

Qualia Care Limited

Washington Lodge

Inspection report

The Avenue
Washington
Tyne And Wear
NE38 7LE

Tel: 01914661402

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29 June 2021

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Washington Lodge is a nursing home which provides nursing and personal care for up to 64 people, some of whom are living with dementia. There were 51 people living there at the time of this inspection.

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

Systems were in place to monitor the quality and safety of the service, but these were not always effective in identifying issues with staff practices or the operation of the service.

Medicines were not managed safely, and improvements were needed in relation to the recording documents used to support safe medicines management.

Staff recruitment procedures needed to be strengthened to ensure staff were employed safely. We discussed with the registered manager where refinements could be made to the audit systems for recruitment to ensure all necessary information was obtained.

The provider had recently reviewed the induction process for agency staff and identified improvements needed to be made. We found the new induction records needed to be further enhanced.

Overall people were protected from harm as risks had been assessed and plans put in place to mitigate these. However, these needed to be developed and extended to cover how to support individuals and those around them when people displayed behaviour, which may challenge.

Care staff, in general, adhered to COVID-19 guidance on working in a care setting. Staff had undertaken training in putting on and taking off PPE, but this needed to be refreshed.

New care records had been developed but these needed further work to ensure they supported staff to work with people who had more complex needs.

There were enough staff on duty and additional staff were available to provide one-to-one support for people when this was needed. Agency staff, particularly nurses were regularly used. Relatives found this led to a lack of consistency in care. The provider was working to recruit permanent staff to cover the vacancies.

Generally, relatives felt the care was safe and staff were compassionate. People were happy at Washington Lodge. People were protected from abuse by staff who understood how to identify and report any concerns. Interactions between people and the staff team were very positive and relatives also said they were made very welcome at the home. People were treated with kindness, dignity and respect.

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 4 February 2018).

We completed a targeted inspection of this service 8 March 2021 looking at infection prevention and control measures. We were assured the provider had appropriate measures to manage the risks posed by the COVID-19 pandemic.

Why we inspected

We received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at 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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Washington Lodge on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to regulation 17 (Good Governance). The breach concerned the management and monitoring of the service.

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

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Washington 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 Care Act 2014.

As part of this inspection we looked at the infection prevention and control 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

An inspector and pharmacist inspector completed the inspection.

Service and service type

Washington Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, deputy manager, two nurses, two senior care workers, 11 care workers, two agency staff members and an ancillary staff member. We observed how staff interacted with people using the service. We contacted eight relatives following the visit.

We reviewed a range of records. This included 15 people's care records and seven people's medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The service could not provide us with current medicine administration competencies for all staff who were administering medicines, therefore we could not be sure staff were sufficiently competent in their role.
- A medicines policy was in place, however, this did not cover all aspects of medicines management. For example, it did not contain information relating to care staff applying creams or any self-administration guidance. We could not therefore be assured staff had appropriate guidance to follow, to keep people safe.
- Staff did not always follow the provider's policy in relation to the recording of 'when required' medicines. For example, one medicine was given on 21 occasions and there was no record of why or if the medicine had been effective.
- 'When required' protocols were in situ, however, we found some to be very generic and not specific to the person. We could not be assured topical medicines were being applied as prescribed as procedures in place to record the administration of topical medicines were not robust.
- We looked at records supporting the use of thickeners. Thickeners are used to help people with swallowing difficulties eat and drink safely. We found there were no records to demonstrate when people had received their thickener.

We found no evidence that people had been harmed. However, systems were not robust enough to ensure medicines were managed in line with expected practices. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored securely, and we found evidence of the appropriate temperature checks taking place. Records to support the safe administration of medicated patches were in place.

Staffing and recruitment

- The provider operated a recruitment system. We discussed with the provider and registered manager the need to ensure application forms contained people's full work history, current photographs and Disclosure and Barring Service template included the checks of the barred list.
- We also discussed the need to strengthen checks they undertook to ensure agency staff were suitable to work at the service. They confirmed all the necessary changes would be made.

Systems were not robust enough to ensure recruitment practices were managed in line with expected practices. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Agency staff were used, particularly at night and nurses. A relative said, "The standard of care is mostly good, but I do find agency staff are not as committed or aware of people's needs." The registered manager and provider were working to recruit to vacant posts and ensured there was consistency in the care team.
- There were enough staff to meet people's needs. One person said, "There is always plenty of staff around and they come quick enough when I need them."

Assessing risk, safety monitoring and management

- When the provider had recently developed a new risk assessment tool, they had not designed any to assist staff show how to manage risks associated with the very complex needs of the client group. This led to no guidance being in place to discuss how staff worked with people who displayed behaviours which may challenge.
- Care plans and risk assessments were in place however; more information and guidance was required for people with more complex needs. For example, one person's care plan who was prescribed Warfarin contained no information about the risks or warnings for staff to look out for.
- Staff assessed people prior to them moving to the service to ensure the service could safely meet their individual needs. However, the assessment tool needed refining to support staff to identify risks people might present in relation to behaviours they may display.

We found no evidence that people had been harmed. However, systems were not robust enough to ensure risks were managed in line with expected practices. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service supports people who have difficulties managing their emotions and can become rapidly distressed. Throughout our visit we found staff worked effectively with people to support them to regulate their emotions and they created a very calming atmosphere.
- The environment and equipment were safe and well maintained.

Preventing and controlling infection

- Although the registered manager repeatedly raised with staff the need to ensure masks were fitted securely to cover their faces, we noted some staff struggled to keep them in place on their noses. The registered manager undertook to revisit and retrain staff in this area of practice.
- Overall, the provider and registered manager were following all appropriate infection prevention and control guidance. They were facilitating visits for people in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training on this topic.
- People felt safe. Staff interacted with people in a kind and compassionate manner. One person told us, "The staff are lovely and do a good job looking after me."
- Most relatives said they were kept informed of any changes to people's needs. They found the care met people's needs and the staff were responsive, kind and kept their relatives safe.

Learning lessons when things go wrong;

- The service was committed to driving improvement and learning. The service responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends and incidents were used as a learning opportunity.
- Staff told us they were constantly learning lessons and routinely reflected on recent events. They discussed both incidents within the home and across the provider's other services in meetings to identify what learning they could take forward and use to improve the care being provided.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the systems in place to oversee the operation of the service were not always effective.

Managers and staff are clear about their roles, and understand 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; Continuous learning and improving care

- Quality assurance processes were not always effective. For instance, a new assessment tool had been created for the organisation, which did not include any specific assessments or tools for people who experience difficulties regulating their emotions. The quality assurance process had not identified this gap either prior to rolling out the new tool or after staff had completed it.
- Audits did not always identify deficits within the service. Auditing carried out by the registered manager and the provider failed to robustly review the service and so did not identify issues we found. For instance, the medicine audit failed to pick up the lack of processes for monitoring the use of thickeners and there were gaps in the information gathered during the recruitment process.

The provider did not have sufficiently effective governance systems to monitor the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager, in recent weeks, had been critically reviewing the service and identified they needed to make improvements to the quality assurance processes and audits.
- Reports had been sent to alert the CQC and local authorities when incidents occurred.

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

- Staff provided a happy yet calm atmosphere where people were empowered to participate in their care and make their own decisions.
- The registered manager had put a variety of arrangements in place to support people to remain in contact with their relatives. The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.
- The service had openly engaged with various partners including the local authority and clinical commissioning group to review the service. They used the advice to ensure the service deliver effective care.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider systems and processes in place did always ensure care and treatment was delivered in line with the requirements.</p> <p>Regulation 17(1)</p>