

Haslingden Hall and Lodge Limited

# Haslingden Hall and Lodge

## Inspection report

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Haslingden  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Haslingden Hall and Lodge is a residential care home. Haslingden Hall and Lodge is a purpose-built care home which accommodates up to 76 people across four separate wings. Two of these areas are designed to provide care to people living with dementia. The service was providing personal care to 61 people aged 65 and over at the time of the inspection.

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

People told us they felt safe. The provider had reported any potential safeguarding matters appropriately. Recruitment was not always safe. A full employment history was not being requested and references from previous care employment were not taken up. We made a recommendation that the provider undertakes robust recruitment checks.

Medicines were not always managed safely. We recommend the service review the 'when required' protocols for all people living in the home and staff administering medicines must be competency assessed and trained appropriately.

There were mixed responses around the quality of meals. People's needs had been assessed and care plans were detailed. People were supported to maintain their health and wellbeing.

The service was compliant with the Mental Capacity Act. 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 received care which was responsive to their needs and people were treated with dignity and respect. Care and support plans had been regularly reviewed to reflect any changes in the person's needs and wishes.

People had been referred for further input from professionals when required. People were encouraged to raise any concerns. Complaints had not always been addressed appropriately in the past, but the new registered manager had identified this and improvements had been made.

The registered manager was committed to improving care and the issues found on inspection had been addressed in an action plan. Staff felt the registered manager was approachable. Audits were taking place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 10 March 2017)

### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding's and medicine management. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make some improvements. Please see the safe section of this full report.

## 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?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

**Good** ●

### Is the service caring?

The service was caring

Details are in Caring findings below

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below

**Good** ●

### Is the service well-led?

The service was Well-Led

Details are in the Well-Led findings below

**Good** ●

# Haslingden Hall and 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.

#### Inspection team

The inspection was carried out by one inspector, two medicines inspector, an inspection manager 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

Haslingden Hall and 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 the inspection

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 also reviewed information from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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, four family members and one visiting professional. We also spoke with ten members of staff including the registered manager.

We reviewed the care records for six people. We looked at the recruitment records for two staff, policies and procedures, complaints, quality assurance records and staff supervisions. We also observed medicines administration and reviewed fourteen medicine administration records .

# 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.

### Staffing and recruitment

- We looked at recruitment and saw that the application forms we looked at did not contain a full employment history and one reference from a previous care employment was not taken up. We recommend that the provider ensures that recruitment checks are robust. We raised this with the registered manager and the outstanding reference was requested. They also assured us the necessary changes would be made to the application forms, to ensure that all the required information could be captured.
- People we spoke with felt there were enough staff on duty most of the time, although some people felt that staff were 'pushed'. One visitor told us, "The staff have been absolutely brilliant. At meal times it's very, very hard for them. I think the carers need some time to spend with each individual person." We spoke with the registered manager about arrangements at mealtimes. From our observations, mealtimes were very busy periods for the staff. The rosters showed that planned staffing levels supported people safely and a discussion took place about how staff could be better deployed at mealtimes.

### Using medicines safely

- Medicines were not always managed safely. Competency checks for all senior staff who administer medication had not always been completed. Some PRN protocols were missing and when in place they were not personalised to the individual. Fridge and room temperatures were not always recorded and some were recorded out of range. We noted improvements could be made when administering warfarin to keep people safe. Medication audits were taking place, but we noted some actions had not been met. We recommend the service review the 'when required' protocols for all people living in the home and staff administering medicines must be competency assessed and trained appropriately.
- The registered manager had been proactive in addressing concerns around medication and had independently sought guidance and support from the medicine's management team. It was clear that improvements had taken place and staff were more competent than they had been previously. No one we spoke with had any concerns around their medication.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm by systems the service had in place. Staff we spoke with could identify what might be a safeguarding concern and knew how to raise concerns. The registered manager had worked closely with the staff to improve recognition of safeguarding's. We reviewed the service's safeguarding records and found they had followed procedures.

### Assessing risk, safety monitoring and management

- Staff completed risk assessments in relation to people's health and social care need. The service regularly

reviewed risk assessments to ensure they were up to date and had amended risk management plans when required.

#### Preventing and controlling infection

- People were protected from the risk of infection. The service had infection control policies which were based on best practice guidance. We saw there was personal protective equipment, including gloves and aprons available throughout the home.
- There had been several complaints about missing clothes. One person said, "Laundry – oh God, don't mention it. I've lost that many clothes." The registered manager told us that there had been some discussions around the need for additional laundry staff.
- The home was extremely clean and tidy. One visitor told us, "I'd say the cleaning was good; the lady is always on the rounds, and they change the bedding every week."

#### Learning lessons when things go wrong

- The provider had systems to learn lessons when something went wrong. The registered manager was open and honest about these situations. We saw all incidents and accidents had been thoroughly investigated and lessons learned, to prevent things from happening again.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Staff assessed people's needs and choices to ensure the service could meet them. Thorough assessments had been completed which included all aspects of people's health and care needs.
- Staff worked together to ensure that people received consistent support.

Staff support: induction, training, skills and experience

- People were supported by suitably trained staff. Training records showed people had received an appropriate induction and training. Staff told us they had received appropriate skills to understand their role. We saw that the service had champions in areas such as falls, equality and diversity, safeguarding and medication.
- Staff were happy in their role. One staff told us, "I love it. It's really great to make a difference to people. I treat them like my own family."

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

- People were supported to have a balanced diet. Some people needed modified diets and advice from speech and language therapists regarding swallowing needs had been included in people's plans.
- There were mixed views about the food. One person told us, "The food is awful, that's the worst thing about this place. Another person said, "The food is satisfactory, quite edible and I have no complaints about it whatsoever. They will give you something else if you don't want what's on the menu." There had been a change of supplier and more fresh food was now available. One person said, "In all fairness, the food is improving, but it's got a long way to go. We had a meeting and we told the manager." The lunchtime experience was calm and pleasant experience for people. We observed staff assisting people at mealtimes in a dignified and caring manner.

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Staff working with other agencies to provide consistent, effective, timely care

- Care records showed evidence of partnership working with other health and social care professionals to ensure consistent and effective care. Reviews were held regularly and people were involved in decisions about their care.

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

- There were future plans for a major refurbishment of the home. The service had dementia friendly signage for residents to identify their rooms. The handrails in the corridors of the dementia units were colour contrasted in green making the spatial awareness easier for people living with dementia

- The service was adapted to meet people's needs. Rooms were very spacious and personalised. Gardens were secure and accessible with good seating arrangements, a decorative fountain and pleasant landscaped areas. The service was also part of a Hen power initiative which meant that they had 3 hens in the garden, which people enjoyed.

Supporting people to live healthier lives, access healthcare services and support

- The service assessed people's healthcare needs. This included working with community-based health professionals and families. Appropriate referrals were made to other professionals. One professional told us, "Everybody seems very happy here. I come quite often in the morning and see them in the dining room, all very chirpy and chatting together." People told us they were satisfied they could see a doctor or other medical professional whenever needed. One relative confirmed this saying, "My relative had a fall when we were out and staff sent for an ambulance. They took him to hospital then the district nurse came until the wound was healed."

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.

- The service was compliant with the principles of the MCA. Staff understood the importance of consent and we observed staff gaining consent from individuals.
- At the time of inspection, we saw that appropriate applications for DoLS had been submitted to the local authority.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People experienced kind and caring support from staff who were committed to supporting them respectfully. People told us, "The staff are very friendly and helpful to me. They seem to go out of their way to help me. We have some very caring staff."
- One relative told us, "They do a one to one chat with people to find out what they like, their mental state and how they feel about themselves."
- People's equality and diversity needs had been recorded in their care plans and staff followed their cultural needs and wishes. One person told us, "I go to church every Sunday with friends and there are Communion services here regularly for people who can't get to church."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views and be involved in decisions which affected them. People were consulted about their care plans. We saw evidence of consultation through satisfaction surveys. However, it was not clear what action had been taken when issues were raised. We discussed this with the registered manager who agreed to formalise this process.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff we spoke with understood the importance of respect and dignity. People told us, "The staff always knock." And another person told us, "They always make sure the door to the room is closed. It's all fine."
- People had been supported to maintain and improve their independence and we observed positive interactions which demonstrated warmth and compassion.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The service had made improvements and had responded to complaints.

We looked at the complaint's procedure. Prior to inspection we were made aware concerns were not always acted upon. We saw the service had recognised that this was an issue and had taken action. We saw since this incident, the service followed a detailed complaints procedure. One person told us, "It's easy to make a complaint. You just go round to the office. I was happy with how a complaint I made was sorted." People we spoke with told us they knew how to raise complaints and felt able to do so.

End of life care and support

- Good arrangements were in place to support people at the end of life. This was evident during the inspection and staff had received appropriate training.
- The registered manager had identified that advanced planning around end of life was a priority within the service. Plans were in place to commence a piece of work around considering their wishes and to make plans which reflected any cultural and religious considerations

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

- People received care which was responsive to their needs. People's interests had been identified by the activities coordinator and the service looked to achieve positive outcomes for people. People's needs and care plans were reviewed and updated regularly by the staff.

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.

- The registered manager understood the AIS and explained people had the option to have service user guides in formats they understood. Access to training and resources were available and dementia signage was in place.
- People were supported to express their views.

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

- People were supported to maintain relationships and take part in activities. People we spoke with were happy with the choice of activities. The service employed one full time and one part time activity

coordinator and people had access to a range of activities. It was clear that they were passionate about the role and had raised funds through summer fayres and a danceathon. People benefited from additional social and creative activities as part of the Henpower project which helped to improve well-being.

- One person told us, "Earlier on in the year we did the hanging baskets; I used to love my garden. We've done all sorts of crafts – a lady comes every three weeks. We do a painting session, play skittles, and this afternoon we've been going back to the 1930's." We observed people watching an old musical on the TV. They had been given a variety of snacks, including popcorn in plastic 'cones', which people helped themselves to. There was a calm and comfortable atmosphere.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service under the new registered manager had started to become a more open culture. Staff we spoke with told us that there had been lots of changes within the service which had been unsettling but they were now more positive. We judged the service was becoming a more open culture under the leadership of the registered manager who was keen to learn from past incidents and concerns.
- People received person-centred care which reflected their needs and aspirations. The registered manager was clearly passionate about her role and her value base was evident throughout inspection. The registered manager ensured people received positive outcomes and worked hard with the staff team to continue to raise standards.

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 registered manager understood their responsibilities about being open and honest when things went wrong. The registered manager was aware that people must be informed and receive about the incident truthful information and an apology when incidents occurred.

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

- The new registered manager had ensured staff understood their roles and responsibilities and she was settling into her role, ensuring she knew the people in the home and their needs. People told us the registered manager was approachable. One person told us, "This manager is helpful and has been trying to get things done for me."
- The quality of the service was monitored through auditing to assess and monitor the delivery of care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were encouraged to share their views through surveys and meetings
- Staff engagement was achieved through team meetings, supervisions and handovers. Staff we spoke with felt able to raise any issues or concerns.
- Conversations with staff and the registered manager showed they understood the need for protecting people against the various forms of discrimination.

- Continuous learning and improvement was taking place. The registered manager had already identified shortcomings within the service through a detailed action plan that was evident in the service. Areas for development of the service were shared during inspection. The registered manager was eager to learn from past incidents and concerns and improve the service.

#### Working in partnership with others

- The provider worked in partnership with other professionals to ensure the service was able to share knowledge skills and experiences. This included; the local authority and health professionals. Where needed, people had been referred to other professionals for assessment and support, such as speech and language therapists.