

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Haslington Lodge is a care home providing personal care for up to 46 older people. At the time of our inspection, there were 33 people using the service. Some of the people using the service were living with dementia and various other needs. Accommodation is arranged over three floors, people with similar needs were accommodated on the same floor. A lift provides step free access to each floor.

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

People and their relatives spoke positively about the home and were complimentary about the staff and new manager. Comments included, "I admire the dedication of the staff and the support provided" and, "We were concerned about the last report, but must say that our experience has been very positive." One person told us, "I can't fault them on anything, I am here for assessment and hoping to return to my home, I've had no falls since I have been here".

We found the home had improved since our last inspection, however, two areas remained that required further improvement. Medicines were not always managed safely, on one occasion a person had not received their prescribed medicine and management of bottled liquid medicine did not always meet published guidance.

A new audit system was in place to check the quality of the service. However, at the time of this inspection, it had not been in place long enough to become fully effective. Although issues had been identified and measures taken to enable change and improvement, not all areas identified had improved. Accidents and incidents were reviewed, however, records, investigation and action taken to make sure they did not happen again varied in detail.

Care plans provided clear guidance to staff, care had been planned to reduce risks to people as much as possible. Where some people had specific health conditions, or experienced behaviour which could be challenging, guidance about how to best support them was in place. Staff worked with other professionals to ensure people's needs were met. Food and fluid intake was monitored when needed and timely referrals to healthcare professionals were made to ensure people received the support required.

Staff had received training about safeguarding and people were protected from abuse. Potential safeguarding matters been brought to the attention of the manager and been referred to the local authority safeguarding team as needed.

The manager was relatively new in post. People and staff told us they felt supported by them. One member of staff commented, "The service has noticeably improved, but we need to make sure the improvements are sustained." People and staff had been asked for their views about the home. Some staff felt management feedback could be further improved, so they were fully aware of planned changes and improvement at the home. The manager was working through an action plan to improve the quality of the service.

The service was working within current infection control guidance and staff were wearing personal protective equipment (PPE) as required. The service was clean and chemicals were being stored safely.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement. (Published 25 March 2020) and there were breaches of Regulations. The breaches were in relation to Regulation 9 Person Centred Care, Regulation 12 Safe Care and Treatment, Regulation 17 Good Governance and Regulation 18 Staffing. 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 improvement had been made, however, they remained in breach of Regulation 12 in relation to medicines.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led. 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 coronavirus and other infection outbreaks effectively. The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

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 one breach in relation to the safe management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

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.

Inspection team

One inspector carried out the inspection on site, with assistance of an inspector off- site who reviewed records.

Service and service type

Haslington Lodge Care Home 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 did not have a manager registered with the Care Quality Commission. A new manager started at the service in July 2020 and has applied, but is not yet registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the provider less than 24 hours' notice of the inspection. This was to check if any staff or people at the service had tested positive or had symptoms of COVID-19 and to discuss arrangements for the inspection and PPE required.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider had engaged in an Emergency Support Framework (ESF) call with a CQC inspector prior to the inspection. This is a supportive conversation CQC has held with providers or managers of services during the COVID-19 pandemic crisis to check how they were managing. 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 this information to plan our inspection.

During the inspection

We spoke with nine people who used the service about their experience of the care provided and three of their relatives. We spoke with six members of staff including carers, housekeeping staff as well as the deputy managers, manager and Head of Quality and Compliance. 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 five people's care records and a selection of medication records. We looked at three staff files in relation to recruitment. We asked the manager to send a range of documents by email to support the inspection. This enabled inspectors to spend less time in the service, to support restrictions to reduce infection during the COVID-19 crisis.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of documentary evidence including training records, staff meetings, residents and relatives' meetings and auditing and monitoring documents.



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 Inadequate. At this inspection this key question has now improved 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.

Using medicines safely, Learning lessons when things go wrong

At our last inspection we found concerns around the proper and safe management of medicines and monitoring of accidents and incidents. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvement had been made at this inspection, the provider remained in breach of regulation 12.

- Medicines were not always managed safely. We looked at medicine administration records (MAR) and found one person had not received a prescribed medicine on one occasion. When brought to the attention of the manager, they checked with the GP and established no harm was caused by the person not receiving one dose of medicine. The manager identified the member of staff responsible and arranged for a supervision and medicines competency check to take place.
- Additionally, published best practice also sets out liquid medicine should be dated when opened as some have limited shelf life. This had not always been done.

The provider had not ensured the proper and safe management of medicines. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Otherwise, records showed people received their medicine when required. MAR charts included a recent photograph of the person together with details of any medicine the person was allergic to. Medicated skin patches were applied in different places. This decreased the risk of skin irritation, or possible skin breakdown and met the manufacture's treatment instructions. Staff checked the stock levels each time they administered medicines to check they were correct; this process had identified the missed dose referred to above.
- Where some people received PRN (prescribed medicine given as and when required), there were clear guidelines in place about when to give the medicine and what to do if it did not have the expected effect. The reason for administering PRN medicines was recorded on the MAR chart. Staff received training in the safe management of medicines, and competency checks reviewed their understanding and safe practice.
- Medicines were stored safely. A secure room was used to store medicines, this included a secure unit for medicines at higher risk of misuse. Temperature checks were completed regularly which ensured they were stored in line with recommended guidance. There was an effective system for booking in new medicines, maintaining an accurate stock count and disposal of unwanted medicines. The manager had arranged a meeting with the supplying pharmacy and GP surgeries to proactively address occasional delays in receiving

prescribed medicines. These delays had not resulted in the home being out of stock of medicines but nevertheless needed to be addressed.

- Accidents and incidents were recorded and monitored to identify potential patterns or trends and action was taken to reduce the risk of reoccurrence. The Head of Quality and Compliance had recently introduced new accident and incident monitoring procedures. This was to address various quality issues identified to ensure records included an investigation, outcome and implementation of any actions required. We will review the effectiveness of these measures at our next inspection.

- The manager reviewed all accidents and incidents so the care people received could be reviewed. Proactive measures were discussed with staff, such as, ensuring people had walking aids to hand when they needed them and closely observing people where there were mobility concerns. A monthly analysis was completed of falls, accidents and incidents to look for patterns and trends. None had been found.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risks relating to people's health and welfare. This was a breach of Regulation 12 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 this section of Regulation 12.

- Risk assessments were in place and records about the support people received reflected the actions taken to reduce risk. For example, where people were at risk of skin breakdown, pressure reducing equipment and monitoring was in use and reviewed. Where people had specific health conditions such as seizures and diabetes, risk assessment and guidance set out how to support people, how to recognise changes in their condition and what staff should do.

- Where people were at risk of falls, referrals had been made to relevant health care professionals. Staff monitored people's whereabouts and ensured any walking aids required were to hand and prompted people to use them. Where people needed support to walk or stand staff supported them safely and patiently. On visitor commented, "I was dumbstruck because I was so surprised to see (person's name) walking. I honestly didn't think they would walk again. Not only that, but they are walking well, hats off to the staff."

- Risks to the environment including fire risks and hot water temperature checks were safely managed. Regular health and safety checks took place. Gas and electrical safety certificates were current and equipment was checked and serviced as needed. Staff had received fire safety training; a fire drill had recently taken place and personal emergency evacuation plans set out the support people would need in the event of a fire.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough numbers of suitably qualified, competent, skilled and experienced staff deployed. This was a breach of Regulation 18 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 18.

- There were enough staff to meet people's needs. People and their relatives told us they felt there were

enough staff. One person said, "There are always staff about." A relative told us, "Although I haven't been in the home because of the pandemic, I visit regularly and see (person's name) at the visiting window. There is always a member of staff to bring them to the window. The phone is answered quickly as is the door." Staff felt staffing had improved, but commented the improvement needed to be sustained and persistent short notice staff absences addressed.

- We observed delivery of care in communal areas on each floor. Staff were attentive to people and supported them when required. People who needed assistance to eat received the help needed. We reviewed rotas, the previous concerns around staffing levels were addressed. Staffing levels were appropriate to respond to people's needs and call bells were answered quickly. The manager had put on additional staff to help with activities and lunch services during the pandemic.
- Staff continued to be recruited throughout the pandemic and staffing levels were kept under continuous review. The manager explained that they overrecruited to build up a bank of staff that could be called upon a short notice.
- Safe recruitment practices were followed. The provider ensured pre-employment checks were satisfactorily completed for all staff before they began work. These checks included two references, full employment history, right to work in the United Kingdom and Disclosure and Barring Service criminal records checks (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection, we were not wholly confident that safeguarding matters would be addressed properly by the home management team. This was because staff had raised their concerns with the then registered manager and regional operations manager about staff shortages, but neither had acted to address this. This was an area identified as requiring improvement.
- At this inspection improvement had been made. People were protected from the risk of abuse, management were responsive to staffing levels and understood how this impacted people's care. People and visitors were complimentary of staff, telling us, "Staff have been very friendly and supportive both to us and to (person's name)" and "I feel the staff genuinely care about me, they couldn't be more helpful or attentive."
- The provider had a safeguarding policy in place which was regularly reviewed. The manager was aware of their responsibilities and dealt with any concerns appropriately.
- Staff had received training in safeguarding and were aware of their responsibilities. Staff told us how they were able to recognise potential signs of abuse and they felt comfortable reporting safeguarding issues.

Preventing and controlling infection

- The provider had put in place a 'no visitor' policy at the service to protect people and staff from the risks of contracting COVID-19. This was as a result of a risk assessment given the concerns about Human Rights breaches over no visiting. There was clear signage on the outside of the front door about this. Essential visitors were provided with single use surgical face masks if needed. There was guidance around the service reminding people to keep safe distances.
- There was an infection control lead at the service. Staff had received infection control training and additional training about COVID-19. For example, donning and doffing PPE.
- The service was clean, tidy and smelt fresh. Additional cleaning took place to decrease the risks of contracting and transmission of COVID-19. We observed this happening. PPE was well stocked and placed at regular intervals through the service for ease of use by staff.
- People living at the service and staff had received regular COVID-19 tests. Temperature checks were

carried out regularly to monitor symptoms of COVID-19 to reduce the risks of transmission.

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.

At our last inspection the provider had failed to operate an effective system to assess, monitor and improve the quality and safety of all areas of the service. This was a breach of Regulation 17 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 17. However, we have identified an area which requires improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 manager's audits identified the concerns found at this inspection. However, they had not been in place long enough to rectify the issues identified or embed new working practice. For example, the audit of August 2020 data identified liquid medicines were not managed in line with best practice, this had been communicated to staff, but the issue remained. The effectiveness of audits addressing the areas identified is an area requiring improvement.
- We reviewed some incident and accident records that occurred following our last inspection, these varied in detail. Some early records did not include an investigation of what had happened or a conclusion about what changes were required to people's care or risk assessments. The Head of Quality and Compliance had been in post for two months. They had identified enhancements were required to the way incidents and accidents were investigated and acted upon. They had designed a new audit and recording process, but these had just been put into daily use. The effectiveness and impact of these checks and audits will be reviewed at our next inspection.
- Other audits had been effective. The manager had introduced daily checks for missing signatures on MAR charts together with the observation of practice for medicine administering staff.
- Staff told us, "We feel the home has improved under the new manager." They however qualified this by saying, "The proof is whether the improvements are sustained." The manager had developed a home improvement plan which they continued to compile and kept under review. Some actions to reduce risk, such as, observation of care practice, emergency fire drills and equipment certification had been completed. Other actions were on going. These included a comprehensive review of all care plans and risk assessments.
- The management team were clear about their roles and responsibilities. They had assessed and planned

how staff would be protected in the event of a COVID-19 outbreak at the service. The provider had displayed the Care Quality Commission quality rating in the service and on their website, so people, visitors and those seeking information about the service were informed of our judgments. The manager understood the duty of candour requirements. They knew when they were required to notify CQC of events that had happened at the service.

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 were asked their views through meetings and surveys, although not everyone we spoke with was aware that this happened. We reviewed some surveys people had completed and found the results were positive. The manager had identified the need to extend surveys to staff and visiting health and social care professionals and were in the process of doing so.
- Staff had worked hard to ensure people were not unsettled by the measures in place to protect them from the risk of contracting COVID-19. They had spoken with people about the need to restrict visitors and why PPE was in use. Families were kept updated and the service had recently re-introduced window visits. Visits to a restricted area within the service had been in place, however, these had been stopped due to infection control risks.
- The registered manager held staff meetings where staff could raise issues and information could be shared. They had also introduced flash meetings to communicate important messages to staff. Staff found these helpful, but some commented that they would be better if the manager reviewed and reported on the progress of any issues raised at previous meetings.

Working in partnership with others

- The manager worked with other professionals to support people to stay as safe and well as possible. For example, they had ordered a stock of COVID-19 test kits, so they could test staff and people regularly. Where people needed support from other health care professionals, referrals had been made. These included, occupational and speech and language therapists as well as the community mental health team.
- People were referred to advocacy services when they needed to make important decisions about their lives.
- The manager was part of a local registered managers COVID-19 communication group which they used to gather information around best practice. They also kept up to date on local challenges and ways to overcome them. They knew who they could contact for support with issues or concerns, including CCG staff and the local authority safeguarding team.

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 ensure the proper and safe management of medicines. Reg 12 (1)(2)(f)