

Amicura Limited

# Haslingden Hall and the Lodge

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Requires Improvement**



Is the service well-led?

**Requires Improvement**



# 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 56 people accommodated in the home at the time of the inspection.

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

Whilst people had mixed views about the service, they told us staff employed by the home were caring and respectful. There were sufficient staff deployed to meet people's needs, however, staff on the ground floor were not well organised, which resulted in them missing a care task on the first day of the inspection. There were shortfalls in people's care plans and records and risks to people's health safety and well-being had not always been assessed and managed.

The provider had established safeguarding systems and processes, however, staff had not alerted the registered manager to three incidents which occurred in October 2021. This meant the information had not been raised with the local authority under local safeguarding procedures. The registered manager raised the alerts during the inspection.

Whilst police checks and references had been obtained prior to new staff working in the home, we noted there were gaps in two staff members' recruitment records. The registered manager assured us this issue would be addressed.

The registered manager and staff followed safe processes to ensure people's medicines were managed safely. However, we noted shortfalls in the way people's prescribed creams were recorded.

The home had a satisfactory standard of cleanliness and staff were following current infection prevention and control guidance. We observed all staff were wearing personal protective equipment (PPE) appropriately during the inspection. There were plentiful supplies of PPE and there were posters displayed around the home to reinforce procedures.

Staff spoken with were complimentary about the management of the home. The registered manager and area manager had completed a series of audits covering the operation of the service and had devised action plans following any shortfalls. However, the action plans had not been fully implemented and followed up to ensure the necessary improvements had been made and sustained.

People and their relatives had been invited to complete satisfaction surveys, however, the relatives spoken with felt methods of communication could be improved.

Following the inspection, the registered manager sent us an action plan which set out their response to the

inspection findings. We will check improvements to the service on our next visit to the home.

#### Rating at the last inspection

The service was registered with us on 25 November 2019 and was last inspected on 19 November 2020 (published 18 December 2020). The home was not rated. The last rating for the service under the previous provider was good, published on 5 September 2019.

#### Why we inspected

We received concerns in relation to people's care, infection prevention and control practices, record keeping and management of the home, as a result we undertook a focused inspection to review the key questions of safe and well-led only.

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.

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

You can read the report from our last inspection, by selecting the 'all reports' link for Haslingden Hall and Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of risks and safeguarding incidents as well as the governance of the service.

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

#### 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always 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 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

Haslingden Hall and the Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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, such as notifications. These are events that

happen in the service that the provider is required to tell us about. We also sought feedback from the local authority commission team, the safeguarding team and healthcare professionals.

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 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, five members of staff, an activities coordinator, the area manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting healthcare professional.

We conducted a tour of the premises with the registered manager. We also reviewed a range of records. This included five people's care records and risk assessments, medication records including the controlled drugs register and two staff members' recruitment records. A variety of records relating to the management of the service were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to confirm evidence found. We spoke with 13 relatives over the telephone and requested additional information from the provider. The registered manager submitted an action plan in response to the inspection findings and the provider submitted evidence of their oversight of the service over the last six months.

# 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 good. At this inspection, this key question has 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.

Assessing risk, safety monitoring and management

- People were at risk from inconsistent and unsafe care. We found risks had not always been assessed and some risk assessments were not reflective of people's current needs.
- Whilst staff had identified risks in relation to people's skin integrity, five people had no risk reduction plan to minimise the risks to their health and well-being. We also found there was conflicting information about one person's mobility needs and no falls risk assessment. Staff spoken with were unclear what support the person needed to move safely.
- Similarly, risks had been identified in relation to people's hydration and nutrition, however, we found gaps in people's food and fluid charts. We also noted some charts did not always include people's recommended daily amount and charts had not always been completed after 8pm despite a poor daily intake.
- The registered manager had developed personal emergency evacuation plans for each person. However, the plans were brief and did not describe the support people would need in the event of an emergency evacuation.

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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had arrangements for routine repairs and maintenance of the premises and had a refurbishment programme in progress. The safety certificates pertaining to installations and equipment were complete and up to date. The registered manager had carried out and reviewed a series of environmental risk assessments to ensure the safety of people's living space.

During our visit, the registered manager gave assurances the issues would be addressed, and we received an action plan following the inspection.

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

- Whilst the provider had established safeguarding systems and staff had completed appropriate training, we found three incidents which occurred in October 2021 that had not been referred to the local authority.
- The registered manager was unaware of the incidents and raised alerts during the inspection. Given the incidents were not reported in a timely way, it was not possible for the registered manager to determine any lessons learned and ensure any actions were effective.
- There were a number of ongoing safeguarding alerts being investigated by the local authority at the time of the inspection.

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

Following the inspection, the registered manager sent us an action plan which stated the safeguarding procedure will be discussed with all staff in both individual and group meetings.

- Staff had recorded accidents and incidents on appropriate forms. The registered manager collated the information and carried out an 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.

#### Staffing and recruitment

- Recruitment processes were not always effective. We looked at two staff files and noted minor shortfalls in the documentation. The registered manager assured us these issues would be addressed.
- We observed there were sufficient staff deployed to meet people's needs. The registered manager monitored the staffing levels and ensured a safe number of staff was maintained.
- We observed caring interactions throughout the inspection. People and the relatives spoken with were mostly complimentary about staff employed by the home. One person told us, "Some staff are really fabulous and do everything they can to help" and a relative commented, "The staff are lovely, and I always get a warm welcome."

#### Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. We noted some gaps in the way the application of external medicines were recorded. The registered manager assured us this would be addressed.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out. Audits were identifying shortfalls which were being acted on. The registered manager and staff were receiving support and advice from the local medicines management team.

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

Prior to the inspection visit, concerns were shared with us about some aspects of cleanliness in the home.

- 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 using personal protective equipment (PPE) effectively and safely. We observed staff wearing appropriate PPE and there were plentiful supplies around the home.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively managed.
- We were assured the provider's infection prevention and control policy was up to date and was being reviewed regularly.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current safe guidance.
- We were assured the provider was promoting safety through hygiene practices of the premises. There were designated housekeeping staff and cleaning schedules were followed. We found some areas where odours were present. However, the registered manager confirmed a refurbishment programme was underway which would resolve this.

From 11 November 2021 registered persons must make sure all care home workers and other professionals

visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19. The registered manager told us all staff and people living in the home were fully vaccinated. Safe systems were in place to check on the health and vaccination status of all visitors to the home.

# 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

- The provider had established systems and processes to assess, monitor and improve the service; however, these were not always effective. Whilst the registered manager and area manager had carried out regular checks and audits, the subsequent action plans had not been fully implemented and followed up to ensure the necessary improvements had been made and sustained.
- We found people's records were incomplete and care plans were not always reflective of people's needs or the care being given. There were also gaps in people's daily monitoring charts. People's food and fluid intake charts were not completed contemporaneously, which meant there was a high potential of error.
- The registered manager had identified gaps in care plans as part of ongoing auditing, but the necessary action had not always been taken to improve the records, resulting in ongoing shortfalls.

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. These findings constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst there was an established management structure and sufficient staff were deployed in the home, staff were not well organised on the ground floor. This resulted in a care task being missed on the first day of the inspection. Further to this, there was no keyworker system, which meant staff were not designated to work with specific people. This meant there was limited oversight of their care.

Following the inspection, the provider sent us an action plan, which covered their response to the issues raised during the inspection. We will check improvements on our next visit.

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

- Staff told us they worked well together as a team and they were complimentary about the registered manager's leadership. However, there were gaps in communication. We saw handover records were not always completed fully and signed off by team leader. These records are important to ensure staff coming on duty are fully informed about people's ongoing needs.
- Relatives spoken with also told us communication systems could be improved. They said the staff did not

contact them unless "they wanted something or there was a problem." They added they had to contact the home to enquire about their family member's welfare rather than staff at the home updating them.

- People had mixed views about the service. They told us the standard of service was variable depending on which staff were on duty. One person commented, "I can't say I'm happy with everything, but it is okay."

- The registered manager told us there were no regular meetings with visiting healthcare professionals at the time of the inspection. This was concerning given the number of people with nursing needs. This meant staff may not have been aware of how to fully monitor people's healthcare needs. The registered manager informed us a meeting had been arranged shortly after our visit to ensure clear expectations of the staff were identified.

- Safeguarding alerts had not always been raised with the local authority in a timely manner following incidents in the home. This prevented the local authority from carrying out investigations to ensure appropriate measures had been put in place and the person was safe.

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

- The registered manager had invited people to participate in a number of satisfaction surveys during 2021. The surveys gathered information about people's views on a range of issues including the menu, activities, the quality of care and privacy and dignity. We also noted the activity co-ordinators had held monthly meetings.

- Whilst there was evidence to indicate people had been consulted about the operation of the home, people and the relatives spoken with could not recall discussing their care needs as part of the care planning process. This meant staff may not have been fully aware of people's preferences.

- The nominated individual, area manager and registered manager were open and honest throughout the inspection. They understood their legal responsibilities under the duty of candour.

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  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. Regulation 12 (1) (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had failed to operate effective systems and processes to safeguard people living in the home. Regulation 13 (2).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  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. Regulation 17 (1) (2) (a) (b) (c)