

Mrs Maureen Thompson

# Engleburn Care Home

## Inspection report

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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

### About the service

Engleburn Care Home is a care home providing personal care for up to 76 older people. The service is a large purpose-built home with 4 separate residential units, one of which specialises in accommodation for people living with dementia. Each unit has a dining room, lounge and activities area. At the time of our inspection there were 70 people using the service.

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

People were happy with the care they received. There were enough trained and competent staff in place to meet people's needs. There were safe systems in place around the recruitment of staff. There were systems in place to help keep people safe from suffering abuse or coming to harm. Staff had completed pro-active work to reduce the need for people to take medicines and reduce risks related to falls. The home was clean and there were procedures in place to minimise the risk of infections spreading.

There was a positive atmosphere at the home, staff were engaging with people and motivated in their role. The registered manager understood the requirements of their role and was responsive to feedback from stakeholders when suggestions were made about how to improve the service. There were effective audits in place to monitor the quality of care and safety of the service. The provider worked with stakeholders when people's needs changed to help ensure appropriate care arrangements were in place.

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.

### Rating at last inspection and update

The last rating for this service was good (published 2 September 2021).

### Why we inspected

This inspection was prompted by a review of the information we held about this service and some specific concerns we received around safeguarding, falls and infection control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Engleburn Care Home on our website at [www.cqc.org.uk](http://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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Engleburn 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 Health and Social Care Act 2008.

#### Inspection team

One inspector and an assistant inspector completed the inspection.

#### Service and service type

Engleburn Care Home is a 'care home'. People in care homes receive accommodation and nursing and care as a single package under one contractual agreement dependent on their registration with us. Engleburn 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 spoke to 1 health and social care professional. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people and 1 relative about the care provided. We spoke with 13 staff, including the provider, registered manager, senior staff and care staff. We reviewed 6 people's care plans, 3 staff recruitment file, audits, policies, incidents reports, health and safety records, quality assurance records, medicines administration records and care records.

# 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 this key question was rated good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe living at the service. One relative said, "It has been a weight off our minds knowing [my relative] is in a safe place."
- The provider's safeguarding policy had been developed in line with best practice guidance, detailing how safeguarding concerns would be investigated. There was a whistleblowing policy in place, which set out how people could contact external stakeholders if they had concerns they could not raise with the provider.
- The registered manager had a good understanding of local safeguarding procedures. We reviewed records of completed safeguarding investigations and found that the registered manager had investigated when safeguarding concerns were raised and worked with local safeguarding teams to put measures in place to promote people's safety and wellbeing.

Assessing risk, safety monitoring and management/ Learning lessons when things go wrong

- Staff took a positive risk-taking approach to promoting people's mobility. They encouraged people to remain mobile where possible and did not want to restrict people from walking independently if they wished to do so. The design and layout of the service and utilisation of staff promoted this.
- Staff minimised any factors which could increase the risk of falls. This included analysing incidents where people had a fall by; monitoring their health for signs of illness or infection, assessing the home environment, ensuring people had appropriate footwear, assessing use of mobility equipment and equipment to alert staff if people had a fall. This helped to minimise the risk of people falling and the reduce the impact if they did.
- Risks related to people's anxiety and behaviour had been fully assessed and reduced. There were examples where the provider increased staffing levels to provide 1 to 1 support for people when their behaviour posed a risk to themselves or others. Staff were confident in providing support to people and had contacted relevant professionals to agree a set of strategies to minimise the impact of people's anxiety or behaviour.
- The provider had taken actions to improve fire safety in relation to the staff accommodation on the 3rd floor of the building, after recommendations from an external professional. The registered manager had arranged for the external fire safety professional to review actions taken and complete a new fire risk assessment for the service. This visit was booked for June 2023.
- On the 1st day of inspection, we saw there were no window restrictors fitted to the staff accommodation, located on the 3rd floor of the building. Although, it was highly unlikely people would access this area of the service, we recommended that the provider strengthen the security of these windows. By the 2nd day of inspection, window restrictors had been fitted to all windows in this area. This helped to make safety arrangements more robust.
- The provider ensured other health and safety risks were managed safely. This included maintenance of

equipment, risks relating to legionella and safety of utilities such as, electricity and gas.

### Staffing and recruitment

- People and relatives were positive about staffing levels at the service. One person told us, "The staff are very good and no concerns." Staffing was organised separately in each of the 4 individual units of the service. The registered manager used assessment and dependency tools to calculate staffing levels. Throughout the inspection, people were attended to quickly and there were enough staff in place to support with personal care and activities.
- Staff had received training, supervision and ongoing support appropriate to their role.
- Some people had been assessed as requiring additional 1 to 1 support to promote their safety and wellbeing. We saw that staff had been made available to provide this support as assessed and when people responded positively to specific staff, those staff were allocated to work with them when possible.
- The provider completed the required pre-employment checks for new staff to help ensure suitability for their role.

### Using medicines safely

- There were safe systems in place for the receipt, storage, administration and disposal of medicines. The provider's medicines policy was developed in line with best practice. Senior staff completed audits of medicines administration records, controlled drugs and medicines storage arrangements. This helped to ensure that systems were reflective of requirements set out in the provider's policy.
- People's care plans detailed their preferences and routines around medicines administration. Staff had a good knowledge of people's needs and could identify if they were uncomfortable or required pain relief.
- Staff minimised the use of medicines administered in response to behaviour and anxiety. Staff worked with people to create a positive environment in which they were comfortable and calm. When people became anxious, staff deployed effective strategies identified in care plans that significantly reduced the need to administer medicines. This led to positive outcomes for people around their levels of activity and wellbeing.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The provider followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people told us their friends and families could visit whenever they wished.



# 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 inspection this key question was rated good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- People and relatives told us they were happy and received a high standard of care. Comments included, "I think the care from staff is very good" and, "I'm very happy with everything."
- There was a positive culture which was focused on providing good care for people. Staff were positive about management staff and told us they enjoyed working at the service.
- The registered manager and senior staff had a good understanding of equality, diversity and human rights and explained how they would make sure nobody at the service suffered from any kind of discrimination. Staff's knowledge around equality and diversity was reinforced through training, supervision and in staff meetings.

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

- The registered manager understood their responsibilities in relation to duty of candour regulation. There were policies in place to ensure the provider was honest and transparent with people if there were incidents, mistakes or if things went wrong.
- We reviewed records of incidents and accidents and saw that the registered manager had informed people or relatives appropriately in the spirit of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements/ Continuous learning and improving care

- There was a clear management structure in place which promoted effective oversight of quality and safety. The registered manager was supported by senior staff who oversaw the day to day running of the 4 separate care units. There were administrative staff in place who carried out duties delegated by the registered manager, such as ensuring staff recruitment files included the required documentation and checks.
- Senior staff completed audits to monitor the quality of care provided. This included audits of people's care plans, risk assessments, medicines, infection control, incidents, accidents, and health and safety. Where issues were identified, they were addressed with staff to help promote learning and improvement.
- The provider was responsive in making changes when areas for improvement were identified. For example, on the 1st day of inspection we gave feedback that areas where equipment was stored were cluttered and in places overcrowded. On the 2nd day of the inspection, the provider showed us plans to build additional storage areas, which would ensure equipment was stored securely and was easily

accessible.

- The provider had developed policies and procedures in line with statutory and best practice guidelines. This helped to ensure staff were working in a consistent and safe way.
- The service had notified CQC about significant events at the service. We use this information to monitor the service to ensure events are responded to appropriately to help keep people safe.

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

- The provider had processes in place for receiving feedback and suggestions about how to improve the service. This included residents' meetings and questionnaires sent to people, relatives, staff and health and social care professionals.
- The registered manager reviewed all responses from all feedback received. They responded to individuals where appropriate and addressed wider issues raised with staff in meetings or in their supervision. This helped to ensure any feedback was acted upon.

Working in partnership with others

- The provider made appropriate referrals to health and social care professionals when people's needs changed. This meant people had the right levels of support and professional input.