

Robert Pattinson

Ella McCambridge Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Inadequate 
Is the service caring?	Requires Improvement 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

Ella McCambridge Care Home is a care home which provides personal care for up to 67 people, including people living with dementia. Accommodation is provided over two floors. There were 47 people living at the home at the time of our inspection.

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

Risks relating to the environment, people's care and support and infection control had not been fully assessed to ensure the safety of people, staff and visitors. Records did not always evidence that safe recruitment procedures were followed. Medicines were not managed safely.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

There were gaps in people's care records which meant we could not be assured care had been carried out as planned. Records did not always evidence how people were supported to eat and drink safely to meet their nutritional and hydration needs. An effective system to ensure staff were suitably skilled and trained was not fully in place. We identified shortfalls in staff knowledge and skills in areas such as care planning, the assessment of risk, medicines management, moving and handling and specialist feeding techniques.

Care plans did not fully reflect people's needs or provide sufficient detail to describe what actions staff needed to take to make sure people's needs and preferences were met. We observed bingo and other activities being carried out on the days of our inspection which people enjoyed. However, records and our observations did not always demonstrate how the emotional and social needs of people who were living with dementia were met.

An effective system to monitor the quality and safety of the service and ensure people achieved positive outcomes was not in place. We identified shortfalls in many areas of the service which had not been highlighted by the provider's quality monitoring system. Records were not available to demonstrate how the provider was meeting their responsibilities under the duty of candour.

There were issues with the provider's registration. This is being dealt with outside of the inspection process.

The operational director and assistant operational manager were open and honest during the inspection about the improvements that were required and were devising an action plan to address the issues identified.

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 26 September 2019). Following this inspection, we carried out two targeted IPC inspections in October 2020 and December 2020. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Why we inspected

The inspection was prompted due to concerns received about people's care and support, infection control and the management of the home. A decision was made for us to inspect the key questions of safe and well-led and examine those risks.

When we inspected, we found there were shortfalls across the service, so we widened the scope of the inspection to include all five key questions.

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.

Enforcement and Recommendations

We have identified 7 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. These related to safe care and treatment, need for consent, person centred care, staffing in relation to training, fit and proper persons employed, duty of candour and good governance. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (notification of other incidents).

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Inadequate ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, a pharmacy inspector and 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. A member of staff from our regulatory, customer and corporate operations team also attended on the first day of our inspection.

Service and service type

Ella McCambridge Care Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Ella McCambridge 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

There was a manager in post at the beginning of the inspection. They had not yet registered with CQC to be a registered manager. However, they left before the end of the inspection. The assistant operational manager was managing the home on an interim basis until a permanent manager was recruited. Following our visits to the home, the senior management team explained that a new manager had been recruited. Senior management staff remained based at the home to ensure the new manager was supported.

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 sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 8 people, 6 relatives and 10 staff including the operational director, assistant operational manager, manager, care coordinators, care workers, including an agency care worker and an activities coordinator. We reviewed records relating to people's care and medicines and records relating to staff and the management of the service.

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 comprehensive inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not managed safely.
- Effective systems were not in place to support medicines which were administered via a Percutaneous Endoscopic Gastrostomy [feeding tube], covertly or topically [directly onto the skin]. In addition, records for the administration of thickener (medicine used to thicken food and fluid for those at risk of choking) were not maintained. This meant we were not assured medicines were being administered safely as prescribed.

The failure to ensure medicines were managed safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our visits to the home; the senior management team told us additional training had/was being carried out and regular audits and checks were being undertaken.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong;

- Risks relating to the environment, people's care and support and infection control had not been fully assessed to ensure the safety of people, staff and visitors.
- Risk assessments did not fully reflect people's needs or provide sufficient guidance on what actions staff should take to minimise risk. Risks relating to pressure ulcers, eating and drinking [including specialist feeding techniques], moving and handling and distressed behaviours had not been accurately or fully assessed. In addition, certain moving and handling techniques did not always follow best practice guidelines.
- Window restrictors did not meet the safety requirements as described by the Health and Safety Executive (HSE). Records were not fully up to date in relation to fire drills to demonstrate all staff had received fire instruction and been involved in drills.
- An effective system to monitor accidents and incidents was not fully in place.
- There was a system in place to manage infection control, however this was not always operated effectively. Staff use of PPE was inconsistent and the management of waste did not always follow best practice guidance. Records did not always show what checks had been carried out to ensure people were admitted to the home safely during the COVID-19 pandemic and IPC policies and procedures had not been fully updated in line with government guidance.

The failure to ensure risks were effectively assessed, monitored and managed was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to ensure accurate records were maintained was a breach of Regulation 17 (Good governance) of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our visits to the home; the senior management team told us additional training had/was being carried out and regular checks were being undertaken to ensure the correct procedures were being followed by staff.

Staffing and recruitment

- Records did not always evidence that safe recruitment procedures were followed.

The failure to ensure safe recruitment procedures were followed was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people and staff said there were enough staff deployed. The provider had a staffing tool which was based on people's dependency levels. We noted however, that people's dependency levels were not all up to date and sometimes did not reflect our observations or staff feedback. This meant the staffing tool which was used to assess staffing levels may not be accurate.

Systems and processes to safeguard people from the risk of abuse

- The local authority had placed the home into 'organisational safeguarding.' This meant the local authority was monitoring the home and supporting them to ensure the correct procedures were in place to keep people safe.

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 our last comprehensive inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- An effective system to ensure the principles of the MCA were followed was not fully in place.
- Processes were not always followed to ensure people's rights were upheld and decisions were made in people's best interests. This included decisions such as covert medicines administration and the use of sensor equipment. Staff removed one person's walking frame to reduce the risk of them getting up and falling. A mental capacity assessment and best interests decision had not been carried out in relation to this restriction.
- The senior management team did not have an up to date overview of who had a DoLS authorisation in place, to ensure relevant applications had been submitted in a timely manner to the local authority for review.

The failure to ensure an effective system to ensure the principles of the MCA were followed was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to ensure accurate records were maintained was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our visits to the home, the senior management team told us that additional training in MCA was being carried out.

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

- An effective system was not fully in place to ensure best practice guidance was followed when assessing and providing care.
- We identified shortfalls in relation to medicines management, the assessment of risk, MCA procedures, care planning and meeting people's social and emotional needs.
- There were gaps in people's care records which meant we could not be assured that care had been carried out as planned.
- People were not always supported with their oral hygiene. Two people told us that staff did not support them with cleaning their teeth. Records relating to oral hygiene were not always completed.

The failure to ensure care and support was assessed and delivered in line with standards, guidance and the law was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our visits to the home, the senior management team told us that senior/management staff checked care charts daily to ensure they were accurately completed. In addition, training had/was being carried out in a number of areas.

Staff support: induction, training, skills and experience

- An effective system to ensure staff were suitably trained was not fully in place. Records did not always demonstrate that staff had undertaken induction training to ensure they were competent to carry out their job. We identified shortfalls in staff skills and understanding in areas such as care planning, the assessment of risk, medicines management, moving and handling, dementia care and specialist feeding techniques.

The failure to ensure staff were suitably trained was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our visits to the home; the senior management team told us that additional training had/was being carried out.

- An appraisal and supervision system was in place. However, some staff told us they had not always felt supported under the previous management structure.

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

- Records did not always evidence how people were supported to eat and drink safely to meet their nutritional and hydration needs.

The failure to ensure records were maintained in relation to meeting people's nutritional and hydration needs was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our visits to the home, the senior management team explained that food and fluid charts had been amended to allow for clearer, more accurate completion. In addition, food and fluid charts were checked by senior/management staff daily to ensure they were accurately completed.

- Menus, including picture menus or other methods such as staff showing people the choice of meals were not implemented or in place. The senior management team told us this was being addressed.
- People told us they enjoyed their meals. This was confirmed by relatives. One relative told us, "The food is fantastic. She gets a choice and eats much better there than before."

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

- An effective system was not fully in place to ensure timely health advice was sought. There had been a delay in seeking medical advice following a deterioration in one person's condition.

The failure to ensure an effective system was in place to ensure timely medical advice was sought was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our visits, the senior management team explained how lessons had been learned and assessment and communication systems improved.

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

- The design of the service met people's needs.

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 our last comprehensive inspection this key question was rated as good. At this inspection this key question has now changed to requires improvement. This meant people were not always well supported, cared for or treated with dignity and respect.

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

- Records did not always demonstrate that the correct individuals were involved when making decisions about any restrictions placed upon people.

The failure to ensure records were maintained to demonstrate the correct individuals were involved in decision making was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- Due to the concerns identified during the inspection, we could not be assured people received a high quality, compassionate and caring service.
- Some staff were more confident and skilled than others when communicating and interacting with people who had a dementia related condition.
- Most people and relatives spoke positively about the caring nature of staff. One relative told us, "Staff are caring. ... When they pass, carers always speak to her." One person provided more negative feedback about certain staff practices and communication which we passed to the operations director for their feedback and action.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always promote people's independence. Some staff encouraged people with a dementia related condition to remain seated, when they were trying to get up; rather than supporting them to explore their environment or occupying them in another activity.
- People's dignity was not always promoted. People told us staff did not always support them with oral hygiene.

Following our visits to the home; the senior management team told us additional training had/was being carried out and regular checks were being undertaken to ensure the correct procedures were being followed by staff.

Is the service responsive?

Our findings

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

At our last comprehensive inspection, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- An effective system was not fully in place to ensure care was planned to meet people's needs and preferences. Care plans did not fully reflect people's needs or provide enough detail to describe what actions staff needed to take to make sure people's needs and preferences were met.
- An effective system to ensure people's emotional and social needs were met was not fully in place.
- We observed bingo and other activities being carried out on the days of our inspection which people enjoyed. However, records and our observations did not always demonstrate how the emotional and social needs of people who were living with dementia were met.

The failure to ensure people's support met their needs and reflected their preferences was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Improving care quality in response to complaints or concerns

- There was a complaints system in place. We discussed with the senior management team about ensuring all complaints and the actions taken were recorded and logged centrally to ensure any trends or themes could be monitored.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. The senior management team explained that information would be provided in a different format if this was required.

End of life care and support

- End of life care and support was provided. Additional training in end of life care was being sourced.

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 comprehensive inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- An effective system to monitor the quality and safety of the service and ensure people achieved positive outcomes was not in place. We identified shortfalls relating to medicines management, IPC, MCA procedures, the provision of person-centred care and record keeping.
- The provider had not ensured the 'Statement of Purpose' for the location was accurate. A statement of purpose is a legally required document that includes a standard set of information about a service.

The failure to ensure an effective system was in place to monitor the quality and safety of the service and ensure people achieved good outcomes was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- An effective system was not fully in place to ensure events at the home were notified to CQC in line with legal requirements.

The failure to ensure CQC were informed of notifiable events at the service was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. We are dealing with this issue outside of this inspection process.

- There were issues with the provider's registration. This is being dealt with outside of the inspection process.
- There was a manager in post at the beginning of the inspection. They had not yet registered with CQC to become a registered manager. However, they left before the end of the inspection. The assistant operational manager was managing the home on an interim basis until a permanent manager was recruited.
- The operational director and assistant operational manager were open and honest during the inspection of the improvements that were required and were devising a plan to address the issues identified.

Following our visits to the home, the senior management team explained that a new manager had been recruited. Senior management staff remained based at the home to ensure the new manager was supported.

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 provider's duty of candour policy had not been followed. Records did not demonstrate how the provider was meeting their responsibilities under the duty of candour. The duty of candour regulation tells providers they must be open and transparent with people about their care and treatment, as well as with people acting on their behalf. It sets out some specific things providers must do when something goes wrong with someone's care or treatment, including telling them what has happened, giving support, giving truthful information and apologising.

The failure to ensure the duty of candour policy was being followed was a breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- There was a system to involve people and staff in the running of the service; however, this was not always operated effectively. Most staff told us they did not feel supported under the previous management structure. They spoke positively about the assistant operational/interim manager and the changes that were going to be made.
- We received mixed feedback from relatives about their involvement in the home. One relative told us, "There's going to be changes, lots of changes for the better like more training for staff. The managers before were not on the ball. I went in on Tuesday and could see a difference in staff morale. They were talking to each other, helping each other more. I have never been asked for my views."

Working in partnership with others

- The senior management team were working with the local authority to make the necessary improvements at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care An effective system was not in place to make sure care was planned to meet people's preferences and needs. Regulation 9 (1)(a)(b)(c)(3)(a)(b)(i).
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent An effective system was not in place to evidence that the principles of the MCA were followed. Regulation 11 (1)(2)(3).
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Records did not always evidence that safe recruitment procedures were followed. Regulation 19 (1).
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour The provider's duty of candour policy had not been followed. Records did not demonstrate how the provider was meeting their responsibilities under the duty of candour. Regulation 20 (1)(4).
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

An effective system to ensure staff were suitably trained was not fully in place.
Regulation 18 (2)(a).