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Hankham Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Hankham Lodge Residential Care Home is a residential care home providing care and support for 17 older people. The service can support up to 20 people. People were living with a range of needs associated with the frailties of old age and some people were living with dementia.

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

Following the previous inspection, the provider sent us their Provider Information Return on 2 April 2020. This included information about the steps they had taken to make improvements at the home including working with external professionals and consultants to develop and improve the home. However, due to COVID-19 and the subsequent lockdown on visitors, their priorities had to change. The provider and staff worked hard to ensure the appropriate infection control procedures for the pandemic were in place to keep people safe. This included increased cleaning and ensuring adequate supplies of PPE were available. Staff completed training in relation to COVID-19. The impact on COVID-19 meant that some improvements will need further time to be fully introduced and embedded into every day practice.

The provider and staff team had worked hard to address the areas for improvement following the last inspection. Further time was needed to fully embed these changes into day to day practice.

Quality assurance systems had been introduced and were continuing to be developed and improved. This included audits of medicines, falls, and the environment. Some changes had been made to record keeping and this was ongoing.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the service. Staff understood the risks associated with the people they supported. Risk assessments provided some guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

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 Inadequate (published 27 January 2020). There were multiple breaches of regulation. We served warning notices in relation to the safe care and treatment of people and the governance of the home and told the provider to make these improvements. At this inspection we found improvements had been made and the warning notices were met.

This service has been in Special Measures since 27 January 2020. The provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 7 November 2019. Breaches of legal requirements were found. We issued warning notices to the provider about safe care and treatment and governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check whether the warning notices we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. Therefore, this report covers our findings in relation to the Key Questions Is it Safe? and Is it Well-led? only.

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 changed from inadequate to 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 Hankham Lodge Residential Care Home on our website at www.cqc.org.uk.

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.

Hankham Lodge Residential 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. This was a focussed inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Hankham Lodge Residential 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.

Notice of inspection

We gave a short notice period of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that no-one at the home was displaying any symptoms of the virus and needed to know about the provider's infection control procedures.

Due to the COVID-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. Therefore, we had two 'virtual' meetings with the provider. We discussed how we would safely manage the inspection. We also wanted to clarify the provider's infection control procedures to make sure we worked in line with their guidance.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that are involved with the service. We

looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked the provider about the improvements that had been made since the last inspection. We also asked the provider to send some records for us to review. This included a variety of records relating to the management of the service, audits, training and supervision records and staffing rotas.

During the inspection

We spoke with three people who used the service. We spoke with three members of staff including the provider. We spent a short time in the home whilst people were eating their lunch. This allowed us to safely look at areas of the home that had previously been identified as a concern. It also gave us an opportunity to observe staff interactions with people. We spoke with one relative by telephone and received several emails from relatives.

We reviewed a range of records. This included four people's care records, medicine records, one staff files in relation to recruitment and further records relating to the quality assurance of the service, including feedback surveys and accident and incident records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included further medicine records. We received feedback from three relatives and contacted three more relatives for their comments about the service.

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 Good.

This meant people were safe and protected from avoidable harm.

At the last inspection the provider had failed to ensure risks to people were safely managed. This was a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice and told the provider to make improvements by 23 January 2020. There was also a breach of regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements in how they identified and managed risk, including people who were at risk of falling and losing weight. Staff were regularly updated throughout the day and were aware of changes to people's risks and how to support them safely. The warning notice had been met. There were also enough staff to support people safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At the previous inspection we found people were at risk of falls and it was not always clear what action had been taken. Previously, people's mobility aids were removed from them when they sat in the lounge. This was because there was limited space and they were a trip hazard for other people. However, this meant people were reliant on staff to return them when needed. Some people tried to walk without them and this left them at risk of falling. Accident and incident records showed that a number of unwitnessed falls had occurred in the lounge.
- At this inspection we found improvements had been made to manage people's risk of falls and the action taken to reduce this. Changes had been made to the layout of the home. The conservatory, that was previously not well used, had been changed to the dining room. The previous dining room was now used as a second lounge. This meant there was plenty of seating areas and people could choose where to spend their day. This also meant people could keep their mobility aids with them. There had been no recent falls in either of the lounges.
- At this inspection we found improvements had been made to how risks associated with people's care were managed. One person had a number of falls in their bedroom. This had been identified and staff had made changes to the layout of the person's room to try and minimise these risks.
- Accidents, incidents and falls were recorded. There was information in the record about what happened. There was also some information about the action that was taken after the incident or/ fall and further information was recorded in the daily notes. Before the lockdown, the provider and staff had started working with a falls practitioner to raise awareness of falls, improve documentation, and identify new ways of preventing falls. As part of this a new audit tool had been introduced. Staff had started to use this tool and it was being embedded into everyday practice. Since the last inspection we saw that where needed people's

food and fluid intake had been recorded. The provider told us that when people moved into the home their food and fluid would be recorded for a week. This helped staff to identify how much people liked to eat and drink. Where people were at risk of losing weight, referrals had been made to the person's GP. Staff were able to tell us how they supported people to have enough to eat and drink each day.

- Since the last inspection staff had begun to support people to manage their diabetes. This included the administration of insulin. There was guidance in place for each person and records demonstrated this was done safely. Staff understood the risks and additional responsibilities. They had devised competency assessments to check each other's knowledge and understanding. These were additional to the training and assessments they had received from the district nurse.

- One person told us they felt safe and well looked after at the home. One relative said, "The thing that makes my [relative] secure is the staff."

Staffing and recruitment

At the last inspection we told the provider to make improvements to ensure there were enough staff to safely support people. At this inspection, we found the provider had increased the number of staff to ensure people's needs could be safely met. This meant this part of the breach of regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

- Staffing levels had been increased since the last inspection. There were three care staff each morning until 12 midday. From 12 midday until 10 pm there were two care staff. They were supported by a kitchen assistant / activities co-ordinator from 2 pm to 5 pm. There was a cook and housekeeping staff each morning, with two housekeeping staff each Friday morning. The kitchen assistant / activities coordinator was responsible for preparing the tea time meal and supporting people with activities each day. Overnight, from 10 pm to 7.30 am there was one staff member and a 'sleep-in' staff member. A 'sleep-in' member of staff sleeps at the home but is available to support people and other staff during the night when required.

- Staff told us that the increase in staffing numbers was a big improvement. One staff member said, "Now we don't have to worry about preparing food and the laundry, we can do what we should be doing with people." Another staff member said, "It's so much better, we can spend time with people, we can just sit and chat, that's what they like."

- The provider sent us copies of the rotas which showed there was a consistent number of staff working each day. In case of staff absence staff would cover each other and work extra shifts. On occasions agency staff had been used but this would not happen during the current pandemic.

- The provider told us in case of an outbreak of COVID-19 a number of staff had volunteered to live at the home to reduce the risk of transmission to other people and staff.

- The provider had introduced a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.

- At the last inspection improvements were needed around recruitment practices when employing new staff, to ensure criminal record checks and references were in place. At this inspection we found improvements had been made and these were in place for newly recruited staff.

Using medicines safely

At the last inspection we told the provider to make improvements to ensure people's medicines were managed safely and consistently. At this inspection, we found the provider had made improvements and medicines were safely managed.

- At this inspection we found medicine administration records (MAR) had been well completed.

- At the last inspection guidance was not always in place for people who had been prescribed 'as required' (PRN) medicines, such as pain relief medicines. We found PRN protocols were now in place. This provided information staff would need to give these medicines. For example, why the PRN medicine had been

prescribed, when these may be needed, and if the person could tell staff they were in pain.

- When PRN medicines were given this had been recorded on the back of the MAR and showed whether the medicine had been effective.
- Medicine audits had been introduced. These were completed monthly. Where shortfalls were found, the action taken had been recorded. For example, when a signature was found to be missed from the MAR the staff member was spoken to. They were able to confirm that the medicine had been given.

Preventing and controlling infection

At the last inspection we told the provider to make improvements to ensure appropriate infection prevention measures were in place. At this inspection, we found the provider had made improvements to ensure people and staff were protected from the risks of infection.

- Previously we found there were a number of infection control risks associated with the communal bathroom and sluice. The bathroom and sluice room had now been converted to an accessible wet room. This was clean, tidy and well maintained. There were appropriate handwashing facilities for people and staff.
- At the previous inspection there had been no handwashing facilities in the laundry room. This had meant staff had to leave the laundry to wash their hands which meant there was a risk of cross-infection. We saw a wash handbasin had now been installed in the laundry.
- Previously there was a smell of urine in areas of the home. At this inspection there was no smell of urine or other offensive odours. The provider told us they had identified the reason for the odour previously detected. This had been resolved by increased cleaning and refurbishment of the sluice room.
- The provider had introduced appropriate protocols in response to the COVID-19 pandemic. This included the use of appropriate personal protective equipment (PPE) and visitors to the home had currently been stopped. During the inspection we saw staff wearing PPE appropriately and supplies for staff were available throughout the room.

Systems and processes to safeguard people from the risk of abuse

- Comments from a recent feedback survey showed that people felt safe at the home. One person had commented, "Staff treat you like a human being not just a number. I feel safe and cared for."
- Staff had received safeguarding training and updates. They were able to tell us what steps they would take if they believed people were at risk of harm. This included reporting it to the most senior person on duty or to the local authority safeguarding team.
- A staff member showed us information, including telephone numbers, that was displayed in people's rooms. This informed people and staff how they could raise any concerns they may have, including safeguarding concerns.

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. The provider had not maintained an accurate, complete and contemporaneous record in respect of each person. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice and told the provider to make improvements by 23 January 2020.

The provider had not always ensured that the appropriate notifications were sent to the CQC where required. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider sent us an action plan to tell us how they would address this.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of the regulations and the warning notice had been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- At this inspection we found improvements to record keeping, including care plans, had been made but further time was needed for these changes to be completed, fully implemented and embedded into every day practice. Discussions with the provider and staff member responsible for developing the care plans showed they understood that further work was needed.
- At the last inspection mental capacity assessments and best interest meeting records did not include all the relevant information. At this inspection we saw improvements had been made. These provided detailed guidance for how staff should support people.
- Improvements had been made to the provider's oversight of the care provided and records. There was now a quality assurance system in place, and this included a number of audits and checks. This included the environment, medicines, training and supervision. These showed where shortfalls were, and the action taken. Work identified on the environmental audit was ticked and dated when completed. Where work had not been completed this was recorded to keep under review. When the medicine audit identified the MAR had not been fully completed it was recorded that this had been explored and addressed.
- People were involved in the running of the home. There were regular resident meetings where people were able to discuss the day to day running of the home and talk about what they would like to do. People

had access to a range of activities and commented that they looked forward to going out again once lockdown had lifted. Information was now available in people's bedrooms to inform them how they could raise any concerns or complaints.

- The provider and staff were aware of the areas for development and improvement that were needed. They told us about the positive impact the improvements so far had on the home. This included the change of layout, increased staffing and refurbished the bathroom. One staff member told us about other areas of the home that needed redecorating. They said, "[Provider] will get it done, there's no doubt. It's just that currently we are limited to what we can do."

- At the last inspection the provider had not always submitted the relevant notifications. Notifications are information about important events the service is required to send us by law.

Since the previous inspection notifications had been sent to CQC as required.

Working in partnership with others

- At the last inspection it was identified that action was not always taken in relation to feedback received. At this inspection we saw improvements had been made and a feedback survey had been sent to people, staff, relatives and visiting professionals in January 2020. This covered a number of areas and included questions related to issues identified at the last inspection. For example, all were asked if they had smelt any offensive odours. This demonstrated that the provider had taken on board concerns identified at the last inspection. The survey responses were audited for any themes or trends. Individual comments or concerns had been responded to directly. We also saw thanks was given to those who had returned positive feedback.

- The provider was working with external professionals from health and social care to improve and develop the service. This included the falls team and the medicines optimisation for care homes team to make and embed improvements in the home. The provider had also engaged an external consultant to help progress improvements and identify further areas for development. Due to the lockdown these professionals were not currently visiting the home but were providing remote support and guidance.

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

- The provider understood duty of candour, working openly and honestly with people when things went wrong. One relative told us, "[Provider] has been very accommodating and regularly updates us with any news via phone or email."

- The culture of the service was positive and inclusive. Although we only spent a short time in the home, we saw that there was a relaxed atmosphere between people and staff. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the pandemic.

- Relatives spoke highly of the home. Their comments reflected the kindness of staff and involvement of the provider. One relative told us, "Staff are always welcoming, attentive and caring." Another relative told us how they as well as their loved one had been supported by staff. They said, "The support we received throughout has been second to none." We saw people's comments from the recent feedback survey. One person said, "Staff are wonderful and more like my friends."

- Staff spoke well of the provider. They were able to discuss any concerns and work together to improve and develop the home.