

Barchester Healthcare Homes Limited

Lindum House

Inspection report

1 Deer Park Way
Lincoln Way
Beverley
Humberside
HU17 8RN

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Tel: 01482886090

Website: www.barchester.com

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lindum House is a care home which provides both nursing and personal care for those who may have dementia or a physical disability. It is registered to support 64 people within 2 units, 1 nursing and 1 residential. At the time of our inspection 36 people were using the service.

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

People received their medicines as prescribed. We have made a recommendation to ensure the provide continues to embed and implement good practice relating to topical medicines.

People were safe. Risks to people's health, safety and wellbeing were managed by staff with the relevant skills and knowledge to meet their needs. Any accidents or incidents were appropriately responded to and were monitored and learned from to reduce the risk of them happening again.

The service was clean, well maintained and adapted to people's needs.

Suitable staff were employed, and staffing levels met people's needs. People's medicines were administered as prescribed. People were supported by kind and caring staff who were attentive to people and their needs.

People had choice and control regarding their care and were enabled to follow their own routines. People's privacy and dignity was maintained, and people's independence was promoted. Staff were knowledgeable about people's needs and supported people to access healthcare services when required.

People had a varied diet and meals were served in line with people's personal preferences and dietary requirements. The management team promoted a positive culture through appropriate support for their staff.

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.

There were effective governance systems in place to drive improvements. The provider had good oversight of the service and was committed to embedding and sustaining the improvements made since the last inspection.

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 12 October 2022). The provider completed an

action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 12 October 2022. During this inspection 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 10 June 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their management of risk, person centred care and governance of the service.

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, Effective, Caring and Well-led which contain those requirements. 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 inadequate to good. 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 Lindum House on our website at 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lindum House

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.

Inspection team

This inspection was completed by 1 inspector 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.

Service and service type

Lindum House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lindum House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 7 people who live at the service and 7 of their relatives. We spoke to 10 staff members including the registered manager. We reviewed a range of documents relating to the health and safety of the service, medicines and staff recruitment. We looked at care records for 4 people.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider seeks advice from a reputable source to ensure medicines are consistently managed. At this inspection, we found some improvement had been made but further work was needed to embed best practice.

- People received their medicines safely and as prescribed.
- Staff who were responsible for administering medication had suitable training and their competencies regularly checked.
- People's creams continued not to be clearly labelled when these had been opened. This meant staff could not clearly identify when creams had expired and may not be as effective. We found no evidence people had been harmed.

We recommend the provider continues to work on closely monitoring their medicines to ensure good practice and improvements are embedded.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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 part of regulation 12.

- Risks to people had been identified by staff and mitigated against effectively.
- People had detailed care plans which guided staff to provide effective and safe care to reduce risks. Records relating to people's care demonstrated people were receiving their care as outlined. For example, receiving positional changes to reduce the risk of skin damage.
- People we spoke with told us they felt safe at the service. Relatives also felt the service was safe; one relative said, "It's important to us they're safe and taken care of."
- Accidents and incidents had been appropriately responded to and reported on the provider's monitoring system. Accidents and incidents were investigated to find out why they happened, learn lessons and reduce the risk of them happening again. Staff were kept informed of changes following investigations.

Preventing and controlling infection

At our last inspection the provider had put people at increased risk of infection due to poor practice and ineffective control measures. This was a breach of regulation 12(2) 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 part of regulation 12.

- The provider was making sure infection outbreaks could be effectively prevented or managed.
- The provider's infection prevention and control policy was up to date.
- The service was clean.

Staffing and recruitment

At our last inspection the provider had failed to have sufficient numbers of suitably qualified, competent staff to meet people's needs. This was a breach of regulation 18(1) 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.

- Staff were safely recruited. Staff had pre-employment checks to assess their suitability before working with people.
- Staffing levels were determined by the level of care and support each person required. There were enough staff to support people safely.
- Since the last inspection, the provider had put significant effort and resource to ensure staff were recruited to reduce the use of agency staff.
- People we spoke to, their relatives and the staff told us this had made a positive impact on the delivery of care. Comments included, "Having permanent staff makes such a positive difference; they are trained, they are Barchester's expectations." and "The atmosphere is happier, we can rely on each other. Staff know each other and they know the needs of the residents."

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider reviews staff training in relation to safeguarding adults. The provider had made improvements.

- People were protected from potential abuse and avoidable harm.
- Staff had safeguarding training and demonstrated a good understanding of how to protect people. Staff were able to tell us the different types of abuse and how to report abuse. They felt confident to raise any concerns and felt they would be listened to.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found people did not have choice and control over their care and care was not always delivered in line with standards, guidance and the law. This was a breach of regulation 9(1) 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 part of regulation 9.

- Systems were in place to assess people's needs and choices in line with legislation and best practice. Practice relating to the management of specific health conditions such as catheter care had been reviewed to ensure practice was in line with guidance.
- People's needs were assessed, and detailed care plans and risk assessments were implemented.
- We observed people being offered choice regarding their care. Staff told us, "I feel like we have the time to sit and talk to people now and offer them real choice." And "Now we are not rushed off our feet, we get one to one time with residents then we have ever had before."

Staff support: induction, training, skills and experience

- Staff had sufficient training to complete their role and told us they felt supported at work.
- The provider had improved their induction offer to new starters which had a positive impact on people and the staff team. One staff member said, "The new induction plan is double checked, and competency based. It's fantastic."
- Staff told us they received supervision regularly.

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

- People's nutritional and hydration needs were met. People were offered drinks regularly and meals were provided in line with people's dietary requirements.
- Since the last inspection, the provider had improved their offer of alternatives for people who had a specialist diet such as those with diabetes.

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

- Staff worked with health and social care professionals to improve people's quality of life.

- Records showed referrals to health and social care professionals were made in a timely manner and care plans were updated following professional advice. One relative said, "The home is good at getting the right people involved; such as falls advice, eye tests. Any problems they get the paramedics in."
- Staff were knowledgeable about people's healthcare needs, associated risks and how to manage them.
- Daily meetings were held with staff to ensure information was shared and any concerns were acted on efficiently.

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

- The service was well maintained and designed to meet people's needs.
- There was a recent addition of a sensory garden to the service and various areas of the home had been refurbished since the last inspection. This included new 'servery' areas for people on both units, this had improved people's experience and encouraged independence.
- The provider had invested in technology to enhance people's experiences at the service. There was voice activated speakers throughout the service and at the time of the inspection, virtual reality headsets were being trialled. People we spoke to were excited by the new technology, one person said, "Such a wonderful thing to try."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had the appropriate legal safeguards (DoLS) in place when they were not able to consent to their care and treatment.
- We observed staff offering people choice over their care.
- Staff told us they had received training relating to the MCA and could demonstrate how this was relevant to their practice. One staff member said, "If someone has capacity and they decline then we can't force them, if they are at risk then it would be escalated appropriately."

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection people did not have choice and control over their care. This was a breach of regulation 9(1) 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 9.

- People were supported to express their views and had choice over how they received their care. One relative told us, "The home has a good atmosphere, it is definitely inclusive. They involve all residents in decision making."
- Staff we spoke with demonstrated knowledge of people's individual needs and preferences.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated as individuals. Their wishes and beliefs were outlined in care plans and staff provided care in line with these.
- We received positive feedback from people about the staff. Comments included, "Staff are lovely, very helpful." And "Staff are much better than before, kinder."
- Staff we spoke with said they would be happy for their relative to live at Lindum House.
- There was a positive, happy atmosphere in the home with laughter between staff and people. One relative commented, "The atmosphere is calm, relaxed and happy. I'm really impressed with the home. Nothing is too much trouble."

Respecting and promoting people's privacy, dignity and independence

- People were cared for in a dignified way.
- Staff we spoke with gave examples of how they would ensure people's privacy and dignity were maintained. One staff member said, "I might tidy up their room while they go in the bathroom so they feel supported but not intruding or rushed."

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 inadequate. 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.

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

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(1) (2) (3) 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.

- The registered manager was clear about their role and their regulatory requirements.
- Governance systems were effective in maintaining the safety of people using the service through promptly identifying and addressing shortfalls.
- Records were accurate and reflective of people's needs. Notes to monitor risk such as fluid charts had been completed in full and reviewed regularly.

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

At our last inspection we recommended the provider reviews their systems to ensure duty of candour policies and procedures were always followed. The provider had made improvements.

- The provider had systems in place to uphold the duty of candour when required.
- The registered manager understood their responsibilities regarding the duty of candour. They encouraged staff to be open and honest and promoted accountability.

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

- The registered manager had promoted an open culture in the service. Staff were caring and attentive to people's needs, providing appropriate physical and emotional support.
- We received positive feedback from relatives regarding the service following the new manager coming into post. Comments included, "It is definitely inclusive and supportive." And "It has a different feel. It is very organised without being institutionalised." And "Staff are kind, caring and respectful. The manager's door is

always open. Staff can see in and relatives can see them."

- Staff also felt the service had an open and empowering culture. One said, "I used to feel embarrassed that I worked here but now I'm proud cos I think it's a good home with good care."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were asked and encouraged to express their opinions on the service and provide feedback.
- Relatives were invited to meetings and these were used to gain feedback and to shape the service. One relative told us, "Families are invited to resident meetings. I went to see what it was about and up and coming activities. The manager was asking for feedback about the food and menus. It was very inclusive atmosphere."
- Staff were involved in changes to the service. Staff told us they regularly attended meetings and their views and suggestions were welcomed by the management team.
- Staff worked with people and professionals to achieve good outcomes. Referrals were made to relevant professionals when required and staff worked with health and social care professionals to meet people's needs.

Continuous learning and improving care

- The provider was committed to learning from incidents and sustaining the improvements made.
- The provider had implemented a "lessons learnt" folder since the last inspection and had committed to sharing learning with the full staff team.