

Hill Care 3 Limited

Waverley Lodge

Inspection report

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30 September 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Waverley Lodge is a nursing home which provides nursing and personal care for up to 45 people, including people living with dementia. Accommodation is provided over two floors. There were 36 people using the service at the time of our inspection.

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

An effective system to ensure, the maintenance, cleanliness and safety of the premises was not fully in place. Not all areas of the home were clean or well maintained. After our first visit to the home, action had been taken to improve the cleanliness of the home.

An effective system to ensure staff were effectively deployed to meet people's emotional and social needs and ensure the home was clean was not fully in place. Staffing levels had increased; however, due to the impact of COVID-19 and staff leaving the sector, the use of agency staff had increased. Several staff told us that this had affected the skill mix of staff on duty. Social activities had not been carried out as planned. Management staff had already identified the issues around staff deployment and had introduced an allocation system to ensure staff, including agency staff were appropriately deployed. They also increased cleaning hours and new full time and part time activities coordinators had been recruited. We have made a recommendation that the provider keeps staff deployment under review.

Policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and the MCA application procedures known as Deprivation of Liberty Safeguards (DoLS) had not always been followed by staff. Relevant DoLS applications had not always been submitted to the local authority in a timely manner.

The design and décor of the service including the outside area, did not fully meet people's needs, especially the needs of people who were living with dementia. There was little in the environment to stimulate people's interest. We have made a recommendation about this.

The provider had set mandatory targets for the completion of certain staff training. These targets had not always been met. Following our visits to the home, management staff informed us that training statistics had increased.

There was a complaints system in place. However, the complaints log was not fully up to date which meant it was not possible to see how many complaints had been received and if there were any trends or themes. We have made a recommendation about this.

Records were not fully available to 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. We have made a recommendation about this.

The provider had not informed CQC of all notifiable events at the home. The submission of statutory notifications is a legal requirement and ensures CQC has oversight of all notifiable events to make sure that appropriate action had been taken.

An effective system to monitor the quality and safety of the service was not fully in place. We identified shortfalls relating to infection control, the maintenance of the building, MCA application processes, the provision of person-centred care and record keeping.

Despite the issues identified during the inspection, people and relatives spoke positively about the caring nature of staff. Comments included, "The staff are approachable, all the way through from the office to the carers" and "Whenever they come past my relative they ask how he's doing, he seems to like them." This care was reflected in comments from staff. One staff member told us, "Our residents are our priority."

The service was working with a charitable organisation with regards to falls prevention. There had also been visits from Newcastle United's young people's academy and links had been made between Waverley Lodge and another of the provider's care homes to facilitate friendships and activities.

Following our visits to the home, we asked the provider to send us an improvement plan which detailed the actions they had taken/were going to take in relation to the issues identified during our inspection. The provider responded and sent CQC a detailed improvement plan.

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 17 July 2018).

Why we inspected

The inspection was prompted due to concerns received about people's care and support, infection control and the maintenance of the building. 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 issues around MCA application processes, the design and décor of the service, the assessment of people's needs and meeting people's social needs, so we widened the scope of the inspection to include the effective and responsive 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.

We used the rating awarded at the last inspection for the caring key question to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waverley Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. These related to safe care and treatment, person centred care 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 in relation to Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (notification of other incidents) is added to reports after any representations and appeals have been concluded.

We have made recommendations in the safe, effective, responsive and well-led key questions in relation to staff deployment, the design/décor of the home and records relating to complaints and the duty of candour. Please see these sections for further details.

Follow up

We will request an action plan and meet with the manager and provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement



Is the service effective?

The service was not always effective.

Details are in our effective 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 always well-led.

Details are in our well-led findings below.

Requires Improvement



Waverley Lodge

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 one 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.

Service and service type

Waverley Lodge 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. Waverley Lodge is a care home with 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.

At the time of our inspection a manager was in post who had applied to become a registered manager.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 August 2022 and ended on 30 September 2022. We visited the care home on the 17 and 23 August 2022.

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 three people, 12 relatives, 16 staff including the divisional director, regional manager, manager, deputy manager, senior care worker, care workers, domestic staff, cook and kitchen assistant. 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 inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- An effective system to ensure, the maintenance, cleanliness and safety of the premises was not fully in place.
- Not all areas of the home were clean or well maintained and there were outstanding actions on the Legionella risk assessment.

The failure to ensure people and others were protected from the risk of infection was a breach of regulation 12 (Safe care and treatment). The failure to ensure an effective system was in place to ensure the maintenance, cleanliness and safety of the premises was a breach of regulation 17 (Good governance).

Following our visits to the home, management staff sent us a detailed action plan stating what actions they had/were taking in relation to the issues identified.

- IPC records relating to staff testing and the IPC checks carried out when people were admitted to the home were not always available. Following our inspection, government guidance in relation to testing changed and the manager explained that they had strengthened their admission procedures in relation to recording the IPC actions which were carried out.
- Staff wore PPE effectively and safely.
- Accidents and incidents were analysed to help identify if there were any themes or trends so action could be taken to help prevent any reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding system in place. However, this was not always operated effectively. CQC had not been notified of all the safeguarding incidents at the home.

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.

Staffing and recruitment

- An effective system to ensure staff were effectively deployed to meet people's emotional and social needs and ensure the home was clean was not fully in place.
- Not all areas of the home were clean and social activities had not been carried out as planned.

- Staffing levels had increased. However, due to the impact of COVID-19 and staff leaving the sector, the use of agency staff had increased. Several staff told us that this had affected the skill mix of staff on duty.

We recommend the provider keeps the staffing system under review to ensure staff deployment and skill mix of staff, meets people's needs.

Management staff had already identified the issues around staff deployment and had introduced an allocation system to ensure staff, including agency staff were effectively deployed. They also increased cleaning hours and new full time and part time activities coordinators were recruited.

- Recruitment checks were carried out prior to staff being employed to help ensure they were suitable to work with vulnerable people.
- People and relatives spoke positively about the caring nature of staff. One person told us, "I love it in here. They are all lovely to me."

Using medicines safely

- A system was in place to manage medicines. A relative raised concerns about the management of topical medicines. Management staff introduced a system of checks to ensure topical medicines charts were completed correctly.
- The temperature in the medicines rooms sometimes exceeded the recommended temperature to ensure the efficacy of medicines. Management staff explained that this was being addressed.
- Other areas of medicines management were managed safely.

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 inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.
- Relevant applications to the local authority, where people lacked capacity to consent to their care and treatment had not always been submitted in a timely manner. In addition, the provider had not notified CQC of the outcome of all DoLS applications in line with legal requirements.

The failure to ensure an effective system was in place regarding the management of DoLS applications was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to ensure the outcome of DoLS applications were notified to CQC was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. This is being dealt with outside of the inspection process.

Following our visits to the service, the provider sent us a detailed improvement plan stating what actions they had/were taking to address the issues raised.

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 infection control, the MCA application process 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.
- Actions identified on oral hygiene audits to ensure people had the necessary equipment such as a toothbrush and toothpaste to clean their teeth had not always been carried out.

The failure to ensure care and support was assessed and delivered in line with standards, guidance and the law 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 service, the provider sent us a detailed improvement plan stating what actions they had/were taking to address the issues raised.

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

- The design and décor of the service including the outside area did not fully meet people's needs, especially the needs of people who were living with dementia. There was little in the environment to stimulate people's interest.

We recommend the provider reviews best practice guidance to ensure the design and décor of the home meets people's needs, including those people living with dementia.

Following our visits to the service, the provider sent us a detailed improvement plan stating what actions they had/were taking to address the issues raised.

Staff support: induction, training, skills and experience

- A staff training and support system was in place. The provider had set mandatory targets for the completion of certain training. These targets had not always been met. Following our visits to the home, management staff informed us that training statistics had increased.

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

- People were supported to eat and drink enough to meet their nutritional needs. Mealtimes were sometimes task orientated rather than person-centred. We passed our observations to management staff who told us this would be addressed.
- People told us they enjoyed the meals. One family member also told us how staff would sometimes get their relative a takeaway because they knew how much they enjoyed them.

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

- People were supported to access healthcare services when required. One relative told us that they considered more timely action could have been taken with regards to their family member's health condition. We passed this information to management staff for their information.

Is the service responsive?

Our findings

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

At our last 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.

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

- An effective system to ensure people's emotional and social needs were met was not fully in place.
- Due to COVID-19 and the absence of an activities coordinator; activities had not always been carried out as planned. During our visits, people living with dementia seemed to walk without purpose since there was nothing to stimulate their interests. Records did not demonstrate how people's social and emotional needs 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.

Management staff submitted a detailed improvement plan following our visits about the actions they had/were taking to meet people's needs. New full time and part time activities coordinators had been recruited. Other initiatives such as a key worker system had been reimplemented.

- Certain activities had been carried out at the home. There had been visits from Newcastle United's young people's academy, a singer, and links had been made between Waverley Lodge and another of the provider's care homes to facilitate friendships and activities.
- Care plans were in place which detailed people's needs and preferences.

Improving care quality in response to complaints or concerns

- There was a complaints system in place. However, the complaints log was not fully up to date which meant it was not possible to see how many complaints had been received and if there were any trends or themes.

We recommend the provider reviews their complaints system to ensure records relating to complaints and actions taken is up to date.

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. Management staff explained that this information would be provided, should information be required in a different format.

End of life care and support

- End of life care and support was provided. Staff spoke positively about ensuring people's needs were met at this important time. One staff member told us, "I like doing that - end of life care. If I can give that little bit of comfort on their last journey."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred 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 fully in place. We identified shortfalls relating to infection control, the maintenance of the building, the provision of person-centred care and record keeping.

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.

Following our visits to the service, the provider sent us a detailed improvement plan stating what actions they had/were taking to address the issues raised.

- 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.

Following our visits to the service, the provider sent us a detailed improvement plan stating what actions they had/were taking to address the issues raised.

- Despite the issues identified during the inspection, people and relatives spoke positively about the staff. One relative told us, "A good thing is, the staff are very caring people."

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. Several relatives commented that more communication would be appreciated. There was a staff handover process in place. Some staff said it was not always effective. We passed this feedback to management for their information.

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

- Records did not always demonstrate how the provider was meeting their responsibilities under the duty of candour.

We recommend the provider ensures records are available to demonstrate how they are meeting their responsibilities under the duty of candour.

Working in partnership with others

- The service was working with a charitable organisation with regards to falls prevention.

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 to ensure people's care and support met their needs and reflected their preferences was not fully in place. Regulation 9 (1)(b)(c).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People and others were not fully protected from the risk of infection. In addition, a system to ensure the premises was well maintained and safe was not fully in place. Regulation 12 (1)(2)(a)(b)(d)(h).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	An effective system to monitor the quality and safety of the service was not fully in place. We identified shortfalls relating to infection control, MCA application processes, the maintenance of the building, the provision of person-centred care and record keeping. Regulation 17 (1)(2)(a)(b)(c)(d)(ii)(f).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	An effective system was not in place to ensure CQC were informed of notifiable events at the service including safeguarding allegations, serious injuries and the outcome of DoLS applications. Regulation 18.

The enforcement action we took:

We did not proceed with enforcement action in relation to this breach.