

Hazelgate Ltd

The Dene Lodge - Minehead

Inspection report

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Date of inspection visit:
06 July 2022

Date of publication:
03 August 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Dene Lodge is a residential care home. It is registered to provide care and accommodation to up to 39 people. The home provides support to older people including people living with dementia. At the time of our inspection there were 19 people living at the home.

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

People lived in a home where there was no registered manager in post and there were no effective systems to monitor quality or drive improvements. Records had not been updated to make sure they fully reflected people's needs. This placed people at risk of receiving inconsistent or inappropriate care.

There was a task centred approach and culture within the home. This meant that people did not always receive person-centred care which promoted their well-being and independence.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support best practice.

People were helped with personal tasks by kind and patient staff. However, there was very limited social interaction for people when staff were not helping them with physical care. New staff had not received training or guidance on how to promote well-being for people living with dementia. This all resulted in people not receiving social stimulation. We have recommended that staff receive training in supporting people living with dementia.

People felt safe with staff who supported them and looked relaxed when staff helped them. Staff said they were confident that any concerns raised would be fully investigated to make sure people were protected.

People lived in a home which was well maintained and provided a pleasant environment. Several people commented how much they enjoyed spending time in the garden.

People were happy with the food provided although improvements were needed to meals served to people who required a specialist diet.

Staff worked well with other professionals to make sure people's medical needs were monitored and met. People said that staff arranged for them to see a doctor or nurse if they were unwell.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 August 2021) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made in infection prevention and control practices and the provider was no longer in breach of regulation 12. However other breaches were identified at this inspection.

At our last inspection we recommended that the provider ensured that all staff were familiar with the Mental Capacity Act 2005 and the practicalities of making decisions in respect of a person who lacks capacity to consent to their medicines being administered. At this inspection we found that although staff had received training in the mental capacity act no learning from this had been put into practice.

Why we inspected

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

We carried out an unannounced focussed inspection of this service on 7 July 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed from Requires Improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Dene Lodge - Minehead

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

The inspection was carried out by one inspector.

Service and service type

The Dene 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. The Dene 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 not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we had received from, and about, the service since the last inspection.

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 with seven people who lived at the home and one visitor. We also spoke with five members of staff and the deputy manager. Several people were living with dementia and were unable to fully express their views to us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a number of records relating to people's individual care and the running of the home. These included three care plans, three staff files, minutes of staff meetings, a sample of medication administration records and health and safety records.

We gave feedback to the nominated individual by video call after the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.



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 remained 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.

Preventing and controlling infection

At our last inspection we found the provider was not following Government guidelines in relation to infection prevention and control. This was a breach of regulation 12 (Safe care and treatment) 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.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 in accordance with up to date Government guidelines.
- 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.

Visiting in care homes

- People were able to see personal and professional visitors. Throughout the pandemic the staff had followed Government guidelines to help people stay in touch with friends and family. At the time of the inspection there were no restrictions on visiting.

Using medicines safely

At the last inspection we made a recommendation that the provider ensured that all staff were familiar with the Mental Capacity Act 2005 and the practicalities of making decisions in respect of a person who lacks capacity to consent to their medicines being administered. The action plan received after the last inspection stated that mental capacity assessments and best interests decisions had been completed for people who received covert medication.

At this inspection we found that although staff had received training in the Mental Capacity Act 2005 no changes had been made to the decision-making process in regard to administering covert medicines.

- Two people received their medicines covertly, that is without their knowledge or consent. There were written authorisation emails from the people's GP's to state medicines could be given covertly but it did not detail which medicines. However, there was no assessment of the person's capacity to give or withhold consent in the person's care plan. There was no evidence that people's representatives had been consulted to ensure the decision was being made in the person's best interests. The medicines being given covertly were being crushed but there was no information to confirm whether they were suitable to be crushed. Please see the effective section of the report for further information.

- People received their medicines safely from senior staff who had received training to carry out the task. The dispensing pharmacy had carried out an audit earlier in the year and not raised any concerns about medicines practice.

- We looked at a sample of medicines administration records and found they were signed when administered or refused. This enabled the effectiveness of prescribed medicines to be monitored.

- There were suitable storage facilities for medicines. Medicines with additional controls due to their potential for misuse were stored in accordance with current regulations. We checked records against stock and found them to be correct.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were minimised because staff knew people well and how to provide care with minimum risk to the person. However, risk assessments in people's care plans had not been regularly reviewed to make sure they reflected people's current needs. For example, one person had a falls risk assessment dated April 2021. The assessment placed the person at low risk as they had not had any falls. Since that time the person had fallen five times, but the assessment had not been updated and therefore no control measures had been recorded to reduce further risks.

- The deputy manager analysed all falls and incidents which occurred and sought medical advice when they identified people were at increased risk. This helped to minimise the risks of re-occurrence.

- People lived in a building which was well maintained to provide a safe environment. There were regular safety checks and servicing of equipment. This included checks of fire detecting equipment, water temperature and quality and the safety of lifting equipment.

Systems and processes to safeguard people from the risk of abuse

- Risks of abuse to people were minimised because staff knew how to recognise and report abuse. Staff said they would be comfortable to raise any issues with senior staff or the provider. All felt confident that action would be taken to protect people.

- People looked comfortable with the staff who supported them. When staff supported people with a task, we observed they were kind and gentle.

- People who were able to express their views said they felt safe. One person said they had problems with their memory. They said, "It doesn't matter that I can't remember things. I know I am safe here." Another person commented, "I definitely feel safe with the staff. They are good to you."

Staffing and recruitment

- People were cared for by staff who had undergone a thorough recruitment process. Staff files showed the provider sought references and appropriate checks before staff began work at the home.

- There were adequate numbers of staff to keep people safe and to meet their physical needs. During the inspection we saw people received help with physical tasks when they needed it. One person told us, "There are always staff when you need them." Staff said there were usually enough staff. One member of staff said, "We cope with the staff we have."

- The provider had experienced difficulty in recruiting staff locally. They had therefore recruited staff from overseas and reduced the number of people living at the home. This helped to make sure there were

adequate numbers of staff to safely support people.

- We were told that people received social stimulation from an activity worker. On the day of the inspection the activity worker was not at the home. Care staff did not spend time engaging with people if they were not carrying out a task and therefore there was very limited social stimulation for people. This resulted in most people in the lounge area sleeping.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Staff were not always working in accordance with the Mental Capacity Act 2005. Care plans did not contain information about people's capacity to consent to aspects of their care. Therefore, there was no evidence of how decisions had been made in consultation with others and in their best interests.
- Two people were being given medicines covertly, without their knowledge. As previously stated in the safe key question there was no evidence to show that people's capacity to give or withhold consent had been assessed and no information to show why the decision had been made in their best interests.
- Staff had received training regarding the mental capacity act but were not able to say how this would be put into practice to make sure people's legal rights were protected. One member of staff said, "We are not involved in best interests stuff. That would be [deputy manager name.]" When we asked another member of staff how they supported people living with dementia to make choices and decisions they told us they had, "No idea."

Staff were not following the Mental Capacity Act 2005 principles and Code of Practice. This is a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The deputy manager had made applications for people to be cared for under DoLS legislation where they

needed this level of protection to keep them safe. Staff were aware of people who were subject to DoLS authorisations.

Staff support: induction, training, skills and experience

- People were not always supported by staff who fully understood their needs or how to meet them.
- The majority of people at the home were living with dementia. New staff had not received training or guidance in best practice in supporting people living with dementia. Our observations showed staff did not engage well with people to promote their well-being. One person liked to walk around. We saw that a member of staff continually asked them to sit down in the lounge. They did not have anything to interact with and no staff supported them to occupy their time.

We recommend that staff receive up to date training and support in best practice in relation to promoting well-being and independence for people living with dementia.

- People were cared for by staff who had received induction training to enable them to safely support people with physical needs. We saw staff competently assisting people to move using a mobile hoist. One person told us, "They always talk to me when they hoist me. They make me feel safe."
- Staff received training specific to people's healthcare needs. For example, senior staff had been trained to administer insulin (a hormone injection used for people with diabetes to control their blood sugars.)
- People lived in a home where issues raised by staff were addressed by individual supervision sessions. The deputy manager acknowledged they had not been able to carry out planned supervision sessions with staff. However, we saw evidence that individual meetings were undertaken with staff where issues were raised.

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

- Each person had a care plan which set out their main needs. Some care plans contained minimal information to enable staff to meet their needs in a planned way. For example, care plans did not give detailed information about how much support people required with personal care. This placed people at risk of receiving inconsistent care and support.
- Some care plans were more detailed and gave good information. One person had a care plan which clearly set out the equipment they needed to eat and drink independently. During the inspection we saw that care was provided in accordance with the care plan.
- People's likes, dislikes and lifestyle choices were not comprehensively recorded. This meant that staff did not have the information they required to provide personalised care to people. Most people were living with dementia and may have been unable to fully express their preferences. Therefore, people were at risk of not receiving care in accordance with their personal values, beliefs and wishes.
- Staff had limited information about how best to support people when they expressed anxiety. For example, one person who was living with dementia, regularly asked staff to take them to a specific place. There was no information in the care plan to support staff to provide a consistent and understanding response to this. During the morning we saw that one member of staff ignored the person's requests and another said they would come back to them. The person appeared frustrated by both responses. The deputy manager later arranged for this person to be taken out.

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

- People who needed support to eat and drink were supported by staff who were kind and patient. At lunch time we observed staff took time to help people who needed physical support to eat.
- People had a choice of two main meals and staff said they helped people to make choices by showing pictures of each meal. On the day of inspection most people appeared happy with their choice and ate well.
- Where people required meals to be served at a specific consistency to minimise the risk of choking these

were provided. We saw the pureed meals being served to people. Meat and vegetables had been pureed together to create an unattractive brown mush. Not only was the meal poorly presented but it meant that people could not identify what the meal was to enable them to choose which parts they wanted to eat.

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

- People lived in a home where staff had good relationships with local professionals. This helped to ensure people had access to healthcare support when they needed it.
- People saw healthcare professionals according to their individual needs. These included GP's, community nurses, opticians and speech and language therapists. One person told us, "They call the doctor or nurse if you need one." A relative told us they were confident that the staff would "Do the right thing" if their loved one was unwell.
- The staff sought advice and support to help people to manage long term conditions. For example, the staff monitored a person with diabetes and were in regular contact with a specialist nurse.
- The deputy manager liaised with professionals who specialised in dementia care to help them to meet people's needs. This included support from the intensive dementia support services and the memory support team. This support included assessing people's needs and providing practical support.

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

- People lived in a home which was well maintained and had been adapted to meet people's physical needs.
- People had access to the equipment they needed to meet their needs. There was sufficient lifting equipment to support people, assisted bathing and showering facilities and a passenger lift.
- The home was set in attractive gardens with seating to enable people to spend time outside. Several people said they liked to spend time outside. One person told us, "There's a nice garden you can go in and out as you please."

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 remained 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was not promoting a positive person-centred approach to people's individual care. Care provided was kind and caring but focussed on performing tasks rather than promoting independence and well-being.
- People were not always given choices. After lunch we saw a member of staff turn on the television in the lounge. One person said they would rather have peace and quiet for an after-lunch sleep, but this was ignored. No one was asked if they wanted the television on or if they had any preference of programme.
- People were not always being given opportunities to make choices about how they spent their time or pursued their interests. On the day of the inspection there was no activity worker. We saw that people spent time sat in the lounge and there was very limited social interaction. This resulted in most people falling asleep in their chairs. One person said, "There's lots of sleeping here. Not much else to do. The days are long."
- People and staff were not always sure if people were able to follow their own routines. We asked one person if they could choose what time they got up and went to bed. They told us, "If you didn't get up you would miss breakfast but maybe they would bring it to you. I'm not really sure." When we asked a member of staff how they helped people to follow their own routines and preferences they told us, "I don't think there are options to do different things."

The lack of a person-centred culture within the home was a breach of Regulation 9 (Person centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who were able to express their views said they were content at the home. One person said, "I do feel well looked after." Another person commented, "It's lovely. They really look after us. It's comfortable and the food is good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a home where there was no registered manager. The last registered manager de registered with the Care Quality Commission (CQC) in September 2021. A registered manager is a person who has registered with the CQC 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.

- People were supported by a deputy manager who had taken on the day to day oversight of the home. They had ensured that people's safety and medical needs were promoted but had not been able to take full control or drive improvements.
- Although the deputy manager had maintained people's physical safety there were no effective systems in place to monitor the quality of care or to plan and drive improvements. The action plan following the last inspection stated the provider would ensure the continual monitoring of records. However, we found no evidence that audits were being carried out. During the inspection we found care plans and risk assessments were not comprehensive. They did not always contain up to date information about people's needs or how to mitigate risks.

The lack of effective systems to assess, monitor and improve the quality of care people received is a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt there had been improvements at the home in the last year. One member of staff said, "Things are getting much better. Nicer atmosphere." A visitor praised the deputy manager and said they, "Rated them very highly."
- A new manager had been appointed and was due to start work at the home the week following the inspection.

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

- People and staff told us the provider was open and approachable. The provider had held meetings with staff to share information and listen to suggestions.
- The provider visited the home frequently to enable staff, people and visitors to raise any concerns and share their views.

Working in partnership with others

- The staff worked with other professionals to make sure people received the care and treatment they required. The deputy manager told us they had good relationships with local healthcare services. Staff demonstrated they were following recommendations made by other professionals to provide people with the support they required.
- The staff had worked with family members to make sure they had been able to maintain contact with their loved ones throughout the COVID-19 pandemic.

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 9 HSCA RA Regulations 2014 Person-centred care The culture and care within the home was not person-centred. Regulation 9 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Staff were not following the Mental Capacity Act 2005 principles and Code of Practice to promote people's legal rights. Regulation 11 (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of effective systems to assess, monitor and improve the quality of care people received. Regulation 17 (1) (2)[a][b][c]