

# Belmont Healthcare (Haslington) Ltd

# Haslington Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Haslington Lodge is a residential care home providing personal care to up to 46 people. At the time of the inspection there were 27 older people living at the service with varying needs including dementia. Haslington Lodge accommodates people across three floors in one adapted building. Each floor had its own communal areas.

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

The provider had quality assurance processes in place to monitor the quality of care. However, it was not always clear that actions were being taken when an issue had been identified. When actions were taken this was not always in a timely manner.

Feedback from staff included that improvements could be made around communication. Areas people identified included timeliness of responses and ensuring issues raised were addressed. We have made a recommendation about obtaining feedback to shape the service.

Regulatory requirements had not always been met by the registered manager. We discussed the requirement to notify the Care Quality Commission (CQC) and following the inspection the registered manager had submitted notifications.

Accidents and incidents had been recorded, although, the detail in these varied. The provider had a plan to address this. Records were analysed so that trends could be identified and learnt from to reduce the chance of repeat occurrences.

People told us they felt safe living at the service. Staff were aware of how to safeguard people from abuse and felt able to raise concerns to the manager. Staff knew the risks to people; these were monitored, and action was taken to minimise them.

At the last inspection we found that medicines were not always managed safely. At this inspection the provider had addressed the shortfalls and medicines were now managed safely.

Infection Prevention and Control policies and procedures were being followed with additional measures in place to minimise the risks posed by COVID-19 in line with current guidance.

The home appeared in need of renovation, recent work had been completed on the ground floor and there was an action plan in place for the ongoing refurbishment of the home.

Staff knew people well and felt confident to carry out their roles. Training updates were planned with a deadline of April 2021.

People's needs had been assessed and their care plans provided guidance on how best to support them. Referrals were made to other health care professionals to support staff in meeting people's needs.

People were supported to have choice and control of their lives. Staff supported people who were unable to make certain choices for themselves in the least restrictive way possible and in their best interests.

People told us staff were caring. On our inspection we observed kind and caring interactions between staff and people living at the home. People were supported in a way that gave them maximum independence.

Relatives told us staff knew their loved ones well. Care planning and delivery was person-centred. The registered manager used an online platform for events to further personalise activities for people and had made good links with the local community. There had been no recent complaints about the service although information about making complaints was displayed around the home.

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

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 24 November 2020) and there was a breach of regulation. 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 and the provider was no longer in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last 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.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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** ●

# Haslington Lodge Care Home

## **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

This inspection was conducted by three inspectors.

#### Service and service type

Haslington 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. Inspection activity started on 31 March 2021 and ended on 07 April 2021. We visited Haslington Lodge Care Home on 31 March 2021.

#### What we did before the inspection

Before the inspection we contacted partner agencies for feedback about Haslington Lodge. We reviewed our ongoing monitoring data including information we have received from the provider and from the public. 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 and after the inspection

During our inspection we spoke with two people living at the service and three other people's relatives about their experience of the care provided. We spoke with nine members of staff. This included the registered manager, compliance manager, deputy manager, two senior carers, a carer, activities co-ordinator, head housekeeper and the kitchen manager.

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 range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and sampled staff supervision. A variety of records relating to the management of the service, including audits, meeting minutes and policies were reviewed.



# 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 this key question has remained the same. 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.

### Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed safely. 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.

- Medicines were managed safely. People received their medicines as prescribed. We observed staff completing the medicine round in line with people's needs and best practice guidance. A random stock count of two people's medicines matched the tally for those people.
- Medicine administration records had been completed in full. There was guidance for staff when administering 'as required' medicines. Topical creams were recorded on body maps to ensure these were applied correctly for people.
- There were daily medicine checks that were completed and weekly audits in place to check the supply, storage, administration recording and disposal of medicines.
- Senior staff undertook medicines competency assessments on staff responsible for administering medicines. Staff received supervisions about administering medicines, for example, errors in recording were addressed in supervision.

### Learning lessons when things go wrong

- Accidents and incidents were recorded however the details varied. Some records did not indicate if staff had tried to establish how the incident occurred or any further action taken. For example, there was no information about the care provided to a person who fell and sustained an injury to their head. We discussed this with the registered manager and compliance manager, they told us they were aware of this issue and were going to address these shortfalls. This was an area for improvement.
- Appropriate actions had been taken where there had been repeated incidents. For example, a person who had fallen three times in one month was referred to relevant healthcare professionals. Accidents and incidents were reviewed monthly by the manager and compliance manager to review actions taken and any trends for learning.

### Staffing and recruitment

- Staff were not always recruited safely. We identified some gaps in employment history in personnel files however the provider rectified these during the inspection. The provider told us they would complete a full

audit of all personnel files to prevent this from happening again. All staff had received the required pre-employment checks around references and Disclosure and Barring Service (DBS) checks.

- There were enough staff to meet people's needs, we observed people's needs being met in a timely manner. The staffing levels were calculated based on people's dependency levels on a monthly basis and these hours were being delivered. Sickness was covered by agency staff who completed COVID-19 testing before their shift.
- One person told us, "there always seems to be someone about, I'm not really left waiting if I need someone, they come and see me in the morning and evening." Another person said, "The staff come if I pull my cord in my room, but I don't really do it often."
- Relatives told us there always seemed to be staff around and staff agreed there were enough to meet people's need.

#### Assessing risk, safety monitoring and management

- Risks to people had been identified with plans to monitor and manage their risks. For example, people at risk of choking or falls had risk assessments and care plans for staff to follow. Staff were aware of people's risk and told us how they kept them safe. Monitoring charts were in place for example, people at risk of skin damage from pressure who required assistance with repositioning had their monitoring charts completed regularly. People's risk assessments were reviewed and updated when necessary.
- Environmental risks to people were being assessed and monitored. The maintenance person completed regular checks. However, actions had not always been identified or escalated in a timely manner prior to the inspection. For example, records showed certain fire doors had not been operating effectively since November 2020 and no actions were listed until March 2021. This had been rectified at the time of our inspection. Moving and handling equipment for people had been serviced. There were relevant gas and electrical compliance documents.
- The provider had introduced a new acoustic monitoring system called Ally to avoid unnecessary disturbances to people's sleep at night. The new system allowed staff to be responsive to anyone who might need assistance during the night.

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

- Staff knew the signs and symptoms of abuse and who they would report concerns to. People were asked if they felt safe during residents' meetings and all feedback had been positive.
- Safeguarding concerns raised had been acted on by senior staff and the registered manager in order to keep people safe.
- People told us they felt safe. One person said, "I like it here and I feel safe". One relative said, "I never ever worry about [my loved one], I never worry for [their] safety".

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The design and layout of the service met people's needs. There were three floors in the home with secure access to outside areas from both the upper floor levels which people were supported to access if they chose to.
- Signs were in place which helped people living with dementia identify what rooms were used for.
- The service was in general need of re-decoration and updating. One relative said, "I don't like the building, but you have to go past that." The provider had a plan in place to address the redecoration needs. The ground floor had been renovated, some remedial works had been carried out and further updating was planned in stages. The providers checks and audits were used to monitor the need for maintenance to the building and the progress of this.

Staff support: induction, training, skills and experience

- Staff received training to keep people safe and provide good care. Staff told us they felt they had the training necessary to meet people's needs and observations confirmed staff carried out care in line with people's care plans and risk assessments.
- The providers training programme included a variety of courses including; first aid, fire safety, food safety, health and safety, safeguarding vulnerable adults and moving and handling training. There was additional training to meet people's specific needs such as dementia and challenging behaviours. New staff completed an induction to the home which included shadowing experienced staff and completing training.
- Some staff required updates to their training, the providers deadline was April 2021 and some staff identified additional training that they felt would help them carry out their roles more fully. The management team were looking into this.
- Staff received supervision by a senior member of staff.

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

- Assessments were undertaken before people were admitted to the service. People had risk assessments and care plans to address their needs. The service was in the early stages of transitioning their care planning onto an electronic system.
- Staff delivered care in line with people's care plans. Staff could tell us how they provided care to meet people's particular needs such as for people with behaviours that may challenge or for people who required assistance from staff to meet their nutritional needs.
- Changes to people's care needs were clearly documented in care plans. For example, a few days prior to the inspection a person's skin integrity care plan was updated with a body map to reflect an area of red skin

for the person. Staff had applied cream to treat this.

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

- We observed mealtimes on the two active floors at the home. People received their meals in a timely manner and the food presentation was appealing. People were offered a choice of meals. Staff showed a person two dessert options to help them make their decision.
- Guidance was followed for people at risk of choking with their meals being served at a consistency safe for them.
- The kitchen staff knew people well. Information about people's preferences, allergies and specialist diets were recorded in the kitchen. There was a four-week rotating menu which the chef told us was "being reviewed as some people want new things". The chef said they had enough training to carry out their role and were due to complete refresher courses.
- People's weights were reviewed in the providers quality assurance processes to see if any concerns needed actioning.

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

- The registered manager had close working relationships with the local GP, mental health teams and other healthcare professionals.
- When people's needs changed support was sought from relevant healthcare professionals such as speech and language therapists and chiropodists. Where ongoing monitoring was needed staff followed monitoring guidance from other professionals. Information was shared with healthcare professionals so assessments and adjustments could be made. For example, changes to a person's medicines to help them with sleep.
- People were supported to live healthier lives through access to activity options promoting physical and mental well-being such as armchair aerobics and quizzes.

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to make everyday decisions for themselves for example, activities they would like to do or what they would like to eat or drink.
- People who were assessed as unable to make decisions for themselves had decisions made for them in their best interest with input from the relevant people such as GP's and relatives. One relative told us they had been involved in a decision around their loved one's personal care.
- Authorisations had been obtained when a person lacked mental capacity and needed to be deprived of

their liberty to receive the care and treatment they needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 were treated well. People told us they liked the staff and found them caring. Several relatives told us their loved ones look well cared for in their appearance. One relative said "[their loved one] looked better than when [they] were admitted to the service."
- People were treated with respect. We observed interactions between staff and people during lunch. Staff explained to people what they were going to do, for example, "I am just going to move this chair behind you". We observed staff who administered people's medicines ask permission before giving assistance. Staff touched the person gently for reassurance and explained how to take their medication. One relative said, "The way the staff are with residents is lovely they don't make people feel like they need looking after but they behave like hotel staff who want to make their stay as good as possible."

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

- People were involved in making decisions about their care. People could attend residents' meetings and give feedback about the service. Their feedback was acted on so that their experience of the service was positive. For example, one person had raised they wanted eggs and bacon at the weekend and the menus had been changed to reflect this.
- We observed people being offered choices and encouraged to make decisions throughout the day.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. One person's care plan contained information relating to their background but was very clearly marked as private and for staff to respect this.
- People were encouraged to maintain their independence. Staff told us they try to promote people's independence, for example, verbally guiding a person through how to do something rather than doing it for them. Care plans also contained details of what people wanted to do independently and where they might need staff support.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Although people's communication needs were assessed as part of their care plan, during our inspection, we found that a hearing aid belonging to a person had been lost. No immediate action had been taken by the registered manager leaving the person without effective means to aid their communication. We fed this back to the registered manager as part of our inspection and they told us they would carry out an investigation.
- We observed staff get down to people's level and speak loud enough near their ear to aid communication if they were hard of hearing.

### Improving care quality in response to complaints or concerns

- The registered manager told us there had not been any complaints. There was a complaints procedure in place. Information was displayed around the home as well as the home's website on how to make a complaint.
- All relatives we spoke to told us they had not needed to make a complaint. They had not formally been told how to make a complaint but said they would raise them with the manager. The provider told us they would include information about this in their next newsletter.

### End of life care and support

- There was no one at the home receiving end of life care at the time of the inspection.
- Care plans we reviewed showed some end of life wishes had been documented. For example, when a person did not want to be admitted to hospital and their burial wishes.

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

- People were receiving person-centred care. There was personalised information relating to people's backgrounds and interests. Care plans showed personal preferences, for example, one person liked to be dressed in their day clothes before going to communal areas of the home. Relatives told us staff knew people well.
- The home promoted diversity and inclusion. For example, needs assessments included information around sexuality or culture.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in activities and maintain relationships. There were two activities co-ordinators employed at the service who ran a programme of activities for people to join in.
- The provider had introduced a new online activity technology called Oomph which creates bespoke activity plans tailored to people's individual interests. Feedback from people and relatives was positive about the activities. One relative said since the new registered manager "there is much more going on, it is more fun." Another said the service had created "a wonderful birthday" for their loved one.
- People had been supported to maintain contact with their loved ones throughout the COVID-19 pandemic. Visitors were entering the home in line with government guidance. Technology was also used to support people staying in contact through video calling.
- The registered manager created and maintained links with the local school during the pandemic, socially distanced carols were recorded and shared with the residents at 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 requires improvement. At this inspection this key question has remained the same. 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

- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. There was an incident where the provider had not notified CQC as required. We discussed this with the registered manager during the inspection and they have revised their approach and submitted relevant notifications to CQC.
- The legal requirement for a provider's latest CQC inspection report rating to be displayed at the home where a rating has been given was met.
- The provider's quality assurance system was not always effective in identifying shortfalls. For example, a medicine audit did not identify issues with the medicine room temperature that we found for the previous month during our inspection. It is important medicines are stored at appropriate temperatures as this can affect the efficacy of medicines. Similarly, the maintenance audit did not pick up that actions had not been identified or carried out to resolve issues found during maintenance checks. This meant management were not always able to ensure actions were completed in a timely manner.
- The quality monitoring system involved a range of internal audits including care file reviews, infection control audits and staff training audits. In these areas the monitoring system was effective in identifying issues with action plans. For example, the care file reviews had increased compliance from 96% in December 2020 to 100% in February 2021.
- The compliance manager produced a monthly governance report based on the quality assurance system which identified trends and patterns. For example, more falls occurring at night. This enabled the provider to take action to mitigate the risk of falls. The provider introduced an acoustic monitoring system at night.

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

- People and their relatives spoke positively about the care provided. A relative said, "Staff laugh and chat and joke, so it is a nice atmosphere there."
- Minutes of resident meetings evidenced that the home was inclusive and empowering for residents who were able to attend. Issues related to people's experience of the care provided were discussed and actions were taken. However, for people who were unable to express their own views there was mixed feedback from relatives on whether they had been involved one relative said, "they do talk to me whatever they are going to do...they do ask my opinion but it has always been necessary care." Another person said, "I haven't

been asked about how to care {for their loved one}".

- Staff had regular meetings where they could raise issues or ideas, actions from these meetings were followed up at the next meeting. However, feedback from staff was that the management did not always address issues they raised. One staff member said that issues discussed are not always acted on. Another staff member said, "Somethings they are very quick with responding but other times they are not". This is an area for improvement

We recommend the provider review their processes and procedures for obtaining feedback from all stakeholders in order to promote actions and learning that shape the service.

- The provider had not sent out any surveys since the last inspection due to the COVID-19 pandemic, these were scheduled for April 2021. Relatives told us every now and again they get asked to complete questionnaires or reviews."
- The provider had introduced a newsletter from the service with photos and updates which relatives appreciated.

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 law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The provider understood their responsibilities in respect of this. One relative said "if [my loved one] is not well [the manager] is on the phone straight away to say what is done."

Working in partnership with others

- The registered manager had been working in partnership with other agencies. For example, staff had worked closely with health and social care professionals, such as speech and language therapists and mental health teams. Senior and management staff identified when referrals were needed to health and social care professionals in a timely manner.
- The registered manager had formed links with local shops who had made donations to the home.
- The provider had secured a place for a staff member to pilot a Care Home Assistant Practitioner role in residential care. The provider was also involved with Kent Integrated Care Alliance.