

Wellburn Care Homes Limited

Eighton Lodge Residential Care Home

Inspection report

Low Eighton
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Ratings

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

Summary of findings

Overall summary

About the service

Eighton Lodge is a residential care home providing personal care to people aged 65 and over, including those living with dementia. At the time of our inspection 42 people were being supported. The service can support up to 47 people.

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

People living at the home told us they were happy with the care and support they received. The home had a welcoming and warm atmosphere and people were treated in a respectful and compassionate way. We saw positive interactions between staff and the people who lived there.

We have made a recommendation about recording the administration of prescribed patches and creams.

Staff understood how to protect people from abuse and recruitment processes ensured new staff were suitable to work with vulnerable people. Systems were in place to help identify risks to people and ensure that such risks were managed and mitigated effectively.

There were enough staff to meet people's care and support needs. Staff had completed training and had their competency checked to enable them to perform their role.

Infection control was managed effectively. Staff wore appropriate PPE and the home was clean and well maintained. Visiting was facilitated in a safe way in line with current guidance to ensure people's well-being was promoted by maintaining relationships that were important to them.

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.

Since the last inspection, a new manager had been appointed to the home. People, their relatives and staff spoke positively about the manager.

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 24 April 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

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.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

Two inspectors, including one medicines inspector, and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspector and a medicines inspector visited the service on 8 December 2021. An Expert by Experience spoke with eight relatives on the telephone on 10 December 2021. An inspector returned for a second day of inspection on 29 December 2021.

Service and service type

Eighton Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager, but they were not yet registered with the Care Quality Commission, although they had applied to be. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Both dates of inspection were 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service. We spoke with 11 members of staff including the manager, the area manager, two team leaders, four care assistants, one lifestyle co-ordinator, one kitchen technician and a laundry assistant.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff recruitment files. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at recruitment records, staff vaccination status and records relating to medicines administered in the form of a patch or cream.

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 remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Records relating to medicines which were administered in the form of a patch or cream were not always complete. Medicine records requested following the first day of inspection had been added to retrospectively and we were not assured they were accurate. We have made a recommendation about this in the well-led section of this report. We asked the provider to investigate this, which they did promptly and thoroughly.
- All other aspects of medicines management were safe and effective.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives and external professionals were supported to visit the service safely in line with government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service was safe and were happy with the care provided.
- People were protected from the risk of abuse. Staff received safeguarding training and knew how to recognise and report any concerns.

- The provider had systems in place to protect people from harm. The manager understood their responsibilities and any concerns were acted on appropriately.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and managed. People's care plans included risk assessments about individual care needs. This information supported staff to care for people safely.
- Regular planned and preventative maintenance checks were up to date.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, although where people chose to lock their bedroom doors at night this was not always consistently reflected in care records and individual PEEPs. Staff we spoke with told us the people who chose to lock their doors at night and what action staff would take in an emergency. When we discussed this with the manager and area manager, they said they would take immediate steps to ensure care records and PEEPs were consistent.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staff were visible supporting people around the home and call bells were answered quickly.
- Recruitment procedures were safe and appropriate, although staff employment histories and right to work checks could have been documented more thoroughly. When we discussed this with the manager and area manager, they said they would address this.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to look for trends, although none had been identified recently. This included looking at actions to reduce the risk of recurrence.
- Information was shared across the organisation and discussed in staff meetings to support learning and promote good practice.

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 remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were trained and had the appropriate skills to care for people. They completed regular training to keep their knowledge up to date.
- Staff felt supported in their roles. They received regular supervisions and an annual appraisal

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

- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate. These were regularly reviewed and updated.

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

- People were supported to have enough to eat and drink. Meals were appetising and well presented. People enjoyed their meals and told us if there was anything else they wanted, they only had to ask. Alternatives to the published menu were readily available.
- There were enough staff to support people to eat safely. The mealtime experience was pleasant and relaxed.
- Staff had a good understanding of people's nutritional needs. Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required. Where people required their food to be prepared differently, for example, because of problems with swallowing, this was catered for.

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

- People's oral health care needs were documented so staff could support them appropriately.
- Advice from health professionals was added to care records and followed.
- Staff sought advice from health professionals when people's needs changed.

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

- The premises were designed to offer people choices about where they spent their time.
- People's bedrooms were personalised. Communal lounges and dining areas were comfortable and had a homely feel.
- There were visual and tactile items on display to engage people living with dementia and pictorial items to

help people to find their way around the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. People's capacity to make specific decisions were assessed; best interest decisions were made on their behalf if they lacked capacity.
- The manager monitored people's DoLS applications to ensure no one was unlawfully restricted.
- Staff sought consent before supporting people and encouraged people to make daily choices and decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were respectful and kind, and the standard of care was high. One person told us, "The staff are very good here, you really can't fault them."
- Relatives spoke positively about the staff team. One relative said, "The staff are very welcoming, polite and pleasant." Another relative told us, "Staff appear kind and they like [family member]. They respect [family member]. They joke with [family member] and chivvy them along. I have no complaints against the staff. They all work very hard."
- Interactions between people and staff were relaxed. People knew staff well and we saw them chatting, smiling and showing affection. Staff showed an interest in what people were doing. When people showed signs of anxiety staff were patient, reassured them and engaged them in activities which reduced their distress. When a person had a fall during the inspection staff reassured them and checked them over thoroughly before supporting them with the appropriate equipment.
- Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs.

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

- People felt involved and were able to express their views. People were encouraged to make decisions about their day to day routines and express their personal preferences.
- People and their relatives were involved in care planning.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. Staff knocked on people's bedroom doors and waited for a response before entering.
- People's independence was respected and promoted. Some people preferred to do some aspects of their personal care. People said staff respected their independence and provided support when needed.
- People were supported to maintain relationships with those close to them. Relatives said they were made to feel welcome.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans had information about their previous occupations, interests and lifestyle choices. This helped staff to understand what was important to each person and plan their care and support accordingly.
- Care plans were person centred, up to date and reviewed regularly. People's care needs were clearly set out and included guidance for staff about how to support people with their specific needs.
- People received person-centred care. People were encouraged to make choices about their day to day care. Staff supported people to follow their preferred routines for daily living.

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.

- Care records outlined people's communication needs. Where necessary, information was available in different formats such as large print or easy read format. Where people had a hearing impairment staff wrote things down to enable better communication.

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

- Relatives told us how staff had supported people to maintain contact during the pandemic through video and phone calls when it was not possible to visit. One relative said, "During the pandemic there were regular discussions with relatives on Zoom. There was also a carers forum on Zoom and a weekly newsletter."
- The provider employed a lifestyle co-ordinator to ensure people were supported to take part in a range of activities. People's activity goals were sought and acted upon, which included activities both inside and outside the home. When one person went horse riding this resulted in them appearing in the media which they were thrilled with. People and relatives were happy with the activities and social stimulation provided.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns and were confident any concerns would be taken seriously and resolved quickly. One relative said, "The manager responds to any issues."
- Where the service had received complaints, these had been investigated and responded to appropriately.

End of life care and support

- Care records contained people's wishes in relation to end of life care and included details about their spiritual needs and funeral plans. They recorded if people had a Do Not Attempt Cardiopulmonary Resuscitation and whether emergency health care plans were in place.

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

- Records relating to medicines which were administered in the form of a patch or cream were not always complete. Medicine records requested following the first day of inspection had been added to retrospectively and we were not assured they were accurate. The provider investigated this thoroughly and took appropriate action.

We recommend the provider ensures accurate and complete records are kept regarding medicines administered in the form of a patch or cream.

- The provider's quality assurance checks on all other aspects of the service were effective in identifying and generating improvements.
- When an incident occurred, this was investigated thoroughly and lessons were learnt where appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A new manager had recently been appointed. Relatives spoke positively about the manager. One relative told us, "The new manager is helpful and very understanding. We are well informed. This is a very good home." Another relative said, "The new manager is a great listener and is proactive."
- Care plans were person-centred. People were encouraged to take part in activities they liked and to be as independent as possible. People's rooms were individual to their tastes, and people were given choice and appropriate support. Staff were knowledgeable about people's likes and dislikes.

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 was aware of the requirement to notify CQC of all significant incidents and concerns.

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

- The service involved people, relatives and staff in a meaningful way. People and relatives were supported to provide feedback through surveys and regular meetings. Suggestions were followed up by the service, and changes were made in response to feedback.
- Staff meetings were held regularly. Staff told us they were well supported and had plenty of opportunities

to provide feedback about the service.

Working in partnership with others

- Referrals to healthcare professionals were made in an appropriate and timely manner. Records were kept which detailed involvement with other professionals, for example, community nurse practitioners and dieticians.
- Staff worked in partnership with other organisations and health care professionals to improve people's opportunities and wellbeing.