managed by trained staff who carried out checks to ensure that the risk of errors was minimised. Audits of medicine administration were carried out regularly to ensure that staff were competent and that any errors would be quickly identified.

We found that care was effective and based on best practice. Staff had the knowledge and skills they needed to ensure people's needs were met. People's consent was sought throughout the care planning process and at the point of delivery. Families and others were involved in making decisions about the care of people who had lost the capacity to consent.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. There were a number of people subject to DoLS and these had been managed well by the service with referrals for local authority authorisation being made appropriately. The service had a system in place to ensure that renewals of authorisation were requested promptly.

People were supported to eat and drink in a dignified manner. People were given support to access healthcare services and maintain their wellbeing. External health care professionals' advice was sought and referrals were made for specialist input as people's needs changed over time.

Care was delivered by staff in a positive way, and there were good relationships between people and the staff. All staff we spoke with knew the people's needs well and spoke about them in a positive manner. People were encouraged to express their views and make decisions about their care and support and these decisions were respected by staff.

People's choices and rights were respected. Staff knocked on doors before entering, offered people choices in their daily living and looked at alternatives if they were requested.

Where people had complained or raised queries about the service, the registered manager responded positively and people were satisfied with the outcomes.

The registered manager sought the views of people, families, visitors and external professionals to help them assess the quality of the service and make changes. Everyone we spoke with told us that the registered manager was open, supportive and responsive to ideas to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew how to act to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service, and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received medicines as required.

Is the service effective?

Good

The service was effective. Staff received on-going support from senior staff to ensure they carried out their roles effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. Staff attended the provider's training, as well as accessing local resources as required.

People could make choices about their food and drink and alternatives were offered if requested. People were given support to eat and drink where this was needed.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity. Where people were deprived of their liberty this was in their best interests and was reflected in their care plans.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individualised care.

Summary of findings

Is the service responsive?

Requires Improvement 

The service was not fully responsive. People had their needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made in response to requests from people using the service and external professionals. Care planning, recording and review of plans around weight and diet did not always reflect what care was given or contain detailed information. Staff were consistent in their approach, but this was not always reflected in written plans.

People who used the service and visitors were supported to take part in recreational activities in the home and the community.

People could raise any concern and felt confident these would be addressed promptly.

Is the service well-led?

Good 

The service was well led. The home had a registered manager. There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery.

People, relatives and staff spoken with all felt the manager was approachable, caring and responsive.

Ella McCambridge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 19 May 2015 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by two adult social care inspectors 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 we reviewed information we held about the home, including 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. Information from the local authority safeguarding adult's team and commissioners of care was also reviewed.

During the visit we spoke with nine staff including the manager (and an additional nine staff in a group), seven people who used the service and nine relatives or visitors. Observations were carried out over a mealtime and during a social activity, and a medicines round was observed. We used 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 also spoke with two external professionals who regularly visited the service.

Six care records were reviewed as were eight medicines records and the staff training matrix. Other records reviewed included safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed complaints records, four staff recruitment/ induction and training files, twelve staff's supervision files and staff meeting minutes. Other records reviewed also included people's weight monitoring, internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and dining areas on each floor, offices, storage and laundry areas and, when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

People told us they felt safe living at Ella McCambridge Care Home. One person said "They're really good, very good, you would go far to find better". A relative told us, "It's the safest place you can find, (my relative) is very happy here and everybody is very friendly and they make you feel welcome". Another relative told us, "I am struggling to find something negative to say because everything is so good". And another visitor told us, "(My relative) is very well cared for here and I'm coming here when the time is right for me". During the two days of inspection we found that all the people we spoke with told us that they felt safe and staff responded to their needs.

Staff we spoke with all felt able to raise any concerns or queries about peoples safety and wellbeing, and felt the registered manager or the deputies would act on their concerns. One staff member told us, "I wouldn't hesitate to report it and would take it higher to head office if I needed to". All the staff we spoke with were able to describe possible signs of abuse or neglect. They had all read the safeguarding policy and attended training and knew how to raise concerns internally and externally.

We saw that on people's files there were risk assessments and care plans designed to keep people safe and reduce the risk of harm where this was identified. For example, we saw that risks of falls were being managed, and referrals to external professionals were made if required. The risk assessments also included affording people the opportunity to contribute towards the service. For instance, one person had a risk assessment where they had requested to help clear dishes from the tables after meals and help wash them up.

We saw that the registered manager and maintenance lead undertook regular checks within the service to ensure the environment was safe and that action had been taken when required. For example, a fire audit showed the hairdressing room needed a fire detector. This room was now out of use until it could be remedied.

The registered manager explained to us how they calculated the staffing numbers across the two floors to ensure there was adequate staffing. This was based on numbers of people and their levels of dependency. Staff told us they felt there was enough staff. One told us, "We always have enough staff, you're guaranteed". We observed that staff had time to interact with people and they were visible in communal areas throughout the inspection.

Staff recruitment files showed the provider followed a consistent process of application, interview, references and police checks when appointing staff. We spoke with one staff member who had previously left and had just returned to work at the home. They told us that recruitment checks including two written references and a criminal record check had been completed before they started work again.

We observed a medicines round on each floor and reviewed people's medicines records. All medicine administration sheets had been completed correctly. Medicines delivered from the pharmacy had been checked in and countersigned, prescriptions were photocopied and every administration or omission was recorded.

The medicines were administered discreetly and staff took time to explain to people what the tablets were for. Drinks were given and staff monitored that people had taken their medicines in a dignified way. Refusals were correctly recorded by staff. Staff advised that if people regularly refused essential medicines they would seek medical advice. Specifically trained staff (ten in total) audited the medicines regularly. The supplying pharmacy also undertook an annual review within the home. Medicines storage rooms were clean and temperature checks of the room and fridge were carried out. Controlled drugs were stored safely and recorded correctly. Creams, ointments and eye drops were all stored correctly and in the original packaging with dates they were opened and due to expire clearly marked.

The service had medicines guidance which explained clearly the process to be followed and listed staff who were trained to administer medicines. Staff we spoke with understood the guidance and told us they followed this at all times.

Each person who used the service had an individual emergency evacuation plan and the registered manager showed us the contingency plan for the home in case of an emergency.

The home was clean. We spoke with domestic staff who explained they had a timetable to clean the home throughout the day and deep clean rooms on a regular basis. There was a smoking room which was comfortably

Good

Is the service safe?

furnished; odours did not come out into the communal areas as there was ventilation. We saw that staff used aprons and gloves when handling food or providing care to prevent the spread of infection. We saw that all bathrooms and toilets had personal protective equipment (PPE) available as well as soap and towels for hand washing.

Good

Is the service effective?

Our findings

People told us they had their needs met and that staff supported them to access health care support if they needed it. One person said, "The chiropodist comes in every few weeks to do my feet and if I need any help or anything I just ask one of the girls." One relative told us, "You've no need to worry because they sort everything out for you, it's well run, the registered manager is good, the staff are good, I've got no worries or concerns'.

New staff were expected to undertake a common induction process. This included core training such as safeguarding and moving and handling. New staff shadowed senior staff to become familiar with people and their needs and the routines within the home. They also reviewed the policy guidelines and practices that had to be followed in the home. The induction included a section specifically for night workers.

Staff we spoke with felt the training and support they received was good and helped them to do their jobs. Staff attended specialist training on dementia and we saw that the registered manager and some senior staff had recently undertaken 'progress for providers' training. This training focussed on increasing people's involvement in their own care and helped provider's measure progress to date, and plan for areas of development.

We saw that staff had been trained to focus on practical ways to support people's health. For example we saw that staff were undertaking training on the use of spectacles. In people's rooms there was a picture of people's spectacles and a short explanation of their best use by the person. Throughout the inspection we saw people being supported to use their spectacles correctly. We also saw that staff had been trained to be 'oral champions' and to facilitate 'teeth parties'. These were informal meetings with people and families to check if extra support was needed and liaise with dentists if required.

Supervision records showed that staff were supervised every two months, and they had an annual appraisal. These sessions were used to discuss any issues within the service, as well as identifying training and development needs. Staff we spoke with felt supported to do their jobs and told us they were encouraged to access training through alternative local providers.

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. We saw from records that the registered manager had referred people for assessments for DoLS as necessary, and had a process to ensure that reviews were requested as required. One person's fluctuating capacity had meant the service had to regularly seek external support to ensure their safety. We saw that staff had always considered the least restrictive option and acted in the person's best interests when making any decisions about their care and support needs. At all times they had acted to protect the person from harm.

We saw in care plans that people's consent had been sought, and where they had not been able to consent that staff had sought the input of relatives or external professionals such as advocates. Staff were able to describe how they supported people to choose when they went to bed, whether they preferred a shower or a bath; what food they liked and what they wanted to wear each day. People and relatives told us that staff asked for their permission before entering rooms or providing assistance with anything.

We saw that some people needed additional support to eat and drink and maintain their weight. During mealtimes we observed staff supporting people to eat, taking time and engaging positively with them. Kitchen staff were knowledgeable about those on special diets and prepared food that was suitable, such as low sugar foods. The dining experience on both floors was observed to be pleasant, not rushed, the food was presented well and alternatives were offered.

People told us they were supported to access their General Practitioner, optician, dentist and other healthcare professionals. We saw from records that referrals were made to external professionals as people's needs changed. We saw that psychiatric and challenging behaviour support had been accessed for those who needed support. The service had a dementia lead who was able to tell us what strategies they tried before making such referrals to see if

Good

Is the service effective?

they could support them effectively within the service. One external professional told us, “The staff are interested in learning, but they know when they need specialist input and seek out our help quickly”.

Good

Is the service caring?

Our findings

People and relatives told us they found the staff compassionate and caring in their approach. One person told us, "Nothings a problem, if I ask they answer". A relative told us, "I feel like part of a big family. I feel like they care about me too". Another relative said, "Staff are very good, very welcoming, very obliging. They go out of their way, I don't think you could find better".

When we spoke with staff they could clearly describe people's personalities and demonstrated a detailed knowledge of different people, what they preferred to do and how they preferred to communicate. We observed that staff treated people with dignity, providing people with clear explanations about their options.

We observed staff understood the need to maintain confidentiality and respected people's privacy and dignity. They also gave us examples such as knocking on people's doors and waiting for permission to enter; asking when people wanted to go to bed; and giving choices about which clothes they wore. We saw them approaching people in a sensitive manner and taking time to say hello as they moved about the home. Staff and people were very comfortable in each other's company and there was a clear rapport between staff, relatives and other visitors. We observed one visitor who was upset due to their relative's condition. We saw staff took time to reassure them and hug them. We spoke with this visitor later who told us how this warmth and understanding was appreciated.

Staff told us how they felt part of a wider family working at the service. Staff told us the registered manager was "Like an agony aunt to the staff team and the whole service". They said they felt valued by the senior staff team, and this helped them to feel the same way about people using the service. One relative, who was occasionally unwell, said the registered manager would contact them if they were not able to visit to tell them how the person's day had been and check on their wellbeing.

We saw from records that people and their families were involved in care planning, and that their views had been incorporated into the plans. One relative told us, "Staff are always proactive, but still listened to my ideas".

Referrals had been made for advocates, including mental capacity advocates, where people did not have the ability or capacity to represent themselves. We saw that people's lasting powers of attorney were consulted about changes to peoples care plans, as well as advice being sought from social workers or best interest assessors when making best interests decisions.

We saw the service had regular resident and relatives meetings. These had low attendances, but relatives we spoke with said this was because they didn't need to keep things for a meeting. They felt they could speak to the registered manager at any time and resolve issues then. People spoke of the registered manager as being caring, open and approachable.

Staff were able to tell us how they respected people's privacy and choices. For example, they accepted that people may not want to take part in formal activities but would rather quietly observe. We observed one person who kept trying to remove their clothes; staff intervened gently to protect their dignity and supported them by distraction and guiding them to a private area.

We saw that personal records were mostly stored in a confidential way. In one upstairs staff office there were a number of deceased people's files stored in the room in closed boxes. When we asked staff about this they told us the storage room was being cleared to create space for these files to be stored in future. The staff office was normally locked if not in use.

Many of the people were receiving end of life care with the support of external health professionals. Staff told us how they made sure families and professionals agreed the care plan, and ensured that families were updated if people's needs changed. One staff member told us how they had contacted family members to ensure they could be with their relative in their last hours. They knew this was important to the people concerned so made sure this was clearly recorded in the plan and then acted upon. An external health professional we spoke with told us, "The staff here know how to keep people comfortable in the end stages of life; they seek our advice and try to keep people in the home rather than go to hospital, if that's been requested".

Requires Improvement

Is the service responsive?

Our findings

People told us they were involved in their care, and if anything changed they felt the staff would respond. One relative told us, "I wouldn't change a thing", whilst recognising that if they did, they knew they just had to ask. People and relatives felt that if they had any issue or concerns that the staff would respond positively.

Staff told us specific examples of their knowledge of people's history and what they enjoyed doing, what they thought triggered certain types of behaviour and how they had learnt to manage these. For example staff were able to tell us about people's former occupations and how they used this to start a conversation. They also recognised that people reacted and related to different staff members and worked together to ensure the person had the support which they needed.

Care plans we reviewed showed that staff had tried to develop a person centred approach. However, the care plans did not always provide clear evidence of this and there were some risk assessments which were generic and similar to each other. We saw care plans that were detailed, although not all care plans reviewed were as detailed as others. From talking to staff we could see they had detailed knowledge of each person and that effective handovers meant they were kept up to date with changes in people's needs. However, this detail was not always present in written care plans.

People's life history information was variable. One person had nothing in their file and the 'This is me', pre-printed booklet which was supplied by the Alzheimer's society, was not completed. Staff appeared to know people well but there was a strong reliance on verbal information between staff. Although staff said that they looked at care plans, they said that updates about any changes were verbally discussed in handover meetings.

Records and care plans around eating were not always up to date or clear regarding the risks to people, and detailed enough about the support people needed to maintain their food and fluid intake. We found that one person's weight had reduced over a period of two months, but the monthly review referred only to 'diet is poor' and 'encouraged to eat a healthy balanced diet'. There was no reference to the weight loss and no specific risk assessment or modification to the care plan documented during this month. Risk assessments in the file were in a different section from the care plans and there was no separate risk assessment for eating and drinking. There was a record which stated the person's weight had moved from low risk to high risk. However, this had not triggered any changes to their care plan or any action for staff to ensure that they were aware of the need to monitor this person's food and drink intake. When we asked staff about this they showed us the monthly file audit which had picked up this weight loss. However, there was no evidence to show that the outcome of the audit; or any of the results from the measurement of the weight, had led to changes in their care plan and been communicated to staff in order to monitor and address the situation.

These concerns were discussed with staff during the inspection. They acknowledged that improvements could be made to the process. This would help ensure that it was clearer to follow, and that issues could be more easily be picked up, with actions taken more clearly documented.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Music was playing in most of the communal areas where people were not watching television. People and their relatives told us they generally did not want formal activities in the service, instead preferring to spend time with each other, visitors and staff throughout the day. People were seen smiling and talking to each other. We observed staff initiating spontaneous activities, such as singing along to a particular song they knew well and encouraging others to join in. People were supported to access local shops and trips out were organised, for meals out and to the cinema. Within the service there were a number of lounges and seating areas with televisions, radios, music, books and board games available.

Staff told us that they were aware of the complaints policy and would support relatives or people who lived at the home to make a complaint if they wished to do so. People told us they felt able to raise any issues and relatives and visitors told us they thought their concerns would be listened to. One staff member told us, "Everyone gets on, there's positive feedback from families all the time, if they don't agree with something they always tell me".

We saw the records for how the registered manager had responded to a recent complaint. They had investigated

Requires Improvement

Is the service responsive?

the concerns quickly and responded in a couple of days, seeking advice from their head office when writing the final response. We saw they had followed a fair process and resolved the issues to the person's satisfaction.

On each floor of the home there was a 'wish tree' where people, staff and visitors could attach wishes to the branches. Through this the staff were able to gain opinions and ideas about improving activities and the service generally.

Relatives told us they were invited to meetings to discuss the service and if they did not attend minutes were available. Most stated they did not attend as any issues they had were resolved by talking to the staff or registered manager.

Good

Is the service well-led?

Our findings

The service has had the same registered manager since 2008. One person told us when talking about the registered manager, "They are lovely. Very approachable". A relative told us, "They are always checking with us about how we are and if there is anything else they can do". One member of staff said, "The support you get from (the registered manager) is great, the training that's available and is provided is really good, much better than where I have worked previously". All the people, relatives, staff and external professionals we spoke with thought the registered manager did a good job, was caring and approachable.

The culture in the home was very person centred. Staff spoke about people with respect and kindness and often spoke about people as if they were their own family. The service very much reflected the local community of Walker, and the home was run to suit their local culture, with many of the staff living locally. Families were encouraged to be part of the service and felt welcomed and valued; and they told us the service was very much part of the local community.

When talking about the home culture, one staff member told us, "You've got passionate staff". Another told us, "As a team we support each other. I'd say if a colleague was having a difficult time with someone, would you like me to take over?" When talking about the registered manager another said, "X has an open door policy and you can talk to them, they are very dedicated".

The registered manager showed us their quality auditing processes. They audited care plans monthly and looked at issues arising from people's changing needs. The provider's representative/senior manager carried out monthly inspections of the service, talking to people and staff, as well as looking at the fabric of the building. The registered manager talked about how they sought peer support from fellow managers in the provider organisation to help with any particular issues, for example about training in dementia care. The registered manager discussed with us about further developing dementia training for all staff as places became available via the external training provider. They were also building on the 'progress for providers' training to increase person centred planning and thinking in the care planning and review process.

The registered manager showed us the customer satisfaction surveys the service carried out. The last one was conducted in October 2014 and results demonstrated that most people were happy, although two people had noted an issue about limited activities within the home. The registered manager thought the 'wish tree' would generate some ideas for further activities. The registered manager had also surveyed external professionals who had given good feedback and commented positively about their support for people in end of life care.

The registered manager had sent us all required notifications and had reported any safeguarding or other issues to the appropriate external authorities.

The registered manager told us about links with local schools and churches, such as joint events at seasonal festivities and a regular Sunday service. The home had run coffee mornings to raise voluntary donations to fund additional activities for people and these were well attended by the local community.

Staff told us they had a good relationship with external agencies, such as the challenging behaviour team. Feedback from external professionals was that the staff team was well led and responded quickly to their advice and had the best interests of people at the centre of their practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The registered person has not ensured that clear care plans, which include goals, were developed and made available for staff and others involved in providing the care.** **Regulation 9 (3) (b)**