

Amicura Limited

# Haslingden Hall and the Lodge

## Inspection report

Lancaster Avenue  
Haslingden  
Rossendale  
BB4 4HP

Tel: 02084227365  
Website: [www.minstercaregroup.co.uk](http://www.minstercaregroup.co.uk)

Date of inspection visit:  
19 November 2020  
23 November 2020

Date of publication:  
18 December 2020

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

Haslingden Hall and the Lodge is a care home located in a residential area of Haslingden, Lancashire. The home provides care and accommodation for up to 76 people including, people over 65, people living with dementia and people with mental health support needs. At the time of this inspection there were 70 people living in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

Relatives of people living in the home, told us they were confident the home kept people safe. People were supported by staff who had been recruited safely. Staff had received training to support people to keep safe from abuse and avoidable harm. Additional infection prevention and control policies had been developed, by the provider, in response to the pandemic. The home was clean and hygienic. A visiting health professional praised cleanliness and organisation of the home.

The registered manager provided effective leadership and was clear about the quality of care they expected in the home. Staff felt confident in the registered manager and said they found them to be approachable and supportive. The views of people living in the home had been regularly sought and changes had been made in response to concerns raised. The provider and registered manager were committed to working effectively with partner agencies to ensure people received consistent care. A new procedure had been developed to improve communication with community-based health staff. This had just started during this inspection.

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

The last rating for the service under the previous provider was good, published on 4 September 2019.

Why we inspected

We received concerns in relation to skin care and communication with other professionals. 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. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led

Details are in our well-led findings below

# Haslingden Hall and the Lodge

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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.

#### The inspection team

This inspection was completed by one inspector.

#### Notice of inspection

We gave a short period of notice of the inspection to ensure it was safe for us to visit during the current Covid 19 pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and community-based health services. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight members of staff including; the registered manager, team leaders and care staff. We spoke with the relatives of six people and community-based health services including the community mental health team and district nurses. We received feedback from the local authority. We reviewed a range

of records which included; care records, staff recruitment files, risk management procedures, infection prevention and control (IPC) procedures and a range of governance records completed by the management team.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. At our last inspection, under the previous owner, published (September 2019) this key question was rated requires improvement. At this inspection this key question has improved to good. This means people were protected from abuse and avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear safeguarding policies and procedures in place. Staff understood what might indicate a safeguarding concern and how to raise this. The registered manager identified there had been an increase in staff raising concerns following the most recent training.
- Safeguarding records showed the registered manager had responded to safeguarding concerns. Internal investigations had been completed and any learning identified and actioned.
- Relatives told us they felt confident people were safe in the home. Comments included; "I am 100% confident" and "I think (name) is safe and likes it at the home."

Assessing risk, safety monitoring and management

- The provider had a robust risk assessment and management procedure in place. The registered manager ensured risk assessments had been completed and management plans developed to minimise the risks people faced.
- Where people's needs had changed the registered manager had referred them to the appropriate services. Because of the pandemic, there had been some delay in people being able to access the right support. The provider took appropriate steps to mitigate this.
- Handover documents, which staff used at each change of shift, included information about any specific risks people needed support to manage including; falls risks, modified diets and ability to call for help. Staff had received training in supporting people to manage risks. Staff we spoke with told us they felt risk management plans contained enough information to enable them to support people safely.
- Care records we looked at showed people were receiving the care identified in their care plan. Positional change charts were completed and up to date, food and drink records had been completed for people identified at nutritional risk.

Staffing and recruitment

- The provider had robust recruitment procedures in place to ensure staff employed had suitable skills and knowledge.
- Recruitment records showed staff had been recruited safely with all necessary pre employment checks being completed. Recent audits of recruitment files had identified potential gaps in one person's employment history and a supplementary record had been completed in a timely way.
- Staff completed regular reviews of people's dependency levels and reported these to the management team. The registered manager ensured there were enough staff to support people safely. Rotas we looked at showed staffing levels had been consistent.

### Using medicines safely

- Medicines were managed safely by trained staff. Staff competencies had been checked regularly by the registered manager.
- People received their medicines as prescribed. Where a person had a medicine to be given 'when required' such as for pain relief; there was a clear protocol in the medicine records which described when to give it and the dose.
- The registered manager worked in partnership with the medicines management team which helped ensure medicines management remained safe.

### 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.

### Learning lessons when things go wrong

- The provider had a system in place to help understand and learn from all incidents and accidents.
- A recent incident relating to a person's modified diet not being provided was investigated. This identified some improvement was needed in practice. Additional training had been provided and competency checked.
- All incidents had been discussed straight away during the daily flash meeting, which included all the departments in the home. This helped to ensure information was provided for staff in a timely way.



# 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.

This is the first inspection for this newly registered service. At our last inspection, under the previous owner, published (September 2019) this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and management team promoted person-centred care which encouraged good outcomes for people. Care records reflected individuals wishes and included input from the person or their relatives.
- The staff team continued to work positively with people and remained focused on individual people's needs.
- The provider planned some refurbishments including a dementia café in the foyer. To create a social space for people and to welcome visitors. This had been temporarily interrupted by the pandemic.

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 provider understood their obligations to be honest when something goes wrong. Records showed the registered manager had followed the providers procedures. An example was, where there had been an incident the person's family had been contacted and informed of the near miss, even though it was not reportable to any other authorities and no harm had occurred.
- The registered manager was aware of which incidents needed to be reported to others including notification to CQC

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and management team were clear about people's roles and responsibilities. Staff told us, "The management team are clear about what need doing. I feel confident in the registered manager." and "The home is well managed, the team is pulling together, and I feel supported by the management team."
- The provider had effective systems in place to monitor the quality of the service provided. There were regular audits completed at differing intervals of the premises, care practice and care records. The registered manager had good oversight of the service.
- The provider had a development plan for the service which included areas of practice and learning for staff. There were plans for future development, including; completion of refurbishment and development of a dementia café in the foyer.

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

- The provider and management team consulted with people living in the home about their experiences and developed action plans in response to any concerns raised. A recent example had been changing the meat supplier and making some foods from scratch in response to complaints by people living in the home.
- Relatives had opportunities to express their views on the quality of care. Due to the pandemic there had been fewer opportunities to seek people's views. Some relatives we spoke with had concerns about the quality of communication with the home and other professionals at times. We discussed these concerns with the registered manager and were assured the concerns had been addressed and practice had been changed to ensure effective communication and preparation for important appointments.
- Staff attended a handover meeting on each shift. The staff team also received updates via a secure social media platform. Staff we spoke with said they had been kept informed of any changes and felt supported by the provider and registered manager.

#### Working in partnership with others, Continuous learning and improving care

- The provider and registered manager were committed to working in partnership with other agencies involved in the service. This included, community-based health service, community mental health team and therapists.
- There had been some concerns about consistency of care in response to information and support offered by community health teams. To improve this the provider had established a new system for sharing information with visiting health professionals, this included a member of the management team attending when health professionals visited and ensuring all information was recorded and shared with the staff team each day.
- The whole team had managed a significant outbreak of Covid-19 in the first wave of the pandemic. This had provided extreme challenges on many levels. The provider, management team and staff had been supported by a broad range of other professionals, including community-based health staff, the clinical commissioning group and local authority. Feedback we received from the local authority was positive in relation to the registered managers commitment to working in partnership with other organisations.
- The registered manager was committed to developing the skills and knowledge of the team and themselves. The registered manager had joined care home forums and attended specific management training on line.