

Genesis Homes (Essex) Limited

Newstead Lodge Nursing Home

Inspection report

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Southam
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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Newstead Lodge is a care home providing accommodation with nursing or personal care for up to 26 people. The home is purpose-built accommodation, providing care and support to people across 2 floors. At the time of our inspection visit there were 25 people living at the home.

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

Risks were not always mitigated to help ensure people received safe care. Medicines administration procedures required improvement to ensure people always received their prescribed medicines when they should.

People were not always supported to have maximum choice and control of their lives, and staff did not always support people in the least restrictive way possible and in their best interests; the providers systems did not always support best practice.

Checks and audits in place had failed to identify the areas for improvement found at this inspection including safe risk management and safe medicines administration.

We received mixed feedback from people about their experiences at the home. We were not assured people always received enough fluids to maintain their health.

Staff adhered to infection control procedures and protected people from the risk of infection. Staff had completed safeguarding training and felt able to raise concerns.

People were supported to access healthcare services when required.

The provider took immediate action in response to some of the areas we identified as requiring improvement and planned to take further action following the inspection.

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 overall (published February 2020). The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We identified two breaches of the regulations in safe care and treatment and good governance.

Why we inspected

This inspection was prompted by some feedback we received about the service. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 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.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection. You can see what action we have asked the provider to take at the end of this full 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 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Newstead Lodge Nursing 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 2 inspectors, an Expert by Experience and a nursing advisor. 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

Newstead 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. Newstead 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, the registered manager was absent from the service. The provider was managing the home on a day-to-day basis.

Notice of inspection

The inspection was unannounced. Inspection activity started on 28 March 2023 and ended 11 April 2023. We visited the location's service on 29 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked at the information we had received from relatives and people who used the service. We asked the local authority for any information they had which would aid our inspection. Local authorities, together with other agencies may have responsibility for funding people who use the service and monitoring its quality. The provider had been asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 6 people's relatives about their experience of the care provided and contacted an independent advocate. We continued to speak with the local authority commissioning team. We received feedback from a visiting health professional. We carried out observations on both floors of the home to assess people's experiences of living there. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We contacted and received feedback from 10 members of staff including nursing staff, the provider, a nursing assistant who was acting as a deputy manager and the chef.

We reviewed a range of records. This included 8 people's care records and/or medicines records. A variety of documents relating to the management of the service, including policies, training records, maintenance records, 3 recruitment files and quality assurance documents.

After the inspection we continued to receive information from the provider regarding 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.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were not always assessed and managed safely. For example, there was no risk assessment and risk mitigation plan in place to manage the risks associated with Miller Fisher Syndrome (MFS). MFS is rare nerve disease which can cause paralysis of the eye muscles, muscular weakness and poor or abnormal muscle co-ordination. There can also be breathing problems with this condition.
- Staff did not always follow risk mitigation plans to ensure people were protected against skin damage. For example, one person was identified as being at high risk of skin damage. Risk mitigation plans directed staff to re-position the person every 2.5 hours to prevent their skin from deteriorating. Records did not show this advice was being followed.
- Risks related to the safe storage of thickener had not been managed effectively. Thickener, which is added to liquids to thicken them, was located in reach of people who lived at the home. Thickener has been the subject of safety alerts as incidents have been reported where harm has been caused by accidental swallowing of thickening powders. The provider acted straight away after our feedback to store the thickener safely. They held a staff meeting to remind staff of the safe storage requirements of thickener.
- Environmental risks had been identified, but not always managed safely. For example, as part of the home's legionella risk assessment, monthly flow and return water temperature checks should have been completed to mitigate the risk of legionella. At the time of our visit, this was not being done.
- There was an increased risk of scalds and burns as some water outlets exceeded the Health and Safety Executives safe hot water temperature of 44 degrees Celsius. Records showed basins in the shower room and a bedroom repeatedly reached temperatures of above 66 degrees and timely action had not been taken to remove this risk.

Using Medicines Safely

- Improvements were required to the storage of medicines. For example, nutritional supplements were not always stored safely as they were not kept in a temperature-controlled room as required.
- Where people had been prescribed medicines to be given to them covertly, in their food or drinks, prescribing instructions had not always been checked by a pharmacist. It is good safe practice to consult a pharmacist to ensure the medicine can be crushed or added to food safely and to ensure medicines can be absorbed at the correct rate.
- Patch medicines were not always administered safely. Some people were prescribed medicines which were delivered through a patch applied to their skin. Patch records did not always clearly document where each patch was placed on the person. Patch records did not clearly describe the removal of each patch when the patches were changed. Instructions for staff were not clear, to state how patches needed to be

applied in rotation. This meant people were placed at risk, if staff applied the patches to the same sites, and did not remove or rotate patches in accordance with prescribing instructions. This put people at increased risk of skin irritation and an overdose of medicine.

- Some people needed medicines on an 'as required' (PRN) basis. There were not always clear guidelines for staff to follow to determine when or how these medicines should be given to people safely. PRN guidelines did not always state the maximum dose of medicine the person was prescribed. This placed people at risk of receiving too much medicine.
- For some medicines records we reviewed, we could not see an accompanying prescription. This meant we could not be sure people always received their prescribed medicines.
- Some people required time critical medicines, to be given at a specific time of day, to manage their health. We could not be assured people received their medicines at the prescribed time.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

- Some people told us their bedrooms were cold, especially during cold weather. The provider supplied additional heaters in people's rooms where this was required. There were risk assessments and risk mitigation plans, for the use of the additional heaters.
- Following our inspection visit the provider acted on our feedback positively. Risk assessments and risk management plans were updated.
- The provider acted on our feedback by improving pharmacy involvement, updating staff training for medicines administration, reviewing PRN protocols and by implementing improvements to medicine audit procedures.

Staffing and recruitment

- There were enough numbers of care staff to meet people's personal care needs at the service on the day of our inspection visit. However, some people told us staff did not always respond to their requests for assistance in a timely way.
- There were enough staff to provide care in accordance with the providers assessed safe staffing numbers. Staff spoke positively about the numbers of staff on each shift. One staff member told us, "There are enough staff, yes. We can give the right care to people."
- Temporary staff supplied through an employment agency were used to cover any shortfalls in staffing numbers. Although the provider obtained written confirmation from the agency that these staff had the right training and recruitment checks to work in a care setting, these were often incomplete. For example, some agency profiles did not contain information about when the staff members DBS was received, and it was not always clear when they had received sufficient training.
- Overall, staff were recruited safely. The provider was a licensed sponsor and recruited staff from overseas. Checks had been completed to ensure new staff had undergone appropriate recruitment checks. For example, criminal record checks had been completed in the staff member's country of origin. In addition, risk assessment had been put in place, until a Disclosure and Barring Service (DBS) check which provides information about convictions and cautions in the UK, had been completed.

Systems and processes to safeguard people from the risk of abuse

- Overall people and their relatives told us they felt safe at Newstead Lodge. However, one person told us they felt staff were rough with them at times, another person said, "They are gentle with me."
- Most people and relatives said staff were caring. One person said, "[Carer] is really good. They just have time, and they can't do enough for you." A relative said, "The staff are patient, caring and helpful", "[Person's

name] is well cared for." However, one person told us they felt uncomfortable with how staff spoke to them. They said, "I don't like some of their attitudes" they added, "I have got to do what they want me to."

- Staff had received training and understood their safeguarding responsibilities. One staff member told us, "Safeguarding is to protect the resident and for the family to have confidence in us. We try to make sure they [people] don't lack anything they need. That we are there for them. I am never worried about how people are treated here."
- Information on safeguarding was displayed in corridors throughout the home.
- The provider understood their legal responsibilities to protect people and share important information with the local authority and CQC.

Learning lessons when things go wrong

- Accidents and incidents were recorded on a log and analysed by the provider after events occurred, to help ensure action was taken to prevent reoccurrence.
- Staff knew what action to take in the event of accidents and incidents. These were reported the nurse to ensure appropriate action was taken.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We were assured there were no restrictions in place around visiting, in accordance with government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us they did not always feel they could make choices. One person told us they were not offered a choice of having only female or only male care workers assist them with personal care. However, care records did describe people's preferences in this regard. The provider said they would respect people's choice to have gender specific care staff.
- Staff did not always promote people's right to make choices. One staff member was supporting a person to drink and used commands such as 'drink' and physically placed a beaker to their lips to encourage them to drink, without asking them if they wanted the drink.
- One staff member had strapped a person into their wheelchair to restrain them. There was no evidence a best interest discussion had taken place to use this method of restraint, which was against the provider's restraint policy. We raised this with the provider who reminded staff this was not an agreed method of supporting the person.
- The service was working within the principles of the MCA when applying for the appropriate legal authorisations to deprive a person of their liberty. Any conditions related to authorised DoLS were being met.

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

- We could not be assured people were offered the recommended daily fluid they needed, to maintain their health. One person needed to have their fluid intake monitored due to their health condition. However, staff were not recording the person was offered, or drank, their recommended fluid intake each day.

- Overall, people told us they enjoyed the food on offer. We saw some people had second helpings at lunchtime. One person described being able to choose from a selection of breakfast options saying, "You can have a cooked breakfast, at no extra cost, I have one every day." However, one person said there was a limited choice about what was on offer, and some meal options were frequently repeated.
- There was no menu on display at the home, however, staff asked people what they would like to eat each day. The provider had a number of menus, which were rotated over a four-week period to offer people a variety of food choices. Menus contained two main meal choices, and a choice of snacks, deserts and breakfast options, as well as some 'lighter bite' choices. The provider told us if people asked for options that were not on the menu, this could be prepared for them.
- A relative told us how staff supported their relation to maintain a healthy weight saying, "Because [Person's name] was losing weight they [staff] actually try and encourage them to eat two main meals a day. They enjoy it. We are generally happy."

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

- Staff worked with external health professionals in response to people's changing needs. One person said, "The Doc comes in once a week" and "The dentist comes in to do a check-up."
- When people's nutritional needs changed, they were referred to dietitian and speech and language therapists. Information about specialised diets was included in some care plans.

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

- Assessments of people's needs took place when they first came to the home. People were asked questions about their preferences and things that were important to them.
- People had regular reviews of their care and support needs.

Staff support: induction, training, skills and experience

- Staff received an induction when they started to work at the home. This included working alongside experienced members of staff in order to learn people's individual care needs and routines. The induction included The Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that formed part of their induction programme.
- Staff spoke positively about the training they received. One staff member told us, "We have good training which is both online and face to face. I am new to dementia care and learnt about that and how to communicate with people."
- Staff told us they had regular opportunities to seek support from their manager and had regular meetings with their manager.

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

- The home had been adapted to provide people with three separate areas, where entry into each part of the home was controlled by a keypad entry system. The home consisted of two floors in the main house and an extension area. Staff told us the keypad entry system helped them to prevent people from moving around the home, where they might cause distress or anxiety to others. Where people had capacity to make their own decisions, and move around independently, people were given the keypad entry codes.
- People's bedrooms were personalised. One person told us how they had chosen their room saying, "[Registered manager] showed me this room when I came and asked if I would like it. I jumped at it; I love it." A relative told us, "[Person's name] has their personal possessions around them, such as photographs."
- Whilst people seemed to know their way around the home, there was a lack of information on display in the home to tell people where each person's bedroom was, and who lived at the home. This may have

caused confusion to people. The provider told us they had plans to place signs on people's bedroom doors, and the work would be completed before May 2023.

- There was a closed circuit television (CCTV) system in operation at the service. People or their relatives had been involved in agreeing to the use of CCTV in the communal areas of the home.

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

- Governance procedures had failed to identify the concerns we found at our inspection. For example, in relation to medicines management, hot water outlets and the management of risk for some health conditions.
- Systems and procedures had not identified people's rights were not always protected.
- Systems and processes to maintain oversight of the quality and safety of care were not always effective. The provider failed to have effective systems in place to manage risks relating to the premises. For example, risk mitigation plans were not always followed to minimise the risk of Legionella.

Systems to ensure compliance with the regulations, and systems to assess monitor and improve the service were not established and operated effectively. This was a breach of regulation 17 (1), Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we were satisfied safe recruitment checks had been undertaken, the providers recruitment policy did not include details on safe overseas recruitment. We recommended this was included in the policy to ensure a consistent approach to overseas recruitment.
- Following the inspection, the provider held a staff meeting and re-iterated their policy on the safe storage of medicines. They also asked staff to adhere to the provider's restraint policy.

Continuous learning and improving care

- Following our inspection visit the provider put in place an action plan to improve their service.
- Relatives told us they knew how to raise any concerns or complaints they had and felt these would be acted upon. One relative said, "If we had any issues we would raise it", and "They [staff] would sort it out if they could."

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

- Staff spoke positively about the provider. Comments included, "[Director] makes everything right for staff and residents" and, "[Director] supports us. He is here a lot as [registered manager] is off."
- Relatives told us they were involved in planning their relations care.
- People and their relatives were asked for feedback about the service through regular customer

satisfaction surveys.

- The provider had stopped holding relative's meetings during the COVID-19 pandemic. However, the provider held a relative's meeting in April 2023 to gather feedback and share information about improvements and initiatives at the home. More were planned.
- Staff felt involved in the running of the home and were able to give feedback about their role to their managers via supervisions and team meetings.

Working in partnership with others

- The management team and staff worked with a variety of health care professionals to help improve and meet people's healthcare 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

- The management team understood their responsibility under the duty of candour and the requirement to be open and transparent when something goes wrong. Relatives told us they had been informed and kept up to date when incidents or accidents had occurred. A relative told us, "If they are poorly, they [staff] talk to me, they keep me informed."

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	12 (1) The provider had failed to ensure care and treatment was provided in a safe way for service users. 12 (2)(a) The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment. 12 (2)(b) The provider had failed to do all that was reasonably practicable to mitigate any such risks. 12 (2)(g) The provider had failed to ensure the proper and safe management of medicines.

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	17 (1)(a)(b) Systems to ensure compliance with the regulations, and systems to assess monitor and improve the service were not established and operated effectively.