

Enhanced Elderly Care Limited

Enhanced Elderly Care Service - Fellingate Care Centre Limited

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Enhanced Elderly Care Service - Fellingate Care Centre provides personal and nursing care for up to 81 people. At the time of our inspection there were 78 people using the service. The home is arranged over four floors, three of which provide accommodation. The administration service, kitchen and the laundry were on the ground floor.

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

Systems were in place to safeguard people from abuse. People told us they felt safe and relatives told us they did not have any concerns.

Health and safety checks were routinely carried out on the building and its contents. Emergency evacuation plans were in place for each person.

Safe recruitment practices were followed, and sufficient staff were deployed. Staff were suitably supported to carry out their roles and were competent in meeting people's needs.

People were supported to eat and drink to promote their health and well-being. There was an emphasis on people having meal choices and people told us they were well fed. Staff worked in partnership with other professionals and assisted people to access healthcare services.

Staff provided kind care and promoted people's independence. People received personalised care which reflected their needs and preferences. They were supported to participate in activities to prevent social isolation.

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.

A complaints procedure was in place. People and their relatives knew how to complain. They were confident the registered manager would respond to any concerns they raised.

The provider had arrangements in place to effectively monitor the service. Both the provider and the registered manager were responsive to feedback and immediately implemented changes to the service when concerns were raised.

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

Rating at last inspection

The last rating for this service was good (published 14 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector, an assistant inspector 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.

Service and service type

Enhanced Elderly Care Service – Fellingate Care Centre Limited 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and seven relatives about their experience of the care provided. We spoke with 16 members of staff including the managing director, the business manager, the registered manager, nurses, senior care workers, care workers, the cook, the maintenance person and the activities coordinator.

We reviewed a range of records. This included six people's care records, multiple medication and food and fluid records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who were knowledgeable about safeguarding processes and how to raise any concerns. One staff member said, "I know how to report concerns and have completed all my safeguarding training."
- The registered manager had alerted the local authority safeguarding team when concerns had been raised.

Assessing risk, safety monitoring and management

- Staff understood how to keep people safe. One person said, "Yes, I feel safe here. People are quite nice here. Staff always try very hard."
- People had personal risk assessments which provided information on how to mitigate the risk. Relatives were confident staff managed people's risks. One relative told us, "Staff are very attentive to her needs and I have every faith in staff."
- Relevant risk assessments were in place for the premises. The registered manager ensured health and safety checks were carried out by the maintenance person, any issues identified were reported and resolved.
- Systems were in place to support people in the case of an emergency. Each person had a personal emergency evacuation plan which detailed the assistance they needed to evacuate the building.

Staffing and recruitment

- The provider had robust arrangements in place to carry out pre-employment checks on staff to assess their suitability.
- There were sufficient staff on duty. People had mixed views about there being enough staff on duty. One person said, "Some come quickly but others don't." A relative told us, "Staff do come quickly when [person] presses her buzzer." The provider used a dependency tool to measure people's needs and calculate the numbers of staff required on each floor.. Staff could respond promptly to call bells.

Using medicines safely

- Systems were in place to use medicines in a safe manner. However, staff did not consistently use the systems. Medicines to be administered on an 'as and when' basis did not always have guidance in place. The use of topical medicines was also not consistently documented, and some photographs were missing from people's medicine administration records. People had not been adversely affected by this. The registered manager took immediate action and made the necessary improvements.
- One person told us, "I do take tablets and have been taking them for a long time, so I know what I take." A relative said, "[Person] doesn't know much about her medication but staff know if she is unwell and take appropriate action."

Preventing and controlling infection

- Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned. They knew the action to take when a person had an infection to reduce the risk of it spreading to others.
- Staff had access to aprons and gloves to prevent cross infection.

Learning lessons when things go wrong

- The provider had in place a lessons' learnt file where they demonstrated they had considered issues and learned lessons. For example, the registered manager reviewed the lessons learnt when the service had experienced a power cut.
- The provider and the registered manager reviewed accidents and incidents at monthly governance meetings. No one using the service had experienced a serious injury. The provider had CCTV in the communal areas of the home. They told us this assisted them review people's falls when necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff had carried out assessments of people's needs and choices in line with guidance and the law. One person told us the staff had assessed their personal choices and said, "They have got me two recliner chairs, so I can sit with my feet up in the lounge and in my room. They are good."

Staff support: induction, training, skills and experience

- Staff were provided with the necessary support to enable them to carry out their duties.
- Staff were knowledgeable and were competent.

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

- People's dietary needs were assessed.
- People had a choice of eating a main meal at lunch time or tea time or both. People confirmed they were given these choices. One person said, "The food is usually okay, but occasionally the fish is dry. There's usually a choice of two meals." Other people described the food as, "Lovely" and told us they get well fed with snacks offered between meals.
- Staff provided support to people to eat and drink. They monitored people's weights and made referrals to dieticians when people's intake of food and fluids was insufficient to maintain their health and wellbeing.
- The provider had in place systems for recording people's food and fluids. These were not consistently used by staff and risks to people could therefore not be measured. There was no indication that people had been at risk of harm. The registered manager took immediate action and made the necessary improvements.

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

- Professionals told us the staff worked with them to meet people's care needs in a consistent manner. Actions were taken by staff to make sure people received timely care.
- Care records showed staff had documented and followed advice from other professionals.
- The service had a good relationship with the local GP surgery. Staff contacted the local surgery each week with the names of people who required a healthcare review. One person said, "If there's anything wrong a GP would be called. Staff always react if I'm unwell". A relative told us "Staff would recognise when [person] is unwell because of a change of behaviour. Even though [person] has dementia, staff would recognise the signs."
- Staff carried out observations of people, so they could give important healthcare information to medical practitioners.
- People confirmed they had been supported to see GP's, district nurses and chiropodists. One person said,

"I've just had my toenails done and I've had a filling recently too. I also had sore toes and the District Nurse came in every other day to look after them until they healed up."

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

- The premises had been adapted to meet the needs of people living with dementia.
- Signage to support people's orientation and areas of interest were in place.
- People's bedrooms were personalised with items such as pictures, furnishings and decoration they had chosen.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Appropriate DoLS applications had been made to the local authority. The provider had informed CQC when these applications had been granted.
- Staff had considered people's capacity in their care plans to offer people maximum choice and control.
- Staff sought people's permission before providing them with care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well. They listened to people and responded to their questions with patience taking care to provide answers which people would understand.
- People confirmed to us staff treated them well. One person said, "Staff are good and treat us well. They sometimes have to deal with difficult people." Relatives told us they had not seen any staff being unpleasant. One relative said, "I couldn't commend them highly enough."
- Irrespective of people's age or disabilities, staff provided them with good care. One relative said, "[Person] is comfortable around staff and they always make sure they wear nice clothes, they brush her hair the way she likes it brushed."
- People's faith was documented. Arrangements were in place for people to practice their faith. One person said, "We have the local church come in twice a month for bible studies and the home book me a taxi every Sunday to go to church."

Supporting people to express their views and be involved in making decisions about their care

- The service encouraged people to give their views about the care they received. There was contact information displayed throughout the home for staff, residents and visitors which encouraged people to 'speak up' about their care. should anyone have any concerns• Staff gave people choices and respected their decisions. One person told us, "Staff do a good job and do care about me."
- Advocacy information was available to people. Staff had listened to relatives as natural advocates for people living in the home.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's dignity and privacy. They knocked on people's doors before entering. Personal care was delivered in private. One person said, "Staff are very nice. I've had no problems at all."
- People's independence was promoted. One relative said, "I think staff understand [person] well."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had documented person-centred care plans using the provider's electronic care planning system.

New care plans had been put in place when people were diagnosed with specific conditions.

- People's choices and preferences were documented.
- People and their relatives confirmed they were involved in people's care planning. One person said, "Yes, we do discuss my care plan and it sometimes gets reviewed."

- The provider had a system in place known as 'My Days' when there was a focus on one person on each floor each day. In addition to carrying out checks on people's needs, people were offered special time to go out with staff to places important to them or have their favourite meal. The registered manager had evaluated this initiative. People were very complimentary about their experiences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff took a proactive approach to meeting people's communication needs. This included providing a white board when required to communicate with one person.
- Staff took time to communicate verbally with people and explain issues to them in ways they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activities coordinators provided had an activities plan for each week. During our inspection people were engaged in knitting, bingo, nail painting, chair exercises and singing. One person said, "We have lots of activities. Played carpet bowls yesterday (and won) and did chair exercises this morning. I have been out for the day and had a meal out."

- The service supported people's human right to have a family life. Relatives were welcomed into the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. Complaints and concerns had been responded to in an appropriate manner.

- People and their relatives knew how to make a complaint. One person said, "I've never had to make a

complaint, but I would speak to the person in charge."

End of life care and support

- Staff provided good support at the end of a person's life. The registered manager had set up boxes of useful items to support people and their relatives. One box contained an assortment of toiletries for relatives who wished to stay. Kitchen staff confirmed they provided food and drink for visitors who wished to stay with a person towards the end of their life.
- People's end of life wishes had been documented.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives told us the registered manager was visible to them and they felt she was approachable.
- People described a positive culture in the home. One person said, "I don't have any problems here. The atmosphere here is good." A relative said, "I think it is very calming and I enjoy coming here."
- People were empowered to achieve good outcomes. This included one person who had recently passed exams.
- The provider had an employee of the month award and rewarded staff for their hard work at the end of each year.

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 the need to be open and honest with people when things go wrong. They had provided accurate information to the local safeguarding team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a system in place to measure the quality of the home. Information such as safeguarding alerts and hospital admissions were aggregated in a compliance report. Trends were discussed at monthly governance meetings.
- Staff understood their roles. Nurses and senior carers led their respective areas of the home and delegated tasks to meet people's needs.
- The registered manager made the required notifications to CQC and met the regulatory requirements.
- As visitors left the home they had the opportunity to report whether they were happy or not with the service. The provider had recently carried out a staff survey. People confirmed they had been asked their views about the service. One person said, "Yes I have had a survey to fill in every now and again."

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

- People and their relatives were invited to be involved in quarterly meetings about the home. Minutes of the meetings were available to people as they entered the home.
- The registered manager engaged staff in monthly meetings where they were provided with information and guidance.

- The registered manager and staff did not discriminate against people from different backgrounds and with different needs.

Continuous learning and improving care

- The provider actively monitored the service to identify areas for improvement.
- The registered manager took prompt action to improve people's care when the inspectors identified areas for improvements.

Working in partnership with others

- Staff worked in partnership with professionals from differing backgrounds to meet people's needs. This included working with medical professionals, DoLS assessors and members of the local community including schools and entertainers.