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Ella McCambridge Care Home

Inspection report

Winslow Place
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Tel: 01912341881

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 23 January 2019 and was unannounced. This meant the provider and staff did not know we would be coming.

We previously inspected Ella McCambridge Care Home in August 2018, at which time we found the provider to be in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service requires improvement. There were a number of instances of poor practice in terms of medicines administration and these had not been identified by the auditing and governance systems the provider had in place. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well-Led to at least good.

At this inspection we found the provider had made suitable improvements in all the areas identified and was compliant with the regulations. At this inspection, the service was rated good.

We undertook an unannounced focused inspection of Ella McCambridge Care Home on 23 January 2019. This inspection was done to check that improvements to meet legal requirements planned by the provider after our August 2018 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and safe? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvements were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Ella McCambridge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ella McCambridge accommodates a maximum of 67 older people across two floors. Nursing care is not provided. The first floor supported people with higher levels of dependency. There were 55 people using the service at the time of our inspection, some of whom were living with dementia.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were supported by staff who were knowledgeable and competent in the administration of

medicines. The administration, storage and disposal of medicines was safe and in line with good practice, with appropriate checks and auditing in place.

Risk assessments were in place and were specific to people's individual needs and circumstances.

Incidents were reported and acted upon appropriately. The registered manager had ensured lessons were learned after investigations took place.

The building was well maintained and clean throughout, with repairs made in a timely fashion.

Staffing levels were appropriate to the needs of people who used the service and rotas were planned in advance.

The registered manager and all staff we spoke with were passionate about people who used the service receiving high quality care. They had reflected on the improvements required to medicines administration and other areas, and made these promptly.

Auditing of medicines had significantly improved. Auditing at provider level needed to focus more on continual service improvement and strategic objectives. We have made a recommendation about this.

The culture remained one focussed on people's needs and safety and the registered manager had ensured this was better supported through well planned checks, audits and delegation of duties. The registered manager and deputies received enthusiastic support from the head of operations. Audits completed at this level needed to have a greater focus on the strategic goals of the service.

The registered manager demonstrated a good awareness of areas of recent good practice. They had formed strong external links to ensure they were well placed to remain compliant with the regulations on a consistent basis. They were aware of their responsibilities with regard to making appropriate notifications to CQC.

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.

Improvements had been made to a range of medicines practices and staff were clear about their responsibilities.

Auditing of medicines had identified further areas for improvement and these had been acted on.

Relatives and external professionals felt staff were suitably skilled and knowledgeable to keep people safe.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and deputies had ensured a range of improvements had been made since our last inspection.

Roles were more clearly understood and delegated to reduce the amount of repetition and to make auditing more effective.

The registered manager had regard to external best practice and advice from professionals when making improvements.

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.

We visited the service on 23 January 2019 and the inspection was unannounced. We inspected the service on a 'Focussed' basis to see if the provider had made improvements in the Key Questions of Safe and Well-Led. The inspection team consisted of one adult social care inspector and one inspection manager.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

During the inspection we spent time speaking with one relative and one visiting advocate. We spoke with eight members of staff: the registered manager, the two deputy managers, the administration officer, the head of operations and three members of the domestic staff team. We looked at five people's medicines records, care records, risk assessments, staff training where relevant and recruitment documentation, quality assurance systems, meeting minutes and maintenance records.

Is the service safe?

Our findings

At the previous inspection we found a number of issues in relation to the safe management of medicines. This was particularly with regard to the use of patches, topical medicines (creams), protocols for when people were prescribed medicines 'when required', and the storage of medicines. At this inspection we found significant improvements had been made. For instance, where medicine was administered via a patch, this was now clearly supported by documentation which recorded when and where the patch was placed. This was to ensure there was a clear record of how long the drug had been effective, and to reduce the risk of skin irritation.

Where people received medicines 'when required' this was now much more clearly supported by way of documentation. There were specific protocols in place for each medicine, stating when and why they may be required, how people would communicate this need, and what effects staff could expect the medicine to have. This was in line with the latest good practice as issued by the National Institute for Health and Clinical Excellence (NICE). Likewise, the application of creams was consistently supported by clear descriptions and body maps, so the risk of incorrect application was reduced.

The registered manager had ensured additional training had been delivered to ensure staff were confident and competent in all areas of medicines administration. This training was delivered by the new pharmacist, who also completed 6 monthly audits of records and medicines practices.

The storage of medicines was organised, hygienic and safe. Room and fridge temperatures were taken daily and were within recommended guidelines. Controlled drugs were stored safely and a sample of these revealed no errors. Controlled drugs are medicines liable to misuse. There were daily, weekly and monthly checks of these medicines. There was a daily count of the stock of paracetamol in place, meaning the likelihood of errors was reduced, as was the potential for carrying too much stock. All of this was supported by monthly audits, which had been comprehensively reviewed to ensure they were in line with current NICE guidelines.

One person's relative told us, "I feel she is safe, she is getting well looked after and always gets her medications on time." All aspects of medicines administration, storage and disposal were well managed by deputies and a registered manager who had comprehensively addressed the areas of concern previously identified.

This meant the service had significantly improved its approach the management of medicines and was no longer in breach of the regulations.

The registered manager had ensured other aspects of safety had been maintained since our last inspection. The service was clean throughout, including communal areas, bathrooms, kitchen, laundry and people's bedrooms. A tumble dryer that had been faulty during the last inspection had been repaired. Laundry staff told us, "It was done straight away."

There were sufficient staff on duty to ensure people were safe and their needs met and, when we spoke with

one person's relative, they said, "It's very well staffed and there have never been any issues. We've been here at all times of the day". We observed there to be sufficient staff in each dining room to help people enjoy lunch, as well as in communal areas throughout the inspection. The provider had in place two separate dependency tools, neither of which explicitly considered people's social needs. The registered manager agreed to review this and improve the tool to ensure it was fully holistic in terms of considering people's dependence levels.

Risk assessments remained in place and were in line with people's current needs, for instance the risk of falling or becoming malnourished. At the last inspection we noted some inconsistencies in the recording of information regarding the risk of pressure sores. Two different recording tools had been used and it was not always clear which contained the most current information. At this inspection we saw staff used one tool. Those we saw were up to date and subject to weekly checks to identify any anomalies.

Where incidents, such as accidents or any allegations occurred, the registered manager took these seriously and investigated accordingly. When the investigations had concluded, the registered manager ensured staff had an opportunity to reflect on what may have been done differently. They gave examples and we saw documentation to this effect (minutes of meetings). One external professional told us, "They provided a detailed investigation report and were responsive to requests for further detail and information and they provided this in a timely way."

Recently completed questionnaires from 20 relatives indicated that 100% of them felt the service was safe.

Utilities and equipment were regularly serviced. For instance, the periodical five year electrical inspection was in date, whilst lifts had been serviced in line with the Lifting Operations and Lifting Equipment Regulations 1998. The service remained well prepared in terms of potential emergency or disruption to the service. For instance, a grab bag was available close to the entrance with information regarding people's mobility and communication needs. Personal Emergency Evacuation Plans (PEEPs) remained in place and up to date. The registered manager displayed a good knowledge of the need for emergency preparedness and had attended external events to keep their knowledge current.

Pre-employment checks remained in place for new members of staff, including references, ID checks and Disclosure and Barring Service (DBS) checks. The DBS share criminal records information with employers and also whether prospective staff have been barred from working with vulnerable adults or children.

Is the service well-led?

Our findings

At the previous inspection we found the auditing and governance systems in place had failed to identify a range of relatively straightforward medicines administrations poor practices. At this inspection we found there had been a range of improvements. These had begun during and immediately after the last inspection and we found they had been built on and sustained.

After the last inspection, the registered manager had put in place a range of urgent measures to ensure practices improved. They ensured there was a clear lead for the administration improvement work and that this deputy was given supernumerary time. They confirmed they still had this time each week and told us, "At the start I couldn't believe how long it took but it was worth it. I still get supernumerary time now but it doesn't need to be anything like it was in the early days. It was something we needed to do."

Immediately after the last inspection the registered manager met with their deputies, operations manager and the registered manager and deputy manager of the provider's nearby service. They did this with a view to sharing what already worked well across the sites, and how Ella McCambridge could learn from the governance systems of another service.

All staff involved in this work told us it was useful in that it ensured there was external input to the improvements required. Since then, rather than one person continually undertaking the same audits, we saw managerial staff from the nearby service would come and audit medicines at Ella McCambridge, and vice versa. We saw this had successfully identified areas for improvement and that these had been acted on. We noted that in the early weeks of the new auditing regime there had been a high volume of smaller errors identified. This demonstrated the checks were effective and gave us assurance that the systems in place were sufficiently rigorous.

The registered manager was able to demonstrate they had sought advice from a range of sources when improving medicines practices, such as the pharmacist, and the local authority's medicines improvement team. They also demonstrated a knowledge of areas of good practice, such as the National Institute for Health and Care Excellence and CQC's Adult Social Care Medicines Frequently Asked Questions.

The registered manager, deputies and staff had worked extremely hard to ensure the necessary improvements to medicines management were made in a timely way.

Whilst the oversight of medicines had evidently improved and was sustainable, auditing undertaken at provider level required more focus to ensure it supported continuous service improvement. At the last inspection we found the deputy managers were completing a range of checks and audits that were duplicating the work of others and meaning they were not always able to focus on their core role. The registered manager and team had held a meeting after the last inspection specifically to identify any duplication of auditing work and to reassign roles. Whilst we found this had worked well for the deputies, the bi-monthly checks undertaken by the head of operations still consisted of a range of checks that were already undertaken by others. They checked, for example, gas certificates, hot water testing and the like.

Audits at this level give the provider the opportunity to identify areas for continual service improvement and to ensure the service is in line with the strategic goals of the organisation. We asked the head of operations about those strategic goals and found they would benefit from more clarity. For instance, with its local links and higher proportion of people living with dementia, the service was well placed to try to become a hub for dementia friendly practice. The goals of the home were well set out in their company literature, for instance, 'creating a skilled and passionate workforce,' and, 'tranquillity and integrity' and staff had successfully achieved the goals. The provider could do more to ensure their strategic goals were clear and that quality assurance work ensured the service worked towards these goals.

Newly introduced care plan audits were in place and gave staff the opportunity to document more clearly and consistently any ongoing issues with care plans. The forms had yet to be completed and not all staff we spoke with were clear about the timings or extent of their role within the new quality assurance system. We reminded the provider of the need to ensure auditing practices were understood before rolling them out, and to assure themselves they were working effectively (as had happened with the auditing of medicines).

We recommend the provider review the bi-monthly auditing process to ensure it is aligned to strategic objectives and outcomes for people, and that it more clearly supports and enables service improvement.

Notwithstanding this area for improvement, all staff we spoke with felt they were well supported by the head of operations and that they worked well as a team. Regular staff meetings took place and staff we spoke with confirmed they were open and meaningful conversations. The registered manager valued their staff team and told us they were reviewing the employee reward scheme to better acknowledge people's contribution. They said, "All of my staff are excellent and most weeks it was a struggle to nominate one person," and, "They've been through a lot and have been brilliant."

The service continued to use questionnaires as a means of seeking continual feedback. The latest results demonstrated that 100% of respondents had confidence in the management of the home. Recent reviews on an independent external website continued to provide extremely positive feedback about the running of the service.

The culture remained one geared towards ensuring people who used the service could feel safe and at home, in a relaxed environment. The registered manager had large frames in their office, ready to mount photos in the entrance lobby of people who used the service in a range of activities. They had continued to sustain strong bonds with members of the local community, for instance the local school. After the inspection they confirmed they had arranged for a local gospel choir to also visit regularly.

Feedback regarding the registered manager and the team as a whole continued to be positive from a range of sources. One advocate told us, "They really fought for the person's rights and were very supportive." Surveys and external feedback consistently demonstrated that people would recommend the home to others.

The registered manager was aware of a range of examples of national best practice and incorporated understanding of these into care planning. Where we shared information about new initiatives they were responsive to this and keen to know more. The registered manager had regard to their statutory obligations in terms of notifying the Commission of relevant events and had done this when required.