

Robert Pattinson

Ella McCambridge Care Home

Inspection report

Winslow Place
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Tyne And Wear
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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 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

Ella McCambridge Care Home provides personal care and accommodation to up to 67 older people, some of whom were living with dementia, across two floors in one purpose-built home. There were 60 people living at the service at the time of our inspection.

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

People were safe and comfortable in a clean and homely environment they knew well.

Risk assessments contained sufficiently detailed person-centred information. Daily recording information was accurate and up to date. Staff demonstrated a good knowledge and awareness of risks.

The premises and all equipment were well maintained.

Medicines were managed safely, including storage, administration, disposal and all relevant training and competency assessments.

Staff worked proactively with external healthcare professionals to ensure people's needs were met effectively. Staff were well trained and well supported to provide high standards of care to people.

People were included in the running of the service, for instance in making decisions about meals, décor and activities. Feedback from people, their relatives and a range of external professionals was extremely positive regarding the compassionate, affectionate and sensitive approach of staff. The service felt welcoming and calm as a result.

People ate well and had a choice of meals and snacks. Menus were varied and staff were patient when helping people decide what meals to choose.

The premises were suitable and spacious. The first floor was specifically for people living with dementia and had regard to best practice about dementia friendly environments.

End of life care was a strength of the service. Feedback from external professionals was positive and we saw a range of emotive thankyou's from relatives of people who had previously used the service.

A range of group and individual activities were in place. There were good levels of community involvement in place and social isolation was limited wherever possible. Feedback from people and relatives was positive.

The registered manager was well respected in the organisation and further afield. They had a stable staff team who shared a consistent person-centred approach to care. Clear systems were in place for the review and audit of all aspects of the service. The registered manager was responsive to feedback about areas of

emerging best practice and how to incorporate this into the service.

People's capacity was assumed and staff acted in line with the Mental Capacity Act 2005. 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. Best interest decision-making followed best practice guidance.

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 9 February 2019).

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 reinspection 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 ●

Ella McCambridge 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector and one Expert by Experience completed the inspection. 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

Ella McCambridge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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

The inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service, including notification of 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 and safeguarding teams. We reviewed the service's previous inspection reports. We used all of this information to plan our inspection.

During the inspection

We spent time speaking with seven people who used the service and six relatives. We spent time observing interactions between staff and people who used the service. We spoke with seven members of staff: the registered manager, deputy manager, the activities co-ordinator and four care staff.

We looked at three people's care plans, risk assessments and medicines records. We reviewed staff training information, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records.

Following the inspection

We spoke with the director of operations, another relative and a healthcare professional over the telephone.

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

- Safeguarding information was clearly and prominently displayed. Staff were regularly and appropriately trained.
- The registered manager worked proactively and openly with external safeguarding professionals. Staff were able to identify when people may be at greater risk and took appropriate steps when they were concerned about people.
- People told us they felt safe and at home. One said, "I wasn't in a safe place before, that's why I moved here. I feel safe here. I've had no falls."

Assessing risk, safety monitoring and management

- Risk assessments were regularly reviewed and well understood by staff. Recognised tools and best practice were implemented to ensure risks could be best identified and documented. Actions staff needed to take to reduce risks were clearly set out.
- The service felt calm and welcoming. Staff sensitively redirected people who were beginning to feel anxious.
- The service was well maintained, with an ongoing programme of refurbishment where required. Emergency equipment, lifting, heating, electrical and other equipment was regularly serviced and personal emergency evacuation plans (PEEPs) were kept up to date and accessible.

Staffing and recruitment

- Robust pre-employment staffing checks continued. Staff we spoke with had the confidence to raise concerns internally and described the registered manager as having an open-door policy.
- Staffing levels were well planned and appropriate to the needs of people's personal care and social needs. People and their relatives confirmed staff always attended to them without delay and that they had never known the service to be understaffed. Agency staff were not used; the staff team ensured people received care from staff they had got to know and trust over time.

Using medicines safely

- Medicines were managed in line with good practice. For instance, where people were prescribed medicines 'when required' this was supported by a separate protocol. Staff knowledge, training and competence assessment was effective.
- Auditing and stock checks of medicines were comprehensive, consistent and benefitted from scrutiny from a registered manager from the provider's nearby service, as well as from the pharmacist.

Learning lessons when things go wrong

- Processes were in place to ensure any accidents, incidents, complaints or safeguarding incidents were documented and analysed. There was an open culture within which incidents were reflected on as a means of learning. One staff member said, "We know that if we aren't sure about something or make a mistake they'll be supportive about it."
- The registered manager was receptive to feedback about areas of best practice to keep people safe.

Preventing and controlling infection

- The service was clean throughout. People said, "They keep it clean, absolutely spotless."

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 remained good. 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

- People's needs were assessed prior to using the service and regularly thereafter.
- Daily recording information we reviewed was accurate and sufficiently detailed. The deputy manager compiled some of this information and shared with the local GP practice, who found it helpful in their planning of visits.
- People and their relatives had confidence in staff knowledge and competence.

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

- Feedback regarding meals was consistently positive. One person said, "I am piling the beef on! They make me something special if I don't like the options." People's weights were monitored regularly and action taken when people were at risk of malnutrition.
- Menus were varied and designed with the input of people who used the service. Special dietary needs were catered for. For instance, where one person required a specialised diet and went to a day centre, the cook prepared them a packed lunch.
- Staff ensured people enjoyed meals at their own pace and were supported in a dignified way.

Staff support: induction, training, skills and experience

- Regular refresher training took place in core subjects. The registered manager had arranged additional training to better prepare staff to meet people's changing needs. For instance, they planned further pressure sore training to be delivered by local nursing support, to build on React 2 Red awareness staff already had. React 2 Red is an NHS campaign to raise awareness in care staff and relatives about the risks of pressure sores.
- Staff supervisions, appraisals and meetings happened consistently.
- External professionals confirmed they had confidence in staff. One said, "They are very open to any constructive criticism and learning – they take it all on very positively."

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

- The manager had developed some strong relationships with local health and social care professionals. Access to regular primary health services, such as chiropody and dentistry, was well documented.

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

- The building was purpose built and accessible. Corridors were wide and the home was well lit throughout. There was ample communal and private space. The first floor, where the majority of people living with

dementia lived, had been suitably designed with a range of murals and items on the wall. The outdoor space was well used by people to plant fruit, vegetables and flowers.

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 registered manager had ensured DoLS were applied for when necessary. Where people lacked capacity to make a specific decision there was well documented best interests decision making in place.

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 remains good. 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 interacted with people warmly, patiently and with evident knowledge of their preferences.
- Continuity of staff was good and they had built strong bonds with people. There were instances of staff going beyond their role, for instance one care staff member arriving at the service prior to their shift so they could take a person out. Other staff had volunteered to take a person to their relatives' wedding as the family were unable to provide them with the support required for the day.
- Staff had received equality and diversity training. Pre-admission assessments and ongoing conversations with people ensured people had the opportunity to explore and celebrate their faith.
- Staff ensured meaningful dates and events were remembered. For instance, they recently put on a wedding anniversary celebration. The person's relative told us, "They made it really special and we couldn't have asked for more. It feels like an extended part of the family."

Respecting and promoting people's privacy, dignity and independence

- Feedback from people and their relatives was consistently extremely positive about staff compassion and patience. Representative comments included, "They are so patient – they show kindness and compassion and are lovely."
- Staff ensured people's dignity was maintained and they were treated with respect.
- There was a sense of homeliness and community, with people and family members playing more of a role in the service, such as helping with the gardening and growing fruit and vegetables. The registered manager wanted to build on this sense of involvement and empowerment and was considering inviting people to play a part in future recruitment processes.
- The registered manager and deputy provided clear leadership regarding the caring, person-centred attitudes they wanted from their staff. A consistent theme in feedback was the time staff spent with them to ensure they were emotionally well.

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

- The registered manager ensured there were a range of means for people to be involved in decisions about their care. This included residents' meetings, one to one conversations, and having an open door policy. All people and relatives we spoke with confirmed the registered manager acted in this approachable way, and that the culture was an inclusive one.
- The provider ran annual surveys, which they analysed and acted on where there were key themes.
- Advocacy information was made available to people. People's relatives were encouraged to be involved as natural advocates.

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 good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were detailed and contained comprehensive levels of information regarding people's preferences and wishes. Staff demonstrated a sound knowledge of these needs and preferences.
- Activities were supported by two activities co-ordinators who worked well together and demonstrated a passion for helping people to take part in new activities. Group activities and music were a particular strength although staff confirmed they also had time to spend on a one-to-one basis with people to ensure they did not feel isolated.
- The culture was one where all staff played a part in the provision of activities, for instance singing and dancing with people. Staff had bought crockery from charity shops to help put on tea dances, which had proved popular.
- Local connections were in place which had a positive impact on people's wellbeing and access to the community. For instance, a local school visited regularly and the registered manager had invited a local choir to visit. The provider told us they planned to have another visiting musician with a specialism in dementia care.

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

- One external professional said, "I've got to know them well. The management is always consistent and always good about staying in touch and following any advice we give." Healthcare professionals agreed that communication with the service was effective and always with people's best interests in mind.
- Where people had specific communication needs, such as not being able to verbally communicate, care plans were detailed. Staff demonstrated their ability to understand people's body language and prompts throughout the inspection.

End of life care and support

- End of life care was a strength of the service. Training was in place, as well as more intensive NVQ level training from a local college for some staff. The registered manager planned to build on this and review how they broached initial conversations with people and their relatives, as they acknowledged this could at times be difficult.
- Relatives confirmed the ability to speak sensitively and openly about advanced care planning was a strength of staff. Care plans contained information about where and how people wanted to be supported at the end of their lives.

Improving care quality in response to complaints or concerns

- There had been no complaints since the last inspection. Policies and systems were in place to respond to and analyse the contents of complaints if received. People and their relatives confirmed they knew how to raise any concerns should they need to.

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.

- The registered manager acted in line with the Accessible Information Standard (AIS).

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 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; 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

- All staff we spoke with praised the leadership of the registered manager and their leadership team. They confirmed the registered manager achieved a balance of being hands-on and approachable, alongside advocating passionately for people who used the service and staff.
- The culture was focussed on ensuring people felt at home and relaxed. A consistent theme from all people and staff we spoke with was how the leadership of the service valued the time people needed to be given to ensure they could feel relaxed and free from anxiety.
- Relatives felt confident that they could raise any queries with the registered manager. One said, "They are first class. They are very knowledgeable and always explain things to you."

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

- The registered manager and deputy demonstrated a strong oversight of all core processes of the service. They performed a range of reviews and audits to ensure standards were maintained and improved where possible. Care co-ordinator roles, introduced at the time of the last inspection, were working well and staff understood their duties.
- Where we suggested other areas to consider, the registered manager was responsive to this, and keen to achieve excellence.
- One social care professional told us, "They know the service inside out and they take pride in it." Other professionals confirmed they had confidence in the ability of the registered manager.
- Staff felt supported and empowered to play a meaningful role in how the service was run. A staff reward scheme had recently been introduced and the registered manager had used this to formally thank and praise staff.

Working in partnership with others

- The registered manager had built strong working relationships with a range of key external professionals and were well respected. The deputy recently attended a safeguarding forum with other providers and commissioners; the service had a history of engaging well with external partners.
- External professionals and relatives provided strong feedback about how the registered manager listened and involved them. One relative said, "They very much came to us to see how we might like the situation to be resolved."

- The service hosted events such as a recent summer fayre and a charity bike ride to raise money for the residents' fund.
- The registered manager and director of operations agreed to consider what other external links may be beneficial to people who used the service being able to receive an outstanding service.

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

- The registered manager interacted personally and patiently with people who used the service, as did all staff. All people and relatives we spoke with confirmed the registered manager was approachable and had their office door open at all times.