

Enhanced Elderly Care Limited

# Enhanced Elderly Care Service - Byker Hall Care Home

## Inspection report

Allendale Road  
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Tel: 01912240588

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04 December 2018

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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:

Enhanced Elderly Care Service - Byker Hall Care Home is a residential care home that provided personal and nursing care for up to 95 people. At the time of the inspection, 87 people were living at the service.

### People's experience of using this service:

People told us they were safe living at the service and that rooms were kept clean and tidy. They told us staff were kind and liked; and were available when needed.

People were safeguarded from abuse by trained staff and any accidents or incidents were monitored and any lessons learnt were acted upon.

Medicines were administered in a timely manner and stored securely.

Systems and processes were in place and were monitored by the registered manager to ensure they remained suitable and identified any issues arising in the service, for example in the audits completed by the registered manager.

Recruitment was robust to ensure suitable staff were employed and there were enough staff to meet the needs of the people living at the service.

The service was well-led and the registered manager was visible throughout the service and was open and transparent in their approach.

More information is in the full report.

### Rating at last inspection:

Good (Report published on 3 November 2017)

### Why we inspected:

This focussed inspection looking at the 'Safe' and 'Well-led' key questions was brought forward in response to concerns we had received relating to the care provided at the service.

### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?**

**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.

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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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by two inspectors and an expert by experience. An expert by experience is someone who has experience of this type of service either personally or via family or friends.

**Service and service type:** Enhanced Elderly Care Service – Byker Hall Care Home is a care home. People in care homes receive accommodation and nursing or personal care. 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 used information about the service to plan. We reviewed notifications. These are sent to us about certain incidents that have occurred within the service that the provider must tell us about.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are an independent organisation who listen to people's views about local service to those who

commission, deliver and regulate health and care services to improve.

During the inspection, we spoke with 15 people who used the service and seven relatives or visitors. We spoke with the registered manager, clinical lead, two nurses, a team leader, two activity coordinators, seven care staff, two administrators and one domestic.

We reviewed a range of records including ten people's care records, 15 medicine administration records and recruitment records for six staff. We looked at records relating to the management of the service and the provider's policies and procedures.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Rating was Good: People were safe and protected from avoidable harm. Legal requirements were met. The service had improved from requires improvement at the last inspection.

Systems and processes:

- The provider had safeguarding systems and policies in place. Staff we spoke with knew how to protect people from harm and how to report any concerns they had. Staff had received safeguarding training. One staff member said, "Anything of a safeguarding nature would be reported." People told us they felt safe. One person said, "They (care staff) are very hard working and I feel very safe, they make sure I get plenty to drink." A relative told us, "(Relative name) is very quiet so staff would need to go to her and they do this."
- Recruitment procedures continued to be safe and robust.

Assessing risk, safety monitoring and management:

- Risk assessments were in place to help minimise everyday hazards to people, visitors and staff. For example, people had falls and moving and handling risk assessments in place to support staff to keep them as safe as possible.
- The premises and equipment were well maintained with regular safety checks and monitoring by management in place.
- Suitable fire safety measures were in place, including fire risk assessments. Personal emergency evacuation plans were completed, to be used by staff and emergency services to support people to leave the building should the need arise, for example, a flood or fire.

Staffing levels:

- Call bells were answered quickly and staff were available when people needed them. One person told us, "They're pretty quick, I've got no faults with them here. If I have not seen anyone I just press the button and they're more or less here." Another person told us, "There's plenty of staff on, they're there if you need something; they have time to talk to me." We confirmed via staffing rotas and observations in the service that enough staff were on duty.

Using medicines safely:

- Medicines were ordered, stored, administered and disposed of safely. We did find a small number of recording issues which were addressed immediately, including ensuring patch application charts were fully completed and medicines which were needed as required had full information documented.

Preventing and controlling infection:

- Staff used protective equipment, such as aprons and gloves when appropriate. The service was kept clean and tidy and no odours were apparent. One person told us, "It's extremely clean in here."

Learning lessons when things go wrong:

- Accidents or incidents were monitored and procedures were reviewed, including review of people's care records. Discussions took place, including in staff meetings and handovers to learn from these.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Rating was Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- The registered manager walked about the service on a regular basis to monitor the service being delivered and to ensure people were happy with the care provided. We observed they knew people and their relatives and throughout the inspection had many interactions. People told us, "Yes it's [Name], see her every day, she's tall, lovely lass" and "It is well managed, the reason being the staff are happy in their work I know it's strenuous but they aren't deterred they are genuinely really lovely ladies and I like them a great deal."
- The registered manager was open and transparent, including to inspection feedback and told us, "I will take on board any comments to improve the service."

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

- All staff at the service understood who they reported to and what their role was when questioned. For example, in the business contingency plan it clearly detailed who had responsibility for particular areas and who to contact. We sat in on part of a handover in which staff were given tasks for the day. One staff member told us, "We all know what we have to do, and no one is left wondering."
- The registered manager had informed the Care Quality Commission about any events or incidents in line with their legal requirements.

Engaging and involving people using the service, the public and staff:

- Meetings and surveys gathered the views of people, relatives and staff. An electronic device in reception produced "Happy or not" reports which showed if visitors had been happy with their experience of the service. There had been an average of 93% positive responses. Staff meeting minutes included discussions around people's care and the importance of record keeping.
- During the inspection fire authority and police cadets visited the service to help with Christmas activities taking place. It was confirmed by one person that a Christmas fayre was arranged for the following Saturday. They said, "I love going to these, they (staff) often organise them." A staff member confirmed, "The local community are welcome and do attend."

Continuous learning and improving care:

- Accidents and incidents were reviewed and any learning was implemented. Including for example, sensor mats put in place where one person had fallen out of bed. Audits and other checks were completed and any actions identified followed through to completion.

Working in partnership with others:

- Healthcare professionals told us they worked well with the service. A community nurse told us, "Always staff about who welcome you. Staff will have things ready for me, they are very good" and "I would have a relative of mine living here."