

# Belmont Healthcare (Haslington) Ltd

# Haslington Lodge Care Home

## Inspection report

Bean Road  
Greenhithe  
Kent  
DA9 9JB

Tel: 01322383229  
Website: [www.belmonthealthcare.co.uk](http://www.belmonthealthcare.co.uk)

Date of inspection visit:  
28 April 2022  
29 April 2022

Date of publication:  
06 June 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Haslington Lodge Care Home is a residential care home providing personal care to up to 46 people with varying care needs, including people living with dementia, in one adapted building. At the time of our inspection there were 39 people using the service.

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

People living at Haslington Lodge Care Home told us they felt safe and relatives felt the same way. Staff knew how to keep people safe. People's records provided guidance to staff on how to manage individual risks. People's medicines were administered and managed safely. When people had accidents or incidents, these were reported and investigated to enable lessons to be learnt. People had sufficient staff to meet their needs. We were assured by the infection control measure in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received person centred care by staff who had time to get to know them well. People were helped to join in activities to prevent boredom through the day, this included trips out for those who could go. When people or relatives had a complaint to make, these had been investigated and responded to following the provider's policy. People who agreed to, had their wishes for the end of their life recorded.

An open culture was evident. We had good feedback from people and their relatives about the manager and staff and the support provided. Staff said the manager was approachable and they were available to listen, and act where needed. Monitoring and auditing systems to check the quality and safety of people's care were robust. Feedback was sought from people and relatives so the provider could listen and make improvements.

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 this service was requires improvement (published 20 May 2021). No breaches of regulation were found at that inspection.

At our last inspection we recommended the provider review their processes for obtaining feedback from stakeholders to be able to take action to make improvements. At this inspection we found a survey had been undertaken so improvement had been made.

### Why we inspected

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

focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

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

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to people who use the service and relatives on 29 April 2022.

#### Service and service type

Haslington Lodge is a 'care home'. People in care homes receive accommodation and 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A new manager was in post who

had started the application process to register with CQC.

#### Notice of inspection

This inspection was unannounced.

#### 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 who work with the service and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During our inspection we spoke with four people living at the service and four other people's relatives about their experience of the care provided. We spoke with eleven members of staff. This included the manager, operations manager, deputy manager, senior carers, carers, domestic staff and an activities co-ordinator.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment. 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Recruitment of new staff was managed safely. At our last inspection, gaps had been found in staff employment records. This was rectified during that inspection. At this inspection, application forms were complete and included a full employment history. Suitable references were followed up and Disclosure and Barring Service (DBS) checks were carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff to meet people's assessed needs. People told us they did not have to wait if they needed help. Relatives did not have concerns about staffing levels. One relative said, "There were some staffing problems due to Covid, but they seem to be coping very well again now."
- When call bells rang, they were answered promptly. We saw staff spending time with people, chatting and helping with activities. Staff told us there were enough staff and they did not feel rushed.
- We checked staff rotas which confirmed the staffing levels the manager told us they needed available each shift. Numbers of staff required were guided by the dependency tool used to calculate staffing numbers based on people's individual needs.

### Assessing risk, safety monitoring and management

- People and relatives told us they felt safe. One person commented, "I am very well looked after."
- Risks to people's health and welfare had been assessed, with guidance in place for staff to support people safely.
- People were supported to maintain their independence with strategies to keep them safe. One person used a walking stick to get around. Their risk assessment advised staff to make sure the person remembered to take their walking stick with them when walking around. Another person was cared for in bed. They were at high risk of falling out of bed. Staff kept the bed to the lowest level and a padded mat was placed on the floor to prevent injury.
- Some people were at risk of choking due to swallowing difficulties. Health care professional advice had been sought and their advice was followed, such as cutting food into small bite sized chunks or mashed. Individual risk assessments were clear where people needed staff to stay with them while they were eating and drinking to keep them safe from choking.

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

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People were given choice and supported to make day to day decisions. Staff understood the MCA and their responsibilities in making sure people's rights were upheld. Staff described how they helped people to make choices without overwhelming them if their understanding was limited.
- Where people needed help to make particular decisions, these had been made in line with the MCA and in people's best interests.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding adults training and kept up to date with changes in legislation. The staff we spoke with were knowledgeable and confident.
- Staff told us the manager and senior management team were approachable and always listened and acted where necessary. Staff said they would be confident in raising any concerns and were sure action would be taken straight away. They knew which external organisations they could go to raise concerns if necessary.
- When concerns had been raised these had been dealt with appropriately and reported to the local safeguarding team and the Care Quality Commission (CQC).

Using medicines safely

- People's prescribed medicines had been administered and managed safely, including the ordering, storage and disposal of medicines. The provider had recently transferred medicines management onto an electronic system. Staff had received training to use the system, their competency had been checked and they said they felt confident with the change.
- Staff told us the new system saved time and they felt medicines management was safer. An ongoing count of medicines in stock was recorded and alerts were raised if a medicine had not been given at the time prescribed.
- Protocols were in place for the safe administration of as and when necessary (PRN) medicines, such as pain relief or laxatives. Some of these were still in the process of moving from a paper base onto the electronic system. This was completed just after the inspection.
- We took a random count of medicines in stock. The counts tallied with the amounts the records told us should be left.

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.



### Visiting in care homes

The provider was supporting visiting in accordance with current guidance. Visitors had access to personal protective equipment (PPE) for use during their visit and a check on their health was completed before entering the premises.

### Learning lessons when things go wrong

- Accidents and incidents were recorded, investigated and the opportunity to learn lessons was taken.
- The manager checked the recording of incidents and how they had been responded to by staff. Accidents and incidents were monitored to make sure any themes were noted and to take measures to prevent a similar occurrence.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed as part of their initial assessment and care plan. Where people needed specific support, this was recorded and made available through staff support. At our last inspection one person's hearing aid had been lost and no action had been taken to replace it. We did not find any further or similar concerns at this inspection.
- Staff had a good understanding of people's individual communication needs and described how they helped people to understand written and verbal information given.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People told us staff knew them well and they were happy with their care. One person said, "The room they have given me is beautiful. It's all done up and my pictures have been hung up."
- People were receiving care that was individual and personal. Staff knew people well and we saw many good interactions between people and all staff, including maintenance and kitchen staff.
- People's care plans were recently transferred from paper-based records onto an electronic system. Staff told us this had gone well, and they had the information they needed at their fingertips on a mobile device. Staff said they could spend more time with people as they could spend less time accessing care records and recording care given.
- End of life wishes were included in people's care plans. These included if people wanted to be admitted to hospital and the involvement of loved ones.

### 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 take part in activities and to enjoy preferred interests. Staff were employed to concentrate on supporting people with socialisation and to prevent boredom which complimented the staff team.
- Communal seating areas and areas to make drinks and snacks were available on each floor. A small garden area was also available on each floor that was accessible to people. People had been able to visit a garden centre a few days before the inspection to choose plants for each of the new garden areas. People

had the opportunity to join other trips out such as to local places of interest and eating outlets.

- Themed activities had been successful, such as Easter and Christmas events, cheese and wine and a cream tea for the Queen's birthday. For those not able to join in, for example, if they were cared for in bed, staff sat to chat with them, or gave them hand massages.

Improving care quality in response to complaints or concerns

- The people and relatives we spoke with said that they had not had to formally complain about anything as staff listened and were receptive to any concerns raised. One relative told us, "The staff are very friendly and talk to me. They are very easy to talk to and I can talk about any concerns."
- Complaints had been dealt with in line with the provider's policy.
- Complaints had been raised, mainly by relatives. These had been acknowledged, investigated and the outcome relayed to the person who made the complaint.
- The provider kept a track of complaints in order to learn lessons and check for themes within the service.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we made a recommendation that 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 acted on this and had obtained feedback from people and relatives.

- The provider had asked relatives and friends to complete a satisfaction survey early in 2022. They had analysed the results and planned to feedback what they intended to do to with the comments they had received. Feedback was positive.
- Meetings with people living at Haslington Lodge Care Home were held regularly. The notes made of the meetings recorded that people were asked if they were happy, if they wanted to request different meals, the activities they wanted to do and plans for trips out. People's comments were positive, and they had the opportunity to raise areas for improvement.
- At our last inspection, staff told us their views were not always listened to and the provider did not always address issues raised. Feedback from staff was more positive at this inspection. Staff morale was good, and they now felt they were listened to. Regular staff meetings were being held. Staff told us they felt able to speak up and share ideas or improvements needed. Staff meeting notes showed the discussions held and action agreed.

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

- The provider did not have a CQC registered manager. However, there was a manager in post and they had started the application process to register with CQC.
- At our last inspection, we identified the provider's auditing system needed to be more robust as some areas that needed to improve had not been picked up. Improvements had been made and a more robust system was in place.
- A clear line of governance was evident in the monitoring and auditing structure. The manager had auditing responsibilities across all areas of the service, on a daily and weekly basis. Senior management completed a check to make sure the quality and safety of the service fulfilled expectations. The provider received regular updates, inputting their comments and asking questions or requesting action where needed.
- The emphasis of the auditing structure was to make improvements. The manager was new to the role but

had worked at the service for some time so was aware of the areas they wanted to improve. They felt they had the support needed to keep on improving the quality of care.

- The role of 'Champions' to improve quality of care were being introduced. Two dementia champions were meeting in the service during the inspection to share their ideas of innovation and how the role will work. Neither staff member was actually on shift that day, one was a day off and the other worked night shifts. They told us they saw the work as important so were happy to volunteer to come in during their time off.

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

- People were happy with the care provided and full of praise for the manager and staff. One person said, "I couldn't get over how good the staff are. It's too good to be true" and a relative commented, "I have nothing but praise for them. They know your problems and they show more concern than I can hope for." People and relatives knew who the manager was, and one relative said, "She has the perfect temperament for this job. Nothing is too much trouble, and she is always there to help."

- People were chatting with staff as they passed by, joking and looking relaxed. We saw staff sitting chatting with people throughout the inspection. Staff told us they were happy in their role and found the manager to be open and approachable. Staff said they felt able to raise any concerns or ideas for improvement and they would be listened to. One member of staff said, "There is really good communication here since the new manager started. It has changed for the better."

- The manager was new in post and told us they had received good support from the provider to help them achieve in their new role. They were encouraged to join training and networking organisations such as Skills for Care to develop their skills. Skills for Care is the strategic workforce development and planning body for adult social care in England.

- We witnessed a caring culture during our inspection where people, relatives and staff were positive about the service provided.

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

- Where incidents and accidents had occurred, the records showed that families were contacted where appropriate. The manager told us they were aware families needed to be contacted and apologised to when there had been shortfalls in care.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events including incidents and safeguarding concerns.

Working in partnership with others

- The manager was getting involved in local and national networks and events to increase their own skills and to benefit the service by developing partnerships.

- The provider had set up regular meetings internally for managers of their services. The manager regularly attended these for peer support and to receive updates in other parts of the organisation as well as the health and social care sector.

- The manager and staff had worked closely with health and social care professionals, such as speech and language therapists, local authority staff and mental health teams. They identified when referrals were needed to health and social care professionals in a timely manner.