Enhanced Elderly Care Limited

Enhanced Elderly Care Service - Byker Hall Care Home

Inspection report

Allendale Road
Newcastle Upon Tyne
Tyne and Wear
NE6 2SB

Tel: 01912240588

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25 August 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 21 and 25 August 2017 and was unannounced. At the last inspection on 21 April 2016, the service was rated requires improvement. We also found the provider had breached the regulations in relation to staffing.

The home provides residential accommodation with nursing care and support for up to 95 older people, some of whom live with dementia or a dementia related condition. At the time of this inspection 66 people were living at the home, 23 beds were intentionally closed in preparation for a new residential unit opening.

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.

Since our last inspection the provider had increased the staffing levels deployed in the home. There were sufficient staff deployed to meet people's needs in a timely manner. This was confirmed from speaking with people using the service and staff, as well as our own observations during the inspection. We saw staff were visible around the home and responded to people's needs quickly when needed. The provider had systems in place to monitor people's dependency levels against the number of staff deployed.

Medicines were usually stored and administered safely. We noted some medicines records were not completed accurately. However, people confirmed they received their medicines when they were due. We have made a recommendation about medicines administration recording.

People told us they were well cared for by a team of kind and caring staff. They also said they felt safe living at the home.

Safeguarding matters were dealt with appropriately including making a referral to the local authority safeguarding team. Investigations had been completed to help keep people safe. Staff had been trained in safeguarding and had a good understanding of safeguarding principles.

There was a system of health and safety checks to help ensure the building and equipment was safe to use. This included checks of fire equipment, water systems, hoists, lifts and electrical items. Where required action had been taken to address any concerns identified. The provider had developed emergency plans to deal with unforeseen incidents. Personal emergency evacuation plans (PEEPs) described people's support needs in an emergency situation.

Accidents and incidents were recorded and monitored. Reviews were carried out to identify patterns or trends.

The provider had effective recruitment procedures to ensure the safe recruitment of staff to the home.

Staff told us they received the support and training they needed. Records we viewed confirmed training, one to one supervisions and appraisals were up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have enough to eat and drink. Where people required specific support or specialist advice and guidance this was provided. People gave mostly positive feedback about the meals provided. However, some people felt choices were limited.

People accessed external health care services in line with their assessed needs. This included GPs, community nurses, speech and language therapists and physiotherapists.

People's needs had been assessed including identifying their preferences. This information was used to develop personalised care plans. These had been reviewed to keep them up to date with people's changing needs.

There were opportunities for people to participate in activities if they wished. These included outings to places of personal interest, ball games and bingo.

People knew how to raise any concerns but told us they had none at present. Previous complaints had been investigated and action taken to resolve the complaint.

Staff had opportunities to give their views and suggestions about the home. Regular staff meetings took place and staff said they could speak with the registered manager anytime.

The provider carried out regular quality assurance checks to help ensure people received good care. This included checks of dependency levels, care plans, safeguarding, complaints and falls. Where required, action had been taken to deal with any issues identified through the quality assurance checks.

There were opportunities for people and relatives to give their views about the home. Feedback from the last consultation was mostly positive and regular residents' meetings were held.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines records did not always support the safe administration of medicines. We have made a recommendation about this.

Staff knew how to identify and report whistle blowing and safeguarding concerns.

There were sufficient staff deployed to meet people's needs in a timely manner.

The provider had effective recruitment procedures.

There were up to date checks, risk assessments and emergency procedures to maintain health and safety in the home.

Accidents and incidents were dealt with effectively.

Is the service effective?

Good

The service was effective.

People told us staff had appropriate skills and knowledge to provide their care.

Staff were well supported and received the training they needed.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS).

People were supported to meet their nutrition and health care needs.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.	
Is the service well-led? The service remains good.	**Good**

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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 checked 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 21 and 25 August 2017. The first day of inspection was unannounced. The second day was announced which meant the provider knew we would be coming.

On 21 August 2017 the inspection was carried out by two inspectors, a specialist advisor who was a qualified nurse 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. On 25 August 2017 the inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also had contact with the local authority commissioners of the service, the clinical commissioning group (CCG) and the local Health Watch.

The provider completed a provider information return (PIR) prior to the inspection. 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 used this document to help us plan the inspection.

During the inspection we spoke with seven people who used the service and two relatives. We also spoke

with the registered manager, one nurse, a senior care assistants and three care assistants. We looked at a range of records which included the care records for five people, medicines records, recruitment records for five staff members and other records relating to the management, quality and safety of the service.

We also spoke with one health care professional during the inspection.

Requires Improvement

Is the service safe?

Our findings

At our inspection in April 2016 we rated this domain as 'Requires Improvement.' This was because the provider had breached the regulation relating to staffing.

During this inspection we found action had been taken to address these concerns. The registered manager demonstrated how senior staff completed monthly reviews of people's levels of need. She showed us these figures were then entered into the provider's dependency tool and measured against the required number of care staff and nursing staff required to meet people's needs. Staffing levels were then monitored to ensure staff were deployed appropriately. The registered manager showed us records that verified staffing was at the expected levels.

We looked at staff duty rotas for the week of the inspection and the previous two weeks. At the time of the inspection there were 65 people using the service, across all three units. Rotas showed that each shift was covered by a trained nurse, who worked on the nursing unit at the home, and two senior care staff, who worked on the residential and dementia care areas of the home. In addition to this, records showed there were between 12 and 14 care staff also on duty. Whilst staff were initially allocated to a specific area for their shift, they moved between units to assist at busy times or cover breaks.

Staff we spoke with told us they felt there were enough staff on duty at the current time. A visiting professional we spoke with also felt that the current staffing was meeting people's need. They said, "I think generally there are enough staff. I don't find buzzers always going off. They can be a bit stressed at times, say if a staff member has had to take someone to hospital."

We spent time observing staff responses throughout the inspection. We did not witness call bells ringing for long periods and noted that when people called for assistance this was given within a reasonable response time.

In addition to care and nursing staff the home also had a range of support roles on duty including maintenance staff, laundry and domestic workers, kitchen staff, activities co-ordinators and administration and clerical support. The registered manager was also on duty at the home during the Monday to Friday period.

During the day people's needs were attended to promptly. No-one seemed hurried or stressed, and there was an atmosphere of working as a team. Staff did not question how they had been deployed and were happy to work in different areas. The registered manager said, "I think it's important to move staff around but they must have a length of time to learn about the different residents and their specific needs."

We considered there were sufficient staff to meet people's needs during the inspection and that the provider was now meeting this regulation.

People said they felt safe living at the home. One person commented, "I'm safe enough in here." Another

person told us, "That's the best thing about this place, I feel really safe." A third person said, "Oh yes, I feel safe and my belongings are too."

We looked at how people were supported with their prescribed medicines. Although we found medicines were handled, stored and administered safely, some records were not always accurate. For example some people were prescribed Warfarin. Warfarin is a medicine that helps thin the blood and prevent blood clots and must be given regularly. We found a discrepancy between the number of tablets recorded as being administered and those remaining in stock at the home. However, blood test records to monitor people's response to the medicines were stable and did not suggest appropriate doses were not being given. We spoke with the registered manager and a senior care worker about this. They told us staff sometimes carried forward unused tablets from the previous month, but these were not recorded on the stock numbers. This meant we could not tally administered medicines with remaining stock. The registered manager immediately instructed staff to ensure all available stock was recorded in the future, to ensure a full check on administration of medicines could be undertaken.

We also found the recording of topical medicines was not always consistent. Topical medicines are creams and lotions that are applied to the skin. Some creams were not recorded as being given on the medicine administration records (MARs). Care staff normally applied creams when they were delivering personal care and recorded this in daily records. We found daily records for the use of creams was inconsistent and not always recorded in full. We spoke with the registered manager about this. She immediately took action to ensure that body maps and topical medicines charts were placed in people's rooms, for care staff to record when they had administered these items. We found a small number of creams where the name was not always visible, due to rubbing of the label and so could not be sure the items belonged to a particular individual. The registered manager said she would ask staff to check all rooms and remove any unnamed items. We found nobody living at the home had any significant skin integrity issues and a visiting professional told us they did not have any concerns about care in this area. They told us, "I have no concerns about pressure care or hygiene."

The recording of 'as required' medicines was also inconsistent. 'As required' medicines are those given only when needed, such as for pain relief. Some medicines were not listed on an information sheet within the MAR record and not all 'as required' medicines had guidance for staff to follow as to when these medicines should be given. We spoke to the nurse on duty at the time of the inspection who told us she would look to ensure this matter was addressed.

With the exception of these recording issues we found medicines were stored and administered safely, trolleys and clinical rooms were kept in good order and that people received their medicines on time. One person said, "Oh I'm on loads of tablets, but I get them on time, the staff keep us informed about them. The staff keep hold of our meds. There is no problem in getting pain relief."

We recommend the provider ensures medicines administration recording at the home is in line with The National Institute for Health and Care Excellence (NICE) guidelines.

During our previous inspection the home was dealing with any safeguarding matters appropriately and that action taken was being recorded. We found this continued to be the case. The registered manager had raised any safeguarding issue with the local authority safeguarding team and investigations had been undertaken as appropriate. Staff continued to receive training with regard to the safeguarding of vulnerable adults.

The provider ensured equipment and safety devices at the home were being properly checked and

maintained. There were regular checks on fire equipment, water systems, hoists and lifts and electrical items. Up to date gas and electrical safety certificates were also available. A recent review of the fire risk at the home by an outside contractor had highlighted a limited number of actions which the maintenance worker demonstrated they were addressing. A recent test of water safety at the home had highlighted a possible issue in one area. The registered manager showed us this area had been locked, but we noted there was no signage to advise staff not to use the water in the area. They immediately took steps to ensure signage was put in place.

The home had an emergency plan in place to deal with unforeseen incidents, such as a fire or flood. People had personal emergency evacuation plans which identified their support and mobility needs in the event of such an occurrence.

Accidents and incidents at the home were being appropriately recorded and monitored. Details of accidents and the actions taken had been fully recorded. There was also evidence of reviews of accidents to identify and patterns or trends.

The provider was following appropriate procedures and protocols to ensure the safe recruitment of staff to the home. At this inspection we found this remained the case with staff files showing evidence of an application and interview process, references being taken up and Disclosure and Barring Service (DBS) checks being made. DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

We found the home was maintained in a clean and tidy manner, with no lingering unpleasant odours around the home, including in toilets, bathrooms and en-suite facilities.

Good

Is the service effective?

Our findings

People told us staff had the relevant skills and knowledge needed to care for them. One person said, "Yes, I think they're [care staff] all well trained, and they're like family." Another person told us, "Absolutely they are very well trained. I watch them calm people down, they are marvellous." A third person commented, "The staff are knowledgeable about care."

Staff told us they received good support. Comments included: "I am really well supported personally as well as work"; "I am very supported, if you need help it is always there for you"; and, "I feel like I am well supported by my colleagues and the manager." Records confirmed staff received regular one to one supervision and an annual appraisal.

Staff received training to enable them to carry out their caring role. We viewed the training matrix which confirmed training was up to date. Training was a combination of e-learning and 'face to face' training. The provider was proactive in ensuring training was kept up to date. The registered manager showed us the training plan which had training sessions booked up to the end of September 2017. All new staff had a 3 day induction as well as shadowing a member of staff until they were competent to work independently. One staff member commented, "We are always doing training."

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people lacked capacity, DoLS authorisations had either been applied for or authorised. The registered manager had an effective system in place to ensure DoLS authorisations were reviewed when required.

Staff completed specific training on MCA including DoLS. They showed a good understanding of the MCA and described how they would support people with making choices and decisions. This included showing people pictures or objects to choose from, using communication cards and hand signals.

Where people were able to consent to their care, staff sought permission before providing any care. One person said, "The staff ask for consent before they do things (care tasks)."

People were supported appropriately to help ensure their nutritional needs were met. We observed over the

lunchtime period and found people were provided with the support they needed. People generally gave positive feedback about the meals provided at the home. However, some people felt meal choices were sometimes limited. One person commented, "They [meals] are alright. I get two choices sometimes, they seem to be getting better. They come and ask me at the meal time what I'd like to eat. They [staff] cut my meals up for me as I have no strength in my hands now." Another person said, "It's good food and we get plenty of it, it would be good to have more choice. We take what's put in front of us and if we don't like it then they get something else." A third person told us, "I enjoy the food here, I think it's good."

People's weights were checked either weekly or monthly depending on their individual circumstances. This was documented and monitored using a nutritional assessment tool. Records of people's food and fluid intake were recorded to keep track of what they had eaten and drank. We found these were completed consistently. We noted the fluid record had a section to complete an individual daily target amount of fluid. We saw this had only been completed for people receiving nursing care. We also saw each person had same target rather than an individual target based on their specific circumstances. We spoke with the registered manager who addressed this immediately during our inspection.

Menus were displayed to inform people of the choices available each day. This included photographs of plated up meals to help people with making a choice about what they wanted to eat and drink. The menu also included photographs of the alternatives available if people did not want the main courses on the menu. Drinks were available throughout the day for people and visitors to help themselves to. The tea trolley mid-morning had drinks and biscuits and this was available to everyone.

People were supported to access the health care they needed when required. One person said, "We have a doctor and chiropodist who visit and if I have a hospital appointment the staff arrange it. If family can't take me, the staff do." Another person commented, "The staff can arrange medical visits and the staff will come with me if my son or daughter can't."

Care records showed other health professionals had been contacted appropriately. For example, GPs, dentists, the speech and language therapy team (SALT), dietitians and specialist nurses. Due to the input from the specialist care home support team (SCHST) senior staff had specific training. This enabled them to complete vital sign observations and an assessment to enable more people to stay in their own home and be seen by a GP. SCHST is a project to help prevent unnecessary hospital admissions. There were also established links with other specialist teams to aim to prevent hospital admissions.

Good

Is the service caring?

Our findings

We received positive feedback about the care provided at the home. People's comments included: "The staff know me and my family and I'm very happy with the care here"; "I love the staff, who will do anything to help. I'm very happy with my care, I want for nothing"; "This is a lovely place to be, it comes up trumps every time"; and, "I wouldn't change anything, everything is done for my benefit, I'm grateful for the care I get here."

People told us they received their care from kind and considerate staff. Comments included: "The staff are wonderful, nothings too much for them"; "The staff are great; not pushy, happy to do things my way. They are a good bunch. I watch them with other people, they are just lovely"; "The staff are very understanding. It's a nice, friendly atmosphere here, the staff really care here"; and, "The staff are all very nice and talk to you with patience."

We observed staff interaction with people, relatives and each other was caring and meaningful, giving privacy and showing dignity at all times. For example, people were continuously given choices throughout the day, such as where they wanted to sit, meal choices and who to spend time with. At one point we observed a staff member entered a person's room, greeted them warmly, sang loudly with the person and had a meaningful exchange with them. There was a good team spirit and everyone helped each other.

People confirmed they were treated with dignity and respect. One person commented, "Staff respect me enough to do things my way." Another person said, "The staff treat us well. Staff will knock on the door before entering and they respect my privacy." A third person told us, "The staff are polite and respectful."

Staff described how they maintained dignity and respect whilst supporting people. This included explaining what they were doing, talking to the person throughout, offering reassurance, keeping people covered up as much as possible and allowing people to do as much as they could for themselves.

Staff we spoke with were knowledge about people's needs and circumstances. They could readily tell us about people's health and care needs including particular preferences people had. One person commented, "The staff know me and my family and I'm very happy with the care here." One relative told us, "I like it here, I chose to keep [family member] here because the staff here know her well and can understand her. She had [medical condition] so struggles to speak but they all understand her here." Care records were very personalised and included details about people's life histories and their care preferences.

People were supported to be as independent as possible. One person said, "The staff treat me with care and consideration. They know I like to do things for myself but they are on hand if I need any help. The staff listen and they act on it." Another person commented, "I'm as independent as I can be. A third person said, "They will spend time and effort on me, they look after me really well. I feel as independent as I can be."

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person told us, "They do things the way I like, you can go to bed anytime you like." Another person commented, "I go to bed when I want and get up when I want. I don't go out much but that's my choice."

The provider used a computerised system for care planning called 'CAREDOCS'. Care records contained a core set of care plans for all people. For example, nutrition, communication, personal hygiene, sleeping, social needs and medicines. These were supplemented with additional care plans where people had specific needs, such as mobility concerns, specific health conditions and behaviour that challenges. Care plans were very comprehensive, personalised and centred on the individual.

Care plans had been updated to account for changes in people's circumstances. This included where people has short term illnesses or a changes in their prescribed medicines. Regular reviews were carried out to help ensure care plans reflected people's current needs.

Where potential risks had been identified during or after the initial assessment process risk assessments were in place. We viewed these assessments and noted they were personalised to each person's circumstances. Daily progress reports were completed at least twice daily and more frequently if there were anything specific to record.

There was an activities timetable for people with two activities organisers available to carry out these activities. Notes were kept of activities people had participated in. These included outings. For example, for one person who had an interest in history, a special trip to a museum had been arranged for the person and their relatives. A relative had written to the registered manager thanking staff for this. One person told us, "We have a bit of fun. It would be a dull day if we didn't." Another person said, "I do them [activities], I sit and throw the balls and I go to bingo. I like to go to the other side (residential unit) as I can chat to people better." A third person commented, "Well when they're on, I like to play the bingo as I understand it the best." A fourth person told us, "I don't join in with things, but I think they do a lot of activities."

After lunch people were offered the opportunity to play ball games. A lot of people agreed to join in with the activity. We noted the activity coordinators were very encouraging and included everyone in the games. They created a very fun atmosphere.

People were able to provide feedback about the home and their care through attending a 'resident and relative's meeting'. Topics discussed at the most recent meeting included the hair salon, the gardens and fund raising ideas.

People knew how to complain if they had concerns about their care. One person commented, "My family would deal with any complaints, not that I have any." Another person told us, "I know how to complain if need be." A third person said, "If I needed to complain I'd just go to the manager, but I don't know anything about a complaints procedure." Previous complaints had been fully investigated and action taken to resolve

any issues.

Good

Is the service well-led?

Our findings

All staff were knowledgeable about people's needs and expressed their "happiness" about working at the home. They told us communication was good and the manager was responsive to all suggestions and needs. One staff member commented, "I love it here and things have got so much better with the new manager." Another staff member said, "All staff get on well just like family, plenty of staff with time to chat to residents." A third staff member told us, "The home is well managed. The manager is fair, everything runs smoothly."

People were also complimentary about the registered manager. Comments included: "I like the manager, she is very nice"; "I know the manager, she is very approachable and friendly"; and, "I know the manager and I find her very easy to get on with. She's lovely"

People and staff described the home as having a family atmosphere. One person said, "The staff seem to be very happy, there is a good atmosphere." Another person told us, "The staff are very happy here, as I said it has a family atmosphere." One staff member said the home had a "lovely atmosphere" as people had "a fantastic sense of humour". Another staff member said the atmosphere was "good, everybody gets on".

The provider carried out a range of quality assurance checks to help ensure people received good care. This included checks of people's dependency levels, care plans, safeguarding, complaints and falls. The findings from these checks were analysed to check appropriate action had been taken and to look for any trends and patterns. For example, the registered manager replaced a toilet seat with a specially adapted seat as one person was at risk of falling when using the toilet. Although we found some very minor concerns with medicines records, these had been addressed by the time we completed the inspection.

There were opportunities for staff members to share their views and suggestions about the home. Regular staff meetings were held. We viewed the minutes from the last meeting held in July 2017. This included discussions on safeguarding, whistle blowing and improvements to the meals provided at the home. Staff views were recorded and suggestion from staff included ideas for new activities and improving the ways of engaging with people.

In the foyer was a 'customer response indicator unit' where people and visitor could rate the home at anytime. At the time of this inspection the home had a 96% very positive or positive rating based on 892 responses. The provider also issued questionnaires to people and relatives to gather more specific feedback about the care provided at the home. This was last done in January 2017 with positive feedback given.

We noted the provider had used a system called 'You said, we did' to inform people and visitors of the action taken in response to their ideas and suggestions. These were displayed in the reception area to inform people and visitors. For example, people had asked for improvements to be made to the garden area. In response the provider had created a decked area for people to sit, a sensory garden and flower beds. Other improvements included the provision of hairdressing salon and changes to the menu.