

Hazelgate Ltd

The Dene Lodge - Minehead

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

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 providing personal care to up to 39 people. The home is made up of two buildings. The main house provides care to up to 33 people living with dementia. There is a six bedded bungalow in the grounds called Rachel's House. This provides short-term rehabilitative care for people who do not need to receive this care in hospital. At the time of the inspection there were 31 people living at the home.

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

Improvements were needed to ensure people received safe care. We found that the registered manager was not always following government guidance about how to keep people safe during the COVID-19 pandemic. This included staff not wearing personal protective equipment correctly.

Risks to people were minimised because staff knew them well. However, risk assessment records were not always robust and up to date.

People lived in a home where quality monitoring systems were not always effective in identifying shortfalls in the service and planning improvements.

The building was well maintained and provided a safe environment for people to live in. All equipment was regularly serviced to make sure it was safe for people and staff to use.

People looked comfortable and relaxed with staff. Staff were seen to be kind and caring towards people.

People were supported by adequate numbers of staff to keep them safe and respond to their needs promptly.

People received their medicines safely. However we have recommended that the provider makes sure decisions made about medicine administration are in accordance with current legislation.

People lived in a home where the registered manager was open and approachable. The registered manager knew people well and was able to tell us about their individual needs.

Staff worked with other professionals to make sure people received the healthcare support and treatment they needed.

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 Good (report published 25 November 2017)

Why we inspected

We received concerns in relation to Infection prevention and control, staffing and the management of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

We have identified a breach of regulation in relation to safe care and treatment at this inspection.

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 on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led?

The service was not always well-led.

The service was not well-led.

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 Care Act 2014.

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 two inspectors.

Service and service type

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

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 the information we had received about the service since the last inspection. We also contacted the local authority to seek their views on the service.

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.

We used all of this information to plan our inspection.

During the inspection-

We spoke with five people, one visiting relative and six members of staff. The registered manager was available throughout the day. People were living with dementia and some 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 reviewed a number of records. These included five care and support plans, two staff recruitment files, a sample of medicines administration records, records of health and safety checks and staff training 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.

Preventing and controlling infection

Before the inspection we received concerns about infection prevention and control practice at the home. We were told that staff and managers were not following government guidelines to minimise risks associated with COVID-19. At the inspection we found that the provider was not always following the government guidance which had been put in place to minimise risks to people.

- We were not assured that the provider was accessing testing for people using the service and staff. We were told that staff were undertaking twice weekly rapid tests but were not routinely using laboratory testing for staff or people. This meant the provider did not have a robust system in place to make sure staff were COVID- 19 free whilst working at the home. The registered manager gave assurances that they would commence regular testing.
- We were not assured that the provider was using PPE effectively and safely. The provider was not following government guidelines regarding the use of PPE. A number of staff were not wearing facemasks correctly. Staff said they were not always wearing disposable aprons when supporting people with personal care. This put staff and people at increased risk of cross infection.

The staff not following government guidelines regarding testing and using PPE correctly places people at risk of receiving unsafe care. Risk assessments were not always in place to ensure staff had the information they needed to safely support people. This is a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have signposted the provider to resources to develop their approach.

Assessing risk, safety monitoring and management

- Risks to people were minimised because staff knew people well and how to support them safely. However, care plans did not always give up to-date information about how staff could minimise risks. This could potentially place people at risk. For example, one person had a falls risk assessment which was completed in January 2021. The person had a fall in June 2021, resulting in hospital treatment, but the risk assessment had not been reviewed or updated.
- Risks to people because of specific healthcare needs were not always fully identified and managed. We found that care plans were not up to date and relevant; for example, two people lived with diabetes; there were no specific diabetes care plans in place. The documentation did not contain guidance for staff concerning the signs and symptoms of hyper glycaemia and hypo glycaemia. One person needed regular insulin injections. There was guidance for staff related to this. There were risk assessments concerning the possible causes and complications of diabetes, such as obesity and poor skin integrity, but these were not regularly reviewed and updated.
- Risk assessments regarding people's skin care were being followed by staff. One person had suffered from a pressure wound. They were receiving care from community nurses and an occupational therapist. Their care plan contained positioning guidance; there were repositioning charts in place which were up to date and relevant. There was evidence that the pressure wound was healing. Another person was assessed as being at high risk of pressure damage and had appropriate pressure relieving equipment in place.
- People lived in a building which was well maintained and safe. There were regular health and safety checks carried out in house and by outside contractors.

Systems and processes to safeguard people from the risk of abuse

- People looked calm and relaxed with staff who cared for them. People smiled at staff who approached them and appeared comfortable when supported. One person said, "Staff are nice with you."
- People were protected from abuse because staff knew how to recognise and report abuse. Staff had received training in recognising abuse. All spoken with said they would be happy to report concerns.
- Staff were confident that any concerns would be investigated, and action would be taken to keep people safe.

Staffing and recruitment

- People were supported by staff who had been safely recruited. The provider carried out checks on new staff before they began work. This included criminal checks and references from previous employers. Staff said they had not been able to begin work until checks had been completed.
- People received care and support when they requested it. People who had mobility issues or were being cared for in bed had access to call bells. We did not regularly hear these ringing for long periods during our visit. A person we spoke with told us they did not have to wait long for staff to arrive if they used the call bell.
- At the time of the inspection people were being supported by adequate numbers of staff to keep them safe. Staff told us there had been times when they had worked extra hours because of a lack of staff. The registered manager said they had experienced some difficulty recruiting new staff but had recently been able to do so. One member of staff told us, "We have more staff now, so things are getting easier."

Using medicines safely

- People received their medicines safely but there were some issues with the timing of medicines administration. On the day of the inspection the morning medicines 'round' started at 9am and was

completed at 11.45am. During this time, the staff member undertaking the medicines round was constantly interrupted by other staff members requiring their attention. The staff member did ensure that time critical medicines were given as prescribed but there was significant disruption to the timings of all other medicines. Both the manager and staff member stated this was unusual and that most days the medicine round was started earlier and completed by 10.30am.

- Good records were kept of when medicines had been administered or refused. This enabled the effectiveness of medicines to be monitored. We looked at a sample of Medicines Administration Records (MAR.) There were no gaps in these records, including those concerning topical applications. All of the MARs contained relevant information, such as photographs for identification purposes, whether the person suffered from allergies or preferred to take their medicines in a particular way.
- Some people who lived at the home were prescribed medicines, such as pain relief, on an as required basis. Protocols were in place for all medicines taken this way; they outlined how, when and why they should be taken and included maximum doses over a 24 hour period. This helped to make sure people received medicines in a consistent way.
- No-one living at the home managed their own medicines and one person received their medicines covertly, that is without their knowledge or consent. We looked at their care plan regarding this. There was an email from the person's GP surgery stating that the person's medication could be hidden in yoghurt. However, no mental capacity assessment had been undertaken, to ensure the person was not capable of giving or withholding consent, and no best interests meeting had been held. This was not consistent with the Mental Capacity Act (2005).

We recommend that the provider ensures that all staff are 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.

Learning lessons when things go wrong

- The registered manager listened to concerns and took action to address them. For example, there had been some issues with poor staff morale and so the registered manager and the provider had arranged a staff meeting to listen to concerns. Staff said they had appreciated this action and felt there had been improvements.
- The registered manager audited all accidents and incidents each month. The registered manager was able to explain what actions had been taken in response to individual accidents, but this was not identified on the audits.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People could not always rely on the provider following guidance to minimise risks. For example, the provider had not been following all government guidance to minimise risks during the COVID-19 pandemic.
- Audits were carried out but were not always effective in identifying shortfalls and therefore did not lead to change or improvements for people. Accidents and incidents were audited monthly. The documentation was not detailed enough to gain an overview of accidents and incidents in the home. The audit consisted of a tally of the number of incidents by room and date, including roughly what time of day it occurred. There was no recorded evidence of an attempt to establish trends or cause in these figures. For example, several people had had ten or more falls in one month, some resulting in injury. We found no evidence that the provider had looked at the possible reasons for this; instead each accident or incident was treated in isolation and no preventative measures were put in place as a result.
- Care plan audits had not been effective in identifying shortfalls that we found during this dated to make sure they gave staff guidelines to help to minimise risks to people.
- Some audits gave evidence of continued good practice. The provider undertook monthly audits of medicines management, including ordering, storage and management of controlled drugs. These were up to date and showed consistently good management of medicines.
- Risks to people from the environment or equipment used were minimised. All equipment was regularly serviced to make sure it remained safe for people and staff to use. This included all lifting equipment, water temperatures and quality and all fire detecting equipment. A member of staff said, "If something breaks it gets replaced really quickly."

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

Before the inspection we received concerns about the management of the home. We were told that action was not always taken when issues of poor practice were raised. At the inspection we did not find evidence of this. The registered manager was able to demonstrate how individual issues raised had been investigated and addressed.

- The registered manager was described as open and approachable. One member of staff commented, "Any problem, you can go to [registered manager's name.] A relative described the registered manager as "Approachable and professional."
- The owner visited the care home regularly and ensured all staff had their contact details. This meant staff had a person outside the home they could raise concerns with if they felt unable to share them with the registered manager.
- People lived in a home where the registered manager and provider were working to improve staff morale. Staff told us they had seen improvements. During the inspection we found staff were happy in their jobs which resulted in a calm atmosphere for people to live in.
- People benefited from a staff team who knew them well and their preferred routines. People looked content and those who were able to share their views told us they felt well looked after. One person told us, "It's quite nice here. I like the food." Another person said, "I think I am happy here."

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

- The staff had helped people to keep in touch with family and loved ones during the pandemic. Staff had helped people to make video and phone calls. The home had also sent photos and information to family members to help them to keep up to date with things at the home.
- People were being supported to have visitors and trips out in the local community. During our inspection staff came to tell one person their family had arrived to see them. The joy on their face showed how much they appreciated the visit.
- Staff meetings were held to encourage staff to share their views. Minutes of the last staff meeting showed issues raised were listened to and suggestions were implemented where appropriate.
- The staff worked with other professionals to make sure people received the care and treatment they required. The registered 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.

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 12 HSCA RA Regulations 2014 Safe care and treatment Infection risks to people were not being fully assessed and managed in accordance with up to date guidance. Regulation 12 [2] (h)