

Hill Care 3 Limited

Waverley Lodge

Inspection report

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Tyne And Wear
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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?

Good ●

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 35 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 assess and monitor risk was not fully in place. Records relating to falls management and accidents and incidents did not always demonstrate that management oversight and analysis had taken place. Lessons learnt had not always been documented and observations following a fall had not always been recorded in line with the provider's policy.

Improvements had been made in relation to the cleanliness of the home. Several staff had chosen to wear a mask at work. Care workers and visitors do not routinely need to wear a face mask unless required to do so by the provider's risk assessment. We observed that Government guidance regarding the safe way to wear a mask was not always followed by these staff.

An effective safeguarding system was not fully in place. Staff had not always recognised certain allegations/events were potential safeguarding incidents and therefore, had not made the necessary referrals to the local authority safeguarding team. People told us they felt safe, this was confirmed by relatives. One relative said, "I feel he is safe. I am very happy that he is where he is and he is safe."

Recruitment checks were carried out before permanent staff started work at the home. However, agency profiles were not fully available to evidence that appropriate checks had been completed to assess the suitability of agency staff to work in the home.

There were enough staff deployed to meet people's needs. We observed positive interactions between people and staff.

There was a system in place to manage medicines. However, we identified shortfalls in relation to medicines records/guidance. Following our feedback, management staff told us that this had been addressed.

Whilst the home had been redecorated; further action was required to ensure the design and décor, including the outdoor space was 'dementia friendly' and supported people's orientation around the home.

People were supported to maintain their hobbies and interests. Further activities and resources were being explored and identified, especially in relation to people living with dementia.

Records did not fully evidence that staff training and support was carried out in line with the provider's policy and mandatory training/support and development requirements.

An effective system to monitor the quality and safety of the service was still not fully in place. We identified shortfalls relating to the safeguarding system, the management of falls, the use of PPE and the maintenance of records.

Management staff explained they were introducing a new electronic care management system which would be used to record, report and monitor all aspects of people's care and support.

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.

There was a cheerful atmosphere at the home. We received positive feedback about the caring nature of staff from people and relatives. One relative told us, "They get to know the residents and build a good rapport with them so they know the staff. The actual care staff are very caring, not just about their needs but them as individuals. They are very friendly and greet family members when they go in. They behave as if it is your family member's home."

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 requires improvement (published 11 November 2022) and there were breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that whilst improvements had been made; further action was required and the provider remained in breach of the regulations.

This is the second time the service has been rated requires improvement.

Why we inspected

We carried out an unannounced focused inspection of this service in August/September 2022. Breaches of legal requirements were found in relation 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). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. Prior to this inspection, we also received concerns in relation to the management of falls. Falls management was reviewed as part of this inspection.

This report covers our findings in relation to the key questions of safe, effective, responsive and well-led which contain those requirements. We used the rating awarded at the last comprehensive inspection for the caring key question to calculate the overall rating.

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 have found evidence that the provider needs to make improvements. Please see the safe, effective 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 have identified 4 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. These related to safe care and treatment, safeguarding people from abuse and improper treatment, duty of candour and good governance.

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

We will request an action plan and meet with management staff and the provider 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 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 ●

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 2 inspectors and an 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.

An interim manager was in post during our visits to the home. A new manager had been recruited and was in post by the end of our inspection.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 May 2023 and ended on 19 June 2023. We visited the care home on the 16 and 18 May 2023.

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 also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider did not complete a 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. Please see the well-led section for further information.

During the inspection

We spoke with 4 people and 12 relatives. We also spoke with staff including the operations director, divisional director, regional manager, interim manager, deputy manager, care staff, activities coordinator, administrator, laundry and domestic staff and the maintenance man. 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 requires improvement. At this inspection the rating has remained 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

At our last inspection, people and others were not protected from the risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, an effective system was not fully in place to ensure the safety and cleanliness of the premises. This was a breach of regulation 17 (Good governance). Whilst action had been taken to improve, the safety and cleanliness of the premises; new shortfalls were identified and the provider remained in breach of these regulations.

- An effective system to assess and monitor risk was not fully in place.
- Records relating to falls management and accidents and incidents did not always demonstrate that management oversight and analysis had taken place. Lessons learnt had not always been documented and observations following a fall had not always been recorded in line with the provider's policy.

The failure to ensure an effective system was in place to assess and monitor risk was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Management staff explained they were introducing a new electronic care management system which would be used to record, report and monitor all aspects of people's care and support.

- Several staff had chosen to wear a mask at work. Care workers and visitors do not routinely need to wear a face mask unless required to do so by the provider's risk assessment. We observed that Government guidance regarding the safe way to wear a mask was not always followed by these staff.

Visiting in care homes.

- People's relatives and friends were able to maintain contact and visit.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider's safeguarding system was not always operated effectively. We had not been notified of all the safeguarding incidents at the home. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. Whilst action had been taken to improve in relation to the notification of safeguarding incidents and the provider was no longer in breach of Regulation 18; further

improvements were required in relation to the provider's safeguarding system and the provider was now in breach of Regulation 13.

- An effective safeguarding system was not fully in place.
- Records did not always evidence that all safeguarding allegations and incidents were appropriately identified, reported, recorded and monitored.
- Staff had not always recognised certain allegations/events were potential safeguarding incidents and therefore, had not made the necessary referrals to the local authority safeguarding team.

The failure to ensure an effective system was in place to ensure safeguarding allegations were appropriately reported, recorded and monitored was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe. This was confirmed by relatives. One relative told us, "It is just a feeling I get. I know she is safe there." A person said, "I love them all [staff]."

Staffing and recruitment

At our last inspection, we recommended the provider kept the staffing system under review to ensure staff deployment and the skill mix of staff, met people's needs. The provider had made improvements in relation to staffing levels. However, we identified shortfalls regarding records relating to agency staff checks.

- Recruitment checks were carried out before permanent staff started work at the home. However agency profiles were not fully available to evidence appropriate checks had been completed to assess the suitability of agency staff to work into the home.

The failure to ensure records evidenced that checks had been completed to assess the suitability of agency staff to work into the home was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Management staff told us records relating to agency profiles and checks had previously been available at the home; however, the location of these records could not be found at the time of the inspection. They told us updated profiles and checks had been obtained and were now in place for all agency staff currently working at the home.

- There were enough staff deployed to meet people's needs. More staff had been recruited and there had been a reduction in agency staff usage. We observed positive interactions between people and staff.

Using medicines safely

- There was a system in place to manage medicines. However, we identified shortfalls in relation to medicines records/guidance.
- There was a lack of guidance on the provider's electronic medicines system in relation to medicines which were prescribed on a 'when required' basis. The electronic system did not fully evidence that medicines administered via a medicated patch were checked and rotated in line with the prescribers and manufacturers guidance. In addition, one person's medicines support guidance was not up to date. Following our feedback, management staff told us that these records were now in place/had been updated.

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

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

At our last inspection an effective system was not fully in place to demonstrate that care and support was assessed and delivered in line with standards, guidance and the law. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvements had been made and the provider remained in breach of Regulation 17.

- Records did not fully demonstrate that best practice guidance was followed when assessing and providing care.
- We identified shortfalls in relation to falls management. In addition, there were gaps in people's personal care records which meant we could not be assured that care had been carried out as planned.

The failure to ensure care and support was assessed and delivered in line with standards, guidance and the law was a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Management staff explained they were introducing a new electronic care management system which would be used to record, report and monitor all aspects of people's care and support.

Staff support: induction, training, skills and experience

- Records did not fully evidence that staff training and support was carried out in line with the provider's policy and mandatory training/support and development requirements.

The failure to ensure records evidenced that staff were trained and supported was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had reminded staff about the need to complete the necessary training and they were updating the support and development matrix to evidence the support and development opportunities which had been provided to staff.

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

At our previous inspection, we recommended that the provider reviewed best practice guidance to ensure

the design and décor of the home meets people's needs, including those people living with dementia. Whilst action had/was being taken, further improvements were required.

- Whilst the home had been redecorated; further improvements were required to ensure the design and décor, including the outdoor space was 'dementia friendly' and supported people's orientation around the home. One relative told us, "The decor could do with improvements. They have done upstairs but it needs more softening because it is very clinical. The grounds and when you first walk up to the door needs improving."

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

- People were supported to eat enough to meet their nutritional needs. People and relatives generally spoke positively about the meals. One relative told us, "I think the food is amazing and I know mum enjoys the food, she gets a lot of choice. They are always in asking if she wants a cup of tea and/or sandwich."
- Fluid charts were in place for those at risk of dehydration. Target fluid levels were generic and on some occasions, people did not achieve their target fluid levels. Records did not always evidence what action was taken when people's target fluid levels were not met.

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 to meet their health care needs. One relative told us, "If she needs anything they ask the doctor to look at her."

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.

At our previous inspection an effective system was not fully in place regarding the management of DoLS applications. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, the provider had failed to ensure the outcome of DoLS applications were notified to CQC. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. The provider had taken action to improve and was no longer in breach of the regulations relating to this area.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The provider was notifying CQC of the outcome of DoLS applications in line with legal requirements.

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 requires improvement. At this inspection the rating has improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection, an effective system was not fully in place to ensure people's support met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People were supported to maintain their hobbies and interests. Further activities and resources were being explored, especially in relation to supporting people living with dementia.
- Care plans had been developed which included people's preferences and wishes.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider reviewed their complaints system to ensure records relating to complaints and actions taken was up to date. The provider had taken action to improve

- A complaints procedure was in place. Records evidenced the action taken when a complaint had been received. One relative told us they had not yet received a response to the concerns they had raised. We passed this feedback to management staff for their information who told us this was being addressed.

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 liaised with health and social care professionals to ensure people's needs could be met at this important time.

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. At this inspection the rating 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

At our last inspection, an effective system was not fully in place to monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. Whilst action had/was being taken to improve; further action was required and the provider remained in breach of Regulation 17.

- An effective system to monitor the quality and safety of the service was still not fully in place. We identified shortfalls relating to the safeguarding system, the management of falls, the use of PPE and the maintenance of records.

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

Management staff explained they were introducing a new electronic care management system which would be used to record, report and monitor all aspects of people's care and support.

At our last inspection an effective system was not fully in place to ensure events at the home were notified to CQC in line with legal requirement. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider had taken action and was no longer in breach of Regulation 18.

- The provider was notifying CQC of events at the service in line with legal requirements.
- The provider had not completed their provider information return (PIR) in 2022. There had been a change of manager at the home and management staff told us they were aware of their responsibilities in relation to completing the PIR and this would now be completed when requested by CQC.

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

At the last inspection we recommended the provider ensured records were available to demonstrate how they are meeting their responsibilities under the duty of candour. Not enough action had been taken and the provider was in breach of Regulation 20 [Duty of Candour].

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

The failure to ensure records demonstrated how the provider was meeting their responsibilities under the duty of candour was a breach of Regulation 20 [Duty of candour] of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- There was a cheerful atmosphere at the home. We received positive feedback about the caring nature of staff from people and relatives. One relative told us, "I think they are very loving and caring. They go out of their way to make sure everyone is comfortable."
- Staff spoke positively about the changes which had been made. One staff member told us, "The difference from when I first came is massive. Positive changes are being made now. It's a million times better now than what it was. The morale of staff is higher than what it was and the residents seem to be happy too."
- Staff spoke affectionately about the people they supported. One staff member said, "I just love seeing the residents smile."
- Staff spoke positively about the interim manager and hoped the improvements made and support provided would continue under the new manager. The new manager assured us it would.

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.

Working in partnership with others

- Staff worked with health and social care professionals to make sure people's needs could be met.

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
Treatment of disease, disorder or injury	An effective system to assess and monitor risk was not fully in place. Regulation 12 (1)(2)(a)(b)(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	An effective safeguarding system was not fully in place to ensure safeguarding incidents were identified, reported, recorded and monitored. Regulation 13 (1)(2)(3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour
Treatment of disease, disorder or injury	Records did not demonstrate how the provider was meeting their responsibilities under the duty of candour. Regulation 20 (1)(2)(3)(4).

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 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 still not fully in place. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(f).

The enforcement action we took:

We issued a warning notice.