

Atlas Care Homes Limited

Hebburn Manor

Inspection report

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Date of inspection visit:
14 September 2022

Date of publication:
18 October 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Hebburn Manor is a residential care home providing personal and nursing care to up to 60 people aged 65 and over, and adults under 65, including people living with dementia. At the time of inspection there were 51 people using the service.

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

Auditing and oversight arrangements had not identified and rectified areas that needed improvement, such as person-centred care planning and medicines administration recording. Records were not always accurate or legible.

There were occasions when there not enough staff to meet people's needs promptly. Staff deployment at mealtimes was not well planned, meaning people had to wait for their meals.

People's basic care needs were met by staff, who worked hard to respond to nurse calls and other requests for help.

Medicines were stored safely. Record keeping and oversight of medicines administration required improvement.

People felt safe and regularly saw their relatives. Some staff knew people and their needs extremely well. There was a reliance on agency staff, meaning some staff did not always know people's needs well. The new manager had plans in place to reduce the use of agency staff.

Risks to people's health and safety were assessed and documented in care planning. Staff followed these plans to ensure people's safety.

The provider had safeguarding and whistleblowing policies and systems in place. Staff understood these and how to identify potential signs of abuse.

Senior care staff worked well with external partners to keep people safe. There was mixed feedback from external professionals about how well staff communicated with them and sought and acted on advice.

The manager and regional manager had a clear vision for how they wanted to improve the service. They had begun to make progress against a comprehensive action plan. They were responsive to feedback.

The environment was clean and there had been significant refurbishment to improve it, particularly on the ground floor.

Staff were recruited safely. They received an initial induction and ongoing training and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nutritional needs were understood and acted on. Staff used nationally recognised tools to monitor risks associated with malnutrition.

Staff interacted patiently with people throughout the inspection.

The number and variety of activities had reduced in recent months due to unforeseen staff absence. The new manager had prioritised plans to increase the amount and variety of activities available. They also planned to make new community links and involve relatives more.

Staff felt they could approach the new manager with concerns or problems. External professionals who had interactions with the new manager provided positive feedback regarding their openness and proactive approach.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 14 October 2021 and this is the first inspection.

The last rating for the service, under the previous provider, was requires improvement, published on 1 December 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We have found evidence that the provider needs to make improvements. Please see all key question sections of this full report.

Recommendations

We have made a recommendation about staff deployment at mealtimes and the provider's dependency levels.

We have made a recommendation about medicines auditing and oversight.

Follow up

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 caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Hebburn Manor

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 Act.

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 one inspector, a specialist nurse advisor 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

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

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.

At the time of our inspection there was not a registered manager in post. The new manager had applied to be registered.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (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 of this information to plan our inspection.

During the inspection

We spoke with five people, two visiting healthcare professional and nine staff, including the manager, regional manager, director, care and domestic staff. We spoke with seven relatives over the telephone and contacted five more staff via email.

We observed interactions between staff and people in communal areas, including at lunchtime. We reviewed a range of records. This included five people's care records and medication records. We looked at two staff files. A variety of records relating to the management of the service, including policies and procedures, were reviewed. We contacted three further health and social care professionals via email.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Staffing and recruitment

- Staff were not always able to meet people's needs promptly. We observed staff struggling to meet people's needs and attend to call bells, particularly on the first floor. Relatives, external professionals and staff agreed that staff deployment meant there were times when it was difficult to meet people's needs, or to find a member of staff to help. There was a high reliance on agency staff and an increased risk due to the deployment of staff.

We recommend the provider reviews the use of their dependency tool, staffing levels and deployment.

- The manager and regional manager had a plan in place to reduce agency usage and recognised the importance of staff continuity. This included making greater use of the provider's supply of bank staff, which the service had not previously consistently accessed.
- Staff had been recruited safely, with pre-employment checks in place to reduce the risk of unsuitable people working with vulnerable people.

Using medicines safely

- Records were not always filled in according to good practice and were at times difficult to follow, with Medicines Administration Records photocopied poorly and handwritten in a way that sometimes made it difficult to follow. We fed this back to the manager, who agreed to act. We found no evidence of impacts on people who used the service but record keeping needed to improve to reduce the risk of medicines errors.

We recommend the provider reviews auditing and oversight of medicines administration to ensure it is accurate and up to date.

- Medicines were managed safely. Staff responsible for medicines administration demonstrated a good knowledge of people's medicines needs. People and relatives told us they received medicines at the right time.

Assessing risk, safety monitoring and management

- Risk assessments were in place but not sufficiently person-centred. For instance, where someone was particularly anxious staff were directed to 'distract' them, but there were no specific topics of conversation or activities suggested to help with that distraction.
- Staff understood the risks people faced. For instance, environmental risks linked to falls, and longer-term health-related risks. The staff we spoke with demonstrated a good understanding of the risks people faced

and how to reduce these.

- The provider had introduced an electronic record keeping system days before the inspection. Previous paper-based records which documented staff actions in relation to people's safety, such as turn charts, were at times difficult to read due to the handwriting and the standard of the photocopying. The provider was able to demonstrate that the new electronic system would make records more accountable and they assured us appropriate auditing procedures would be in place.
- People felt staff kept them safe. One person told us, "I know they are here if I need them – I've never had any major problems or concerns." One relative said, "They're doing their best and they keep [person] safe."
- The provider had undertaken significant refurbishment to improve safety and accessibility, for instance new carpets and converting en-suite toilets to full wet rooms. Utilities, lifting and emergency equipment had been serviced regularly.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to protect people from the risk of abuse. People and relatives felt they could raise concerns, and that they would be dealt with. The new manager worked openly with external organisations to investigate safeguarding matters.
- Staff received mandatory safeguarding training. They told us they were supported to report any errors and that these would be used as opportunities to learn.

Preventing and controlling infection

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

Visiting in care homes

- The provider ensured relatives were able to visit loved ones, in line with current 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People sometimes had to wait to enjoy their meals. Mealtimes were not always well planned in terms of how and when staff would ensure people received hot meals. Numerous people needed assistance with eating and some chose to eat in their rooms, meaning staff struggled to serve everyone in a timely manner.
- Meal preferences were taken in writing, rather than people being shown meal options or pictorial menus. The atmosphere could be made more welcoming with music and greater interaction with staff. The manager was aware of this and agreed to prioritise their review of people's mealtime experiences.
- People's dietary requirements and preferences were respected. They were set out in care plans and regularly reviewed. Meals were appetising and there was a choice of options. Where people were at additional risk of weight loss or pressure damage, staff used recognised risk assessment tools and sought external help.

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

- Daily record keeping had moved from paper-based records to an electronic system in the days before the inspection. There were some areas for improvement in terms of the accuracy and detail in the information recorded. For instance, whilst PEG (Percutaneous Endoscopic Gastronomy – a tube that allows people to ingest food straight into their stomach) record keeping was detailed, people's individual diabetes plans needed more detail to meet people's needs.
- Senior care staff sought help and guidance from external healthcare professionals. They incorporated this advice into ongoing care planning and review. The manager planned to introduce a 'resident of the day' system whereby each person's needs would be reviewed in detail each day.
- Care plans were specific enough to ensure staff had enough information to meet people's health and care needs. Staff used recognised tools to help monitor and act on people's health needs, for instance potential weight loss and the risk of dehydration. People had specific oral health care plans in place and the provider had arranged for a local team to provide training and support to staff in this area.
- People and relatives expressed a range of opinions on their confidence in staff. Some found staff extremely helpful and informative, whilst others told us it was at times difficult to find a staff member who could update them about their relative.

Staff support: induction, training, skills and experience

- The manager had identified the need to refresh staff knowledge in certain clinical areas and had arranged refresher training. For example, moving and handling, the use of catheters and PEGs. Staff were sufficiently skilled and trained in core areas to support people.

- Staff received regular support through their induction and supervisions. The new manager had been in post for two weeks so had not undertaken formal supervisions with staff yet. Staff we spoke with indicated the new manager was open and approachable and listened to them when they raised any queries.

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

- Feedback was mixed regarding how well staff communicated with external professionals, and the timeliness of support people received. One relative said, "The nurse comes in now and again, when needed, and they check things like oxygen. They are on the ball." Another said, "The staff try their best but I don't think the line between residential support and nursing support is clear." The manager acknowledged this and had already arranged some work with commissioners to review people's needs.
- People had access to external health support, such as GP, nursing and other services. The clinical lead acknowledged people's needs would be better met if they could establish a regular meeting with all relevant visiting healthcare professionals – they hope to establish this Multidisciplinary Team (MDT) approach soon.

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

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

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

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

- People and relatives confirmed they were asked for consent before care and treatment. The manager and senior staff demonstrated a good understanding of capacity considerations.
- Capacity assessments were in place. There was a DoLS tracker in place to identify when each person's DoLS expired, but the list was not up to date. The manager committed to reviewing this list as part of the review of people's ongoing needs.

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

- The provider had recently refurbished parts of the home so it was more suitable for people's needs. Corridors were wide and accessible and there were ample bathing facilities. The first floor still needed significant refurbishment work to ensure it was welcoming and met people's varied needs.
- People's rooms were personalised and well maintained.
- The outdoor space required further work to make it more accessible and appealing.

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We observed staff interacting patiently with people but they were at times focussed on tasks rather than people. There were opportunities for staff to interact warmly with people when serving lunches or helping them settle in a living room, but not all staff did this. This opinion was shared by visiting professionals and some relatives. One said, "The staff used to have a laugh and some banter with people but the new ones don't seem to." The manager recognised the service's reliance on agency staff and the impact this had on the atmosphere in the home.
- Staff respected people and spoke with them in a dignified manner when supporting them with specific tasks. People and relatives confirmed this. One person said, "The staff are lovely when they have the time." Relatives said, "She gave me her time and is always very kind. She goes the extra mile," and, "The way they talk to mum, I would put that at the top of the list in terms of best things about the service – they are very kind."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives did not always feel involved in care planning and review and surveys. We received mixed feedback. One relative said, "They do tend to call if there are any changes and we were involved in the care plan at the start." Another said, "I don't recall seeing a care plan," and another, "It's only when I call them that we get to review things – it should be the other way around." The manager acknowledged there had not been enough consistent engagement with people and their relatives to ensure they were actively involved in care planning and review on an ongoing basis.
- The manager and staff demonstrated a willingness to help people remain independent. One relative said, "She always likes to have her pearls on and the carers help her with that – she's always been a smart woman and they know that's important."
- People interacted warmly with the majority of staff and relatives told us some staff cared about people and took an interest in their wellbeing.
- Care plans contained some person-centred information about people's backgrounds and preferences. The manager demonstrated a one-page profile they planned to introduce to improve staff access to and knowledge of pertinent background information about people.
- People were supported to make choices around day to day life, for instance meals, activities, clothing. One relative said, "They can have a lie in, as long as they like. Everything is their choice."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care plans were not always person centred and focussed on tasks. The provider had introduced an electronic care records system and all records, except medicines recording, had moved onto this in the past week. Care plans were in place but needed further work.
- Staff helped people to enjoy their preferred routines and day to day options. One person said, "I like to spend time in my room then go in there for a natter."

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

- The permanent activities co-ordinator was on leave, meaning the range and number of activities on offer had reduced recently. The provider had ensured an activities co-ordinator from another service came to the home twice a week, and had also employed another activities co-ordinator to help, who was due to start soon. One relative said, "[Activities co-ordinator] is lovely with them – they wrote letters to the Queen, made lots of cards, ball games and singers. It's been more quiet of late."
- People enjoyed tai chi on the day of our inspection, and this was a weekly arrangement. Singers and other entertainers visited the service on occasion and some relatives told us how people like to go out with them. The manager acknowledged that activities planning and provision needed to improve, and they had plans in place to do this. When staff returned, the manager planned to have an activities-lead seven days a week.
- Staff helped people maintain relationships and friendships that were important to them. Relatives told us they could visit when they liked.
- Staff had ensured people could see their loved ones where guidance allowed during the pandemic.

Improving care quality in response to complaints or concerns

- Complaints were handled in line with the provider's policies. People, relatives and staff told us they could raise any issues and were comfortable doing this. One relative said, "I had to raise some issues a while back when the communication wasn't great around medication changes, but they sorted that in fairness and there have been no problems since."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs and preferences. Staff

communicated with people effectively, using varied tones and body language, in line with people's plans and preferences.

- Activities information was available in communal areas. The manager planned to review forms of communication (for instance using a newsletter, using service user meetings) to ensure people's range of communicative needs could be met.

End of life care and support

- Staff had completed end of life care training, with the clinical lead completing more complex training. The manager was aware of the need to involve people and families in this area of care planning early on and hoped to have a champion in this area.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- Auditing and governance systems were not effective. Previous auditing systems in place had not identified the areas of improvement required on our inspection, for instance mealtime experiences, staffing deployment, lack of person-centred detail in care planning. As a result, records were not always accurate and standards of care were not as high as they should be.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and new regional manager were meeting on the day of our inspection to agree the new auditing regime moving forward. They acknowledged the auditing arrangements currently in place were not effective and were prioritising this. The provider assured us that, despite there being no immediate plans for a deputy manager, the manager would have the time and support necessary to make improvements to the service.
- At times there was a lack of clear leadership regarding specific aspects of care. For instance, no one took the lead at mealtimes. The manager stated they hoped in time to support a number of staff to take the lead in specific areas of practice and have champions in place. Staff understood their day to day responsibilities and worked hard.
- The provider described their aim for the service to specialise in older people and dementia care. At the time of inspection the manager acknowledged there was a wide range and complexity of people's needs and that there was no specialism in place, either through bespoke training or tailoring of the environment. The provider committed to incorporate dementia friendly best practice to refurbishment.
- The provider had refurbished and redecorated areas of the home and there were further plans for refurbishments and external work.
- The manager provided accessible support to staff. Staff confirmed they were approachable and supportive. One said, "Sometimes an 'open door policy' doesn't really mean anything but [manager] is genuinely always happy to listen."

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

- The provider had not always ensured the culture was person-centred. Documentation did not always give staff a clear and current picture of people's individualities and how to ensure they received the best care.

The manager had started making changes to the service, including improving individual record keeping and engaging with people and staff more. They planned residents meetings and had employed an activities co-ordinator. Staff confirmed they were listened to and the new manager had begun to take steps to empower them.

- Two members of staff used institutionalised language, referring to people who needed assistance at mealtimes as 'feeds'. We fed this back to the manager, who took action.
- People felt safe and well looked after. The atmosphere was calm and welcoming although lacked the vibrancy and banter that relatives told us used to be the case.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and manager recognised there needed to be improvements regarding how people and relatives' opinions were proactively sought, listened to and acted on. The manager planned to reinstate residents and relatives meetings and produce an introductory newsletter to relatives. They hoped this would increase the level of family/volunteering involvement, which they acknowledged needed to improve.
- Senior care staff worked well with health and social care professionals who were involved in people's care. They had implemented areas of good practice, such as one-page profiles and new handover sheets to help reduce errors. External professionals confirmed that information was forthcoming and accurate from these staff but the service's reliance on agency staff meant it was sometimes difficult to get timely or accurate updates.
- The provider had not developed or maintained community links. The new manager had recognised this and had plans in place to revisit old links and build new ones.

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 provider had systems in place to act when things went wrong and learn lessons from incidents. Staff told us they were supported and understood the importance of being open about any concerns or incidents. Relatives told us they had been informed when there had been an incident or accident.
- The manager was aware of their regulatory responsibilities and had made relevant notifications to CQC in a timely manner.

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	The provider had failed to ensure records were accurate; governance and oversight was not effective.