

Prestwick Care Limited

Hadrian House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hadrian House is a care home providing accommodation and nursing or personal care for up to 50 people. Accommodation is provided over three floors. The ground floor of the service had been identified for use by the Local Authority as a designated care setting for people discharged from hospital with a positive COVID-19 status. At the time of our inspection 46 people were resident at the home.

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

The service was well-led. Governance systems were in place to monitor quality across the service.

Testing for COVID-19 was not always taking place in line with government guidance and some staff did not always follow safe infection control (IPC) practices. Action was taken promptly to address this with the staff involved. People had an identified essential care giver (ECG) and arrangements were in place for visitors to the home. One person raised a concern of not being able to go outside of the home when they wanted to. We have made a recommendation about this.

Systems were in place to safeguard people from abuse and an analysis of accidents and incidents were taking place. Medicines were managed safely.

There were enough staff deployed to support people. Agency staff were used to maintain safe staffing ratios within the home. Some relatives raised concerns regarding the skills of some agency staff and the effect this had on providing consistent care.

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 13 February 2018).

Why we inspected

We undertook a targeted inspection looking at the infection prevention and control measures the provider has in place. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

We inspected and found there was a concern with some of the infection prevention and control practices of staff. We also received some feedback regarding concerns about care so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hadrian House

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

This inspection was carried out by two 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

Hadrian House 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. Hadrian House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding

teams, the local NHS infection prevention and control [IPC] team and Healthwatch to request feedback. 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 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 four people who used the service and 13 relatives about their experience of the care provided. We spoke with nine members of staff including the home manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included care records for eight people and multiple medicines records. We looked at the recruitment records for three staff and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We requested additional information by email and continued to seek clarification from the provider to validate the evidence we found.



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

- Risks people were exposed to had been assessed.
- Some records had not always been updated when people's needs had changed. For example, in relation to some records for people who had specific health needs. We brought this to the attention of the home manager and provider who responded immediately to ensure risk assessments for people were updated.
- A range of environmental risk assessments had been completed to ensure the safety of the building.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. Agency staff were used to support the home to ensure safe staffing levels were maintained. We received feedback around agency staff not having the same skills compared to the staff permanently employed at the home. One relative said, "They seem to have a lot of staff leaving and I think they run a lot with agency staff. The full-time staff are very good."
- The provider had taken action to minimise the use of agency staff where possible. Systems were in place for agency staff to receive training and an induction prior to working at the home.
- The provider told us of their difficulties recruiting staff due to a staffing crisis in the care sector. The provider had taken action to address this to ensure staffing levels remained safe. This included an initiative to recruit staff from overseas with the aim of reducing agency staff use.
- Staff profiles for agency workers were provided by the agency used. Agency staff completed an induction at Hadrian House. This included instruction in IPC measures, including how to safely put on and take off PPE.
- Staff were recruited safely. Appropriate checks were carried out to assess an applicant's suitability for employment. This included the relevant checks undertaken with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Staff received training in safe infection control procedures. During the inspection some staff were observed to not follow best practice in relation to IPC. We observed some agency staff to not follow the correct procedures for putting on or taking off their PPE. We brought this to the attention of the home manager and the provider who took action to address this with the staff involved.
- Testing for COVID-19 was not always taking place in line with government guidance. For example, lateral flow device (LFD) tests were not being completed for staff or visitors who had previously tested positive for COVID-19 within a 90 day period. This was not in line with government guidance.

- LFD testing arrangements for people who returned to the home after participating in visits within their local community were not always in line with government guidance. We brought this to the attention of the provider who took immediate action to update their policy during the inspection period. The provider arranged for an updated letter to be issued to communicate the changes to the relevant people.
- One person told us they were unable to leave the home for fresh air. They said, "I think some of the restrictions are a bit hard. You can't walk outside of the building for some fresh air, you have to walk inside. I like to go outside and discover things and you just can't get out."

We recommend the provider considers ways to always provide person-centred support to people who want to be involved in their local community or access outside areas of the home to support their wellbeing.

Visiting in care homes

- People had an identified 'Essential Care Giver' (in line with government guidance) who could regularly visit them in the home. An appointment system was in place for other relatives and friends to have indoor visits within the home.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. People told us they felt safe and relatives confirmed this. One person said, "The staff are very, very good here... I think the staff are wonderful." A relative told us, "I've got no concerns about care. The staff look after [name of person] very well."

Using medicines safely

- Medicines were managed safely. Systems were followed by staff to ensure people received their medicines as they were prescribed.

Learning lessons when things go wrong

- Accidents and incidents were well managed. Systems were in place to record and review any incidents. A review of these took place to assess if any lessons learnt could be identified to improve outcomes for people.

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 for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Governance systems were in place to monitor quality at the home.
- A number of audits were completed across the service. Where audits had identified issues action plans had been developed to address shortfalls.
- Medicine audits were not being completed for the designated setting unit. We brought this to the attention of the provider who organised for an audit to be completed. An action plan was implemented in response to the audit findings.
- The service did not have a manager registered with the Commission. The provider had taken action to recruit a new manager. The manager submitted their application to register with the Commission during the inspection.
- The provider and manager understood their responsibility in relation to the duty of candour regulation.

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; Working in partnership with others

- Systems were in place for the sharing of information with relevant people. One relative told us, "They're [staff] very good at keeping in touch; I get a phone call every Monday after the doctors been round."
- Surveys were used to obtain feedback from stakeholders. Relatives confirmed they has received surveys from the provider where they had the opportunity to share their thoughts about aspects of the home.
- Staff spoke positively about working at the home and the support they received from the management and their colleagues.
- People gave positive feedback about staff and the relationships they had developed with each other.
- Processes were in place to involve people or (where appropriate) their representative in decisions about their care.

Continuous learning and improving care

- Systems were in place to review accidents and incidents to improve care and identify where any lessons could be learnt.
- Action was taken in response to the inspection feedback to improve recording at the home. For example, risk assessments were updated to ensure they contained all information which was relevant.

