

Qualia Care Limited

Washington Lodge

Inspection report

The Avenue
Washington
Tyne And Wear
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Washington Lodge is a nursing home which provides nursing and personal care for up to 65 people, some of whom are living with dementia. There were 45 people living there at the time of this inspection.

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

People and their relatives were very positive about the care provided. People told us they felt safe and staff had the skills to support them. Relatives provided positive examples of how staff had helped improve people's lives since moving to the home.

Staff were safely recruited and received an induction followed by training from the provider. Training was monitored and staff were supported with regular meetings and supervisions. Staffing capacity was enough to meet service user needs.

People and relatives were involved in every stage of care planning. Systems and records were in place to ensure people received person-centered, safe care.

The registered manager had an effective quality assurance system in place. Regular audits and checks were done. These were used to identify relevant action and lessons learnt. People, relatives, staff and professionals were offered opportunities to provide feedback about the care provided at the home.

All staff ensured people living in the service were happy with the environment and found ways to promote their independence; their passions and interests were maintained wherever possible.

The service was following safe infection prevention and control procedures to keep people safe

Medicines were managed safely. Risks to people were assessed and action taken to reduce the chances of them occurring. The registered manager acted on feedback immediately. People were safeguarded from abuse.

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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 4 August 2021)

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was 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.

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 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

1 inspector carried out this inspection.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We 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 to the registered manager as well as the regional manager, 1 person, 3 relatives and 4 members of staff. We reviewed a range of records. This included 4 people's complete care records and medication records for 4 people. We looked at 4 staff files in relation to recruitment and staff supervision as well as staff feedback forms. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to have systems in place to ensure risks were managed in line with expected practices. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made since the last inspection, so the provider is no longer in breach of regulation 17.

- Risks to people were assessed regularly and managed in a way that kept people safe
- Staff completed a comprehensive assessment of each person's physical and mental health needs prior to delivering care. The assessments included information and guidance for people with complex needs, communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.
- Care plans contained positive behaviour support information; this included identifying triggers which impacted on people's wellbeing and behaviours, as well as techniques for staff to use to reduce any behaviours which may challenge.

Staffing and recruitment

At our last inspection the provider had failed to have systems in place to ensure recruitment processes were managed in line with expected practices. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made since the last inspection, so the provider is no longer in breach of regulation 17.

- Staff were recruited safely by the provider and there was enough staff to safely support people
- New staff had appropriate pre-employment checks in place which included photo identification, work history, references and a Disclosure and Barring Service (DBS) check in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- Staffing levels were regularly reviewed against people's support needs. One relative said, "The staff make it a home, they are always happy to help even with the little things there is always someone who will be there."
- Agency staff were used, particularly at night and the registered manager and provider were working to recruit to vacant posts and ensured there was consistency in the care team.

Using medicines safely

At our last inspection the provider had failed to have systems in place to ensure medicines were managed in line with expected practices. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made since the last inspection, so the provider is no longer in breach of regulation 17.

- Medicines were managed safely. The registered manager carried out regular checks on people's medicines to make sure they were being administered in line with national best practice, the provider's policy and prescribing instructions
- Staff had received training in administering medicines and had their competencies assessed regularly, we were assured staff were competent in all aspects of medicine management.
- People and relatives told us that they are confident in the medicine's management within the service, one relative said, "Staff are very proactive with medicines, they noticed [person] was having trouble swallowing tablets and they changed them to liquid form which has been so much better and safer."
- Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Medicines were safely stored in locked cupboards or lockable fridges if required.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow.
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse. One staff member said, "I have never had to raise a cause for concern, but I would not hesitate to use the whistleblowing procedure. The registered manager is very supportive and professional on every level and I know it would be dealt with promptly and properly."
- People reported feeling safe when receiving their care. One relative told us, "I definitely feel [Person] is safe in Washington Lodge, nothing is a problem to the staff. It is excellent."

Preventing and controlling infection

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

- Relatives were encouraged to visit people at the home and people were supported to visit relatives and the local community.

Learning lessons when things go wrong

- Lessons were learnt from incidents and learning was shared with the staff team to prevent similar incidents occurring
- Accidents and incidents were fully investigated and outcomes from these were used to improve the care 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 our last inspection we rated this key question requires improvement. At this inspection the rating 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

At our last inspection the provider did not have sufficiently effective governance systems to monitor the quality of the service. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made since the last inspection, so the provider is no longer in breach of regulation 17.

- Governance was fully embedded within the service; the registered manager as well as the regional manager undertook a range of audits to assess care quality and safety such as supervisions, care plans, environmental risk assessments, rostering and welfare checks.
- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- The management team led by example, they were highly visible and known to staff and relatives. One relative commented, "Since the registered manager has been in post everything has changed for the better, she is fantastic, she has guided changes within the home brilliantly."

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

- There was a positive staff culture which helped to achieve good outcomes for people. One staff member said, "I feel fully supported within my role at Washington lodge. I am always told there is never such a thing as a stupid question and always to ask for help if and when I need it and I am always met with positivity from my peers when I do."
- The registered manager communicated with people, relatives and staff. Relatives told us the management team were approachable. One relative commented, "The registered manager would go to the ends of the earth to help, we're made to feel comfortable and they always ask for our feedback."

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 service had a duty of candour policy in place and the provider understood their responsibility to be

open and honest when something goes wrong.

- Results from investigations, feedback sessions and audits were used to improve the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had the opportunity to discuss things that were important to them through residents' family meetings and feedback forms.
- The provider held team meetings with staff where their views were heard, these included meetings for general staff, senior staff and nurses.
- A resident's satisfaction survey had been completed in February 2022, feedback was positive, and we saw the provider had taken on feedback and suggestions made as part of the survey.

Working in partnership with others

- Staff worked in partnership with people, relatives and other healthcare professionals
- Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.