

Amicura Limited

Haslingden Hall and the Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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 the Lodge is a purpose built care home located in a residential area of Haslingden, Lancashire. The home provides care and accommodation for up to 76 people including, people living with dementia and people with physical disabilities. There were 46 people accommodated in the home at the time of the inspection.

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

People told us they felt safe living in the home, and they were happy with the service provided. Staff had received training on safeguarding vulnerable adults and had access to the provider's policies and procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The recruitment procedures had been improved and ensured prospective staff were suitable to work in the home. People received their medicines safely. Risk assessments enabled people to retain their independence and receive support with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection. The premises had a satisfactory standard of cleanliness and were protected from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. There was ongoing training for all staff. Staff were supported with regular supervisions and were given the opportunity to attend regular meetings to ensure they could deliver care effectively. People were supported to eat a nutritionally balanced diet and to maintain their health.

Staff treated people with kindness and respect and spent time getting to know them and their specific needs and wishes. We observed positive interactions between staff and people who lived in the home. Staff were responsive to people's needs. People were provided with appropriate activities and had access to a complaints procedure. All people had a care plan which was reviewed at regular intervals.

The registered manager and staff had worked hard to address the shortfalls identified at the last inspection. The management team carried out a series of audits to check and monitor the quality of the service and ensure records were completed accurately. The registered manager provided clear leadership and considered the views of people, their relatives and staff in respect to the quality of care provided. The registered manager and staff used the feedback to make ongoing improvements to the service.

Rating at the last inspection

This service was registered with us on 23 November 2020 and this is the first comprehensive inspection. Previously, we carried out focused inspections on 19 November 2020 (published 18 December 2020) and 13 January 2022 (published 1 March 2022).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and provide an overall rating.

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, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Haslingden Hall and the 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

An inspector and Expert by Experience undertook the inspection on day one and the inspector visited the service on day two. 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Haslingden Hall and Lodge is a care home without 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

We reviewed information we had received about the service, such as notifications. These are events that happen in the home that the provider is required to tell us about. We also sought feedback from the local authority.

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 this information to plan our inspection.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with eight people living in the home, two relatives, five members of staff, two activity co-ordinators, a cook, laundry officer, the registered manager and the area manager. We also spoke with a visiting healthcare professional.

We had a tour of the building with the registered manager and reviewed a range of records. This included three people's care documentation, two staff files and ten people's medication records. We also reviewed a range of records relating to the management of the service.

After the inspection

The registered manager sent us the results and action plan following a recent additional services survey completed by people living in the home.

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 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 assess the risks to the health and safety of people receiving care and treatment and failed to do all that is practicable to mitigate the risks. This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 12

- Risks to people and the service were assessed and managed. Risk management strategies were included in people's care plan documentation and there was guidance for staff to follow to support people safely. We noted one person's risk assessment required updating, this issue was addressed during the inspection.
- The registered manager had carried out environmental risk assessments to ensure the safety of people's living space. The premises were in the process of being refurbished and were well maintained. The provider had arrangements to carry out maintenance and safety checks on the installations and equipment.
- The provider had a business continuity plan and contingency plans which described how people would continue to receive a service in adverse circumstances. We also saw staff had improved people's personal emergency evacuation plans to include additional information about their needs.

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

At the last inspection, the provider had failed to operate effective systems and processes to safeguard people living in the home. This was a breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 12

- The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from harm and discrimination. People told us they felt safe and were happy with the care and support they received.
- Staff confirmed they had completed training; however, they were unsure on the safeguarding reporting procedures outside their own organisation. The registered manager took immediate action to refresh staff knowledge and understanding of the procedures.
- Any safeguarding incidents had been reported to the local authority and the Care Quality Commission had

been notified.

- Staff had recorded accidents and incidents on appropriate forms. The registered manager collated the information and carried out a detailed analysis every month to identify any patterns or trends. The registered manager also completed a 'Falls cross' which provided a visual representation of the falls in the home.
- Lessons learned had been recorded and discussed with the staff team in both individual and group meetings.

Staffing and recruitment

- The provider had established systems to monitor the number of staff deployed in the home. People told us there were sufficient staff to meet their needs in a timely way. One person said, "There is always plenty of staff around, I am well looked after here."
- Improvements had been made to the recruitment procedures. We looked at two staff files and found appropriate regulatory checks had been carried out prior to employment.

Using medicines safely

- Medicines were stored and managed safely. Staff administering medicines received training and had their competency checked to ensure their practice remained safe.
- The staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.

How well are people protected by the prevention and control of infection?

- Following a tour of the building, observing staff practices and discussing the infection prevention control arrangements, we were assured the provider was admitting people safely to the service.
- We were assured the provider was preventing visitors from catching and spreading infections
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. However, we noted one person's room required cleaning, this issue was addressed immediately during the inspection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were supported to have visitors and maintain contact with their friends and families in line with government guidance.

Is the service effective?

Our findings

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

This is the first comprehensive inspection of this newly registered service and we have not previously rated this key question. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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

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

- The staff had completed training and had a basic understanding of the principles of the MCA. The registered manager agreed to ensure the staff received more information on this topic to develop their knowledge and understanding.
- Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.
- Where people needed restrictions on their liberty, to ensure their safety, the registered manager had applied to the local authority for appropriate authorisation under DoLS. All conditions were met in relation to the approved DoLS authorisations.

Staff support: induction, training, skills and experience

- The provider ensured staff had the appropriate skills and experience and supported them in their roles.
- New staff were supported through an induction programme and the provider's mandatory training was provided to all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance. The registered manager monitored staff training to ensure staff completed the training in a timely manner.
- Staff were provided with one to one supervision and an annual appraisal. These forums facilitated discussions around work performance, training needs and areas of good practice. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was on-going and

relevant.

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

- People were supported to eat and drink in line with their dietary requirements. People were satisfied with the variety and quality of the food. The dining experience was a pleasant and sociable occasion.
- People's weight and nutritional intake was closely monitored, in line with their assessed level of risk and referrals had been made to healthcare professionals, as needed. The registered manager had introduced new checks and measures to ensure all the records were completed in a timely and accurate way.

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

- The registered manager carried out assessments of people's needs, before they moved into the home. This helped to ensure the staff team had the resources and training to meet people's individual needs. The completed assessments covered all aspects of a person's needs and preferences.
- People's diverse needs were detailed in their assessment and care plans and met in practice, this included support required in relation to their culture, religion, lifestyle choices and diet preferences.

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

- People were supported to access healthcare services. Staff had strong supportive relationships with other agencies and professionals to provide a flexible and effective service, which adapted to people's needs. A visiting healthcare professional provided us with positive feedback about the service and confirmed staff made timely medical referrals.
- People's physical and mental health care needs were documented within their care plan. This helped staff to recognise any signs of deteriorating health.
- Staff shared information when people moved between services such as admission to hospital or attendance at health appointments. In this way, people's needs were known and care was provided consistently when moving between services.

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

- The premises were well presented, light and spacious. People living on the ground floor had ready access to the garden areas. People accommodated on the second floor, were supported to access the gardens by staff.
- Since our last inspection, many areas had been redecorated and refurbished. The programme of improvements was ongoing at the time of our visit. The registered manager explained new adaptations were due to be added to the first floor to help support people living with a dementia.
- People were able to personalise their rooms with their own items and belongings.

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 comprehensive inspection of this newly registered service and we have not previously rated this key question. This key question has been rated as good. 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 complimented the staff on the caring and kind way they provided support. One person told us, "Staff are very good, they are polite and friendly", and another person commented, "Staff are patient and know me well. They are supportive and kind."
- The registered manager promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff interacted with people in a warm and friendly manner and people were comfortable in the presence of staff who were supporting them.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.

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

- People were supported to express their views and were consulted in individual and meaningful ways. Staff asked people for their comments about the support they provided. They included people in decisions about their care and gave people time to voice their wishes.
- People were encouraged to make decisions about their day to day routines, in line with their personal preferences. People told us they and/or their relatives had been consulted about their care needs and had discussed their care with staff.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service. This helped them to make informed decisions about accepting a place at the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected. People could spend time alone in their rooms if they wished.
- Staff had access to policies and procedures about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with current regulations.

Is the service responsive?

Our findings

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

This is the first comprehensive inspection of this newly registered service and we have not previously rated this key question. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care and support in a way that was flexible and responsive to their needs. People were happy with the care they received.
- Each person had an individual care plan, which was reflective of their current needs. Staff reviewed and evaluated the care plans once a month or in line with people's changing needs. The registered manager explained there were imminent plans to introduce a new electronic care planning system.
- Staff had a good knowledge of people preferences and were responsive to their needs. They maintained detailed daily records of care and handover records. These provided information about changing needs and any recurring difficulties. We noted people's needs were described in respectful and sensitive terms.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood people's right to have information presented to them in an accessible manner, such as larger print documents or the use of pictures.
- People's information and communication needs had been considered as part of the assessment and care planning processes. We saw staff members engaging with people during the inspection, which prompted conversation and helped to avoid isolation.

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

- Staff supported people to maintain relationships to avoid social isolation. Visitors were made welcome in the home. Staff encouraged people to make daily choices in relation to meaningful activities and accessing the community.
- The provider employed two activity coordinators and was due to employ additional coordinators to cover weekends. There was an activity programme which included a wide range of activities. We observed people enjoying activities throughout the inspection.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure. The procedure was clear in explaining how a complaint could be made and reassured people their issues would be taken seriously. The provider had arrangements for investigating and resolving complaints.
- The registered manager kept a log of any complaints which included details of actions taken. This meant any patterns or trends could be readily identified.

End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care. Where appropriate, people's end of life wishes, and preferences were recorded and reviewed as part of the care planning process.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free. Staff had access to training and the provider's policies on end of life care.

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 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; Continuous learning and improving care

At the last inspection, the provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to maintain accurate, complete and contemporaneous records in respect of each person. This was a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 17.

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. Staff morale was good, and they felt valued and supported.
- The provider and registered manager had worked hard to strengthen the governance systems. The management team carried out a number of audits and checks covering all aspects of the service. Action plans were drawn up to address any shortfalls and arrangements had been made to ensure the actions were fully implemented. The registered manager had also introduced a series of additional checks to ensure all records were complete and up to date.
- The registered manager was supported by the area manager, who visited the home on a frequent basis. The area manager carried out a series of checks and audits. Action plans were developed to ensure the necessary improvements were made in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. They were knowledgeable about people's needs and preferences.
- The registered manager and staff respected people's rights and encouraged people to make choices and decisions about their care and support.
- People were supported in a sensitive and kind manner. Feedback from people was positive and evidenced that they felt included and listened to.
- The registered manager and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled effective, coordinated care and support for people.

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

- Staff involved and engaged people in the life of the home and considered their equality characteristics. The registered manager encouraged people to express their opinions through different forums to ensure their views were heard. This allowed the provider to monitor, reflect and develop the service based on people's experiences.
- The communication systems had been improved. People living in the home, staff and relatives were given the opportunity to attend meetings and participate in satisfaction surveys. We saw action plans had been developed in response to any suggestions for improvement.
- The provider and the registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between the registered manager, staff and people who lived in the home and their family members.