

Wellburn Care Homes Limited

Eighton Lodge Residential Care Home

Inspection report

Low Eighton
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eighton Lodge is a residential care home providing personal care to up to 47 people. The service provides support to people aged 65 and over, some of whom are living with a dementia. At the time of our inspection there were 43 people using the service.

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

People's medicines were not managed safely. Records did not provide assurances that people were getting their medicines as prescribed or when required. The manager had not completed the medicine audits for a month and issues with medicine records had not been identified during this time. Incidents relating to medicines management had not always been recorded correctly or investigated.

Quality and assurance records in place were not fully completed or were ineffective. We found that from May 2022 onwards there was no effective oversight by the manager. We made a recommendation at our last inspection that records relating to the administration of people's creams and patches should be accurate and complete. At this inspection we found that the provider had not made improvements to record keeping.

People's care records showed that staff had completed detailed assessments of people's needs but care plans created from these did not include all of the information required for staff to effectively support them. We were assured that staff were meeting people's needs and care records required reviewing to include all of the support staff provided.

Staff were not always following best practice guidance relating to infection prevention and control. People's personal care items were accessible, for example creams, shower gels and items used for bathing were left in corridors and bathrooms.

We have made a recommendation relating to best practice guidance for infection prevention and control.

Staff followed government guidance relating to COVID-19, wore appropriate PPE and ensured all professional visitors provided a negative lateral flow test before entering the home.

People and their relatives were complementary about the support provided by staff. Relatives told us that staff had supported people throughout the pandemic and kept them safe. During the inspection we observed many positive interactions between staff and people.

Care plans did not always contain all of the information required to meet people's needs. Staff told us what support people required and acknowledged that this information was missing from some care records. People and relatives were involved in their care planning and staff knew people's preferences and choices for their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had received on-going training from the provider and had regular supervision sessions. There were enough staff on duty to meet people's needs and staffing levels were reviewed at regular intervals. Permanent staff were recruited safely but we found records did not show if agency staff had received the provider's full induction.

People were complementary about the food provided and staff supported some people to maintain a balanced diet. Staff worked in partnership with other healthcare professionals to meet people's needs a timely way.

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

Rating at last inspection and update

The last rating for this service was good (published 02 March 2022). At our last inspection we recommended that the provider ensured that accurate and complete records were kept regarding medicines administered in the form of a patch or cream. At this inspection we found that the provider had not acted on this recommendation and records continued to not be accurate or fully completed.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to medicines management and person-centred care. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection 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 and well-led sections of this full report. Following the inspection the provider has taken action to address the issues identified and is working in partnership with the CQC, North East and North Cumbria Integrated Care Board (ICB) and the Local Authority.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eighton 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 breaches in relation to medicines management, the quality and assurance systems in place and record keeping at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Eighton Lodge Residential 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, an inspection manager and two Experts 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

Eighton Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eighton Lodge 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.

At the time of our inspection there was not a registered manager in post. Following the inspection, the provider has placed a peripatetic manager in post and they are in the process of registering with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We used all of this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas.

We spoke with four people who used the service, 21 relatives, and four members of staff including the manager, regional manager, two deputy managers, two team leaders and four care staff. We received written feedback from three care staff after our site visit. We reviewed the care records for six people, medicine records for 16 people and the recruitment records for three members of staff.

We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance 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.

Using medicines safely

- Medicines were not managed safely. Medicine records did not contain all of the information required for staff to follow to safely support people. We could not be assured that people were receiving their medicines as prescribed.
- 'As required' medicine protocols were missing or not fully completed. Records did not show when people needed their 'as required' medicines and the reason for the administration of these were not always recorded.
- Topical medicine records for creams and patches did not show that these were being applied regularly in line with the prescribing instructions.

Medicine records were not always present and did not demonstrate people were receiving their medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe care and treatment.

- The regional manager took action and was in the process of reviewing people's medicines and associated records.
- Staff had received training in safe medicines administration and had their competencies assessed.
- People and relatives did not have any concerns with their medicines. One relative told us, "They (the staff) are good with medication, spot on as they would say."

Preventing and controlling infection

- People were not always protected from the risk of infection as staff did not always follow best practice infection prevention processes. For example, staff left creams open and items used for personal care in bathrooms and corridors.

We recommend the provider ensures staff are following best practice guidance in relation to infection and prevention control.

- Staff were following safe COVID-19 processes. Staff were wearing appropriate PPE and visitors had access to PPE throughout the home.
- The provider was following government guidance in relation to COVID-19 and had risk assessment in place to mitigate the risk to people, staff and visitors.

Learning lessons when things go wrong

- Lessons were learned from incidents and learning shared with staff to reduce the risk of similar incidents occurring. We did find that the manager had not recorded or fully investigated all accidents and incidents.
- The regional manager reviewed the accidents regularly and took action to investigate the incidents that the manager had not reviewed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow to keep people safe.
- Staff told us what action they would take if they identified any form of abuse. Staff had received training around identifying abuse.
- Staff did not always feel confident in raising concerns with the manager. One staff member told us, "I have raised a few concerns with the manager, and nothing has been done that I am aware of. I don't really seem that comfortable with raising concerns with the [manager]." There was a new peripatetic manager at the home who was reviewing all concerns received and meeting with staff to discuss any concerns they had,

Assessing risk, safety monitoring and management

- Risks were safely managed and assessments in place to keep people safe. People had personalised risk assessments which detailed the steps staff had to follow to mitigate any risk. A relative commented, "[Person] is definitely safe and comfortable."
- Environmental risk assessments were in place to help keep all people, staff and visitors safe whilst at the home.

Staffing and recruitment

- Staff were recruited safely by the provider and there was enough staff to safely support people.
- Records did not show that agency staff had received the provider's induction. Permanent staff had all necessary pre-employment checks in place including a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were regular reviews of people's needs to make sure there was enough staff available to provide support.

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. The rating for this key question has 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 had comprehensive and in-depth assessments of their needs which reflected best practice guidance, the law and national standards. Care plans did not contain all of the information required to support people effectively, but we were assured that staff were meeting people's needs. Staff could tell us the needs and individual preferences of people.
- People, relatives and other healthcare professionals were involved in all aspects of care planning and reviews. One relative told us, "There's a copy of the care plan in her room in a folder. It's available for me to look at it as well. The care plan is reviewed every year. I can see it whenever I want to and saw it when it was drawn up. We did it remotely and then checked it when we could visit. Everything was perfect."

Staff support: induction, training, skills and experience

- Staff received on-going training and supervision to support them in their role. New staff received a thorough induction from the provider.
- Staff confirmed they had received training regularly throughout the pandemic and there was always refresher training available if needed.
- Staff told us that they received scheduled supervisions and consistent support from the area manager but did not feel supported in their day to day tasks by the manager. One staff member said, "I feel like I can't go and see her with a concern because very rarely she has the door open so we can go in."

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

- People were supported to maintain a balanced diet and people were provided with a range of menu choices to promote a healthy diet.
- Some people were at risk of malnutrition and records showed that staff had linked in with other healthcare professionals to ensure people received the correct level of support.
- Relatives told us that people really enjoyed the food. A relative commented, "[Person] loves the food, and they (the staff) are very careful with her food because of health issues."

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

- People were supported to access other healthcare professionals and services by staff in a timely way.
- Care records showed regular involvement from GPs and the district nursing team. During the inspection we observed people receiving support from other healthcare professionals in partnership with care staff.
- Relatives were positive about the professionals involved in people's care. One relative commented, "The GP visits the home for regular visits. The GP will phone me if he wishes to change any of the medication."

[Person] has access to the GP whenever required and the home will immediately phone the GP for any reason. The district nurse comes in every day, and they will inform the doctor as well."

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

- The home was appropriately adapted, designed and decorated to meet people's needs.
- People had personalised bedrooms and could enjoy several communal areas. People and their relatives could access the large gardens.

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.

- Care was delivered in line with MCA. People's capacity was reviewed regularly, and new assessments updated to reflect a change in support needs or decision making.
- Staff had received training around MCA and DoLS.

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 requires improvement. The rating for this key question has remained 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; 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 manager did not demonstrate that they were fully competent in their role or understood quality and performance requirements; they did not show an awareness of the regulatory requirements required.
- At our last inspection we made a recommendation that the provider ensured accurate and complete records were kept regarding medicines administered in the form of a patch or cream. We found records at this inspection were still not accurate or completed at this inspection.
- Records relating to people's care were not fully completed or present. Care plans did not contain all of the support staff provided to people to meet their needs.
- The quality and assurance systems in place did not allow for effective oversight by the manager as audits and checks were not always completed. We found audits dated from May 2022 onwards were not fully completed by the manager. For example, there had been no weekly medicine audits completed by the manager since May 2022.

The service did not have clear leadership, there was not an effective quality monitoring system in place and records were not present or fully completed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance.

- The area manager took immediate action to address our concerns and was working in partnership with the CQC, Local Authority and North East and North Cumbria ICB to improve the service.
- When things went wrong apologies were given to people and lessons were learned to improve the quality of care provided.
- Investigations were completed for concerns raised and used to identify areas of learning.
- Results from the quality and assurance systems in place were used to identify areas for improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive staff culture with the care staff team, which did not include the manager. The care

staff team approach provided positive outcomes for people. However, the manager did not provide positive leadership at the home. One staff member told us, "I really don't feel supported of the manager. I don't think they have made an effort to get to know the residents and staff ."

- People, relatives and staff were asked for their views of the service.
- Relatives told us they were always kept in the loop with changes at the service and positively engaged.

Working in partnership with others

- Staff worked in partnership with others. Care records detailed joint working between healthcare professionals and staff.
- Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Records did not provide assurances that people were getting their medicines as prescribed. Regulation 12(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not fully complete or present. An effective quality monitoring system was not fully in place. Regulation 17(1)(1)