

Linthorpe Nursing Home Limited

Linthorpe Nursing Home

Inspection report

32-36, Eastbourne Road
Linthorpe
Middlesbrough
Cleveland
TS5 6QW

Tel: 01642850032

Date of inspection visit:
09 September 2020
10 September 2020

Date of publication:
23 September 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Linthorpe Nursing Home is a care home which provides nursing and residential care for up to 28 adults. At the time of inspection 20 people were using the service. Linthorpe Nursing Home is set out over two floors.

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

At the last inspection the provider failed to have effective systems in place to monitor the quality of the service. At this inspection we found improvements had been made. The registered manager and provider undertook a range of audits and checks on the service. However, further work was needed to improve their recording systems to evidence continuous improvement. We have made a recommendation about this.

People and their relatives told us they felt safe and staff providing support knew them well. One relative said, "[Person] is safe. It's the staff and ethos of the home that reassures me. I'm always contacted if there are any concerns."

Staff understood how to safeguard people from abuse. People's privacy and dignity was seen to be maintained. The staff team had the necessary skills to support people appropriately. Enough staff were on duty to respond to people's needs in a timely manner. The registered manager used information from accidents and incidents to learn lessons.

People's care and support needs were assessed. Records reflected people's current needs. Medicines were managed safely and there were close links with health and social care professionals to ensure people's physical and mental health needs were met and changes responded to quickly.

The home had a dedicated infection prevention and control champion who ensured national guidance was being followed. The registered manager monitored all areas of the home ensuring high standards of infection prevention and control were delivered and that suitable supplies of personal protective equipment were available. Additional activities had been planned within the home during lockdown to positively support people. People were supported to have socially distanced outdoor visitors. The home was in the process of developing other methods to support people in keeping in touch with their relatives and friends.

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

The manager and staff team were praised by people, their relatives and staff, for their supportive approach. One relative said, "The manager is great, medically qualified and very professional. There is a low turnover of staff and they all appear to be knowledgeable and skilled."

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

Rating at last inspection

The last rating for this service was requires improvement (published 3 October 2019). There was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider 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 and well-led which contain those requirements.

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 requires improvement 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 Linthorpe Nursing 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?

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 well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement 

Linthorpe Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

One inspector and an Expert by Experience carried out the inspection. 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

Linthorpe Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager who registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. Having consideration of the coronavirus pandemic, we gave the registered manager a short period of notice of our arrival. This was to ensure safe systems were in place to protect everyone.

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. 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 used all of this information to plan our inspection.

During the inspection

We observed the care provided to people. We spoke with six relatives over the telephone about their experiences of the care provided.

We spoke with eight members of staff. This included the registered manager, deputy manager, administrative support, care workers, kitchen staff, housekeepers and maintenance staff.

We reviewed a range of records. This included two people's care records and multiple people's medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. 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's governance systems had failed to identify the need for improvements to risk assessment and management processes. This was a breach of regulation 17 (Good governance) 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.

Assessing risk, safety monitoring and management

- Health and safety checks were in place to ensure people and the premises were safe. Actions following the last inspection had been acted upon and reviewed by competent professionals.
- Care records were reflective of people's current needs. Risks related to people's health conditions had been assessed.
- Staff clearly knew people's needs and were able to explain the level of support people required.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One relative said, "I have never seen or heard anything untoward. I'm very happy and couldn't fault the home at all. People are very safe."
- Staff were knowledgeable about safeguarding procedures and knew their responsibility to raise any concerns they had.
- Staff had completed training in relation to safeguarding and a policy was in place to guide them in their practice.

Staffing and recruitment

- Enough staff were on duty to meet people's needs. One staff member said, "Our [staffing] levels are really good, I feel I have enough time to deliver good standards of person-centred care to people. I don't think many other homes would have better levels than we have on each shift."
- The service used the same agency staff regularly so they could build relationships with people living at the service and ensure consistency of their care.
- An effective recruitment process was in place.
- We observed call bells were answered promptly during this inspection.

Using medicines safely

- People received their medicines when they needed them. One relative told us "The medication is all good, it's all noted down. Medicines never run out."
- Medicines were administered by nurses whose competencies to administer medicines had been assessed.
- Medicines were stored securely and in line with legal requirements. Records of administration were maintained and completed accurately.

- Room temperatures were closely monitored and recorded. When required, actions were taken to reduce storage temperatures by use of an electric cooling system.

Preventing and controlling infection

- The home was clean and tidy. One relative said, "The home is spotless but also homely. It's the best of about fifteen homes we visited for standards of cleanliness."
- Cleaning schedules were in place to ensure the home was hygienic and to manage the risk of people and visitors catching and spreading infections.
- We were assured the registered manager was admitting people safely to the home.
- We were assured staff were using PPE effectively and safely.
- We were assured the registered manager was promoting safety through the layout and hygiene practices of the staff and home.

Learning lessons when things go wrong

- Incidents and accidents were recorded and investigated appropriately. Any lessons to be learned were discussed at staff meetings. This meant the necessary action was taken to reduce the risk of further incidents and accidents.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

- Care and support plans considered all areas of people's lives, setting out their needs and how they wished to be supported.
- Staff were able to clearly discuss people's current health and support needs and were observed to deliver support in line with legislation, recognised standards and guidance.

Staff support: induction, training, skills and experience

- Staff had the required knowledge, skills and experience to support people effectively. Staff told us their training fully prepared them to meet people's needs.
- New staff completed an induction programme when they began work and had opportunities to shadow more experienced staff.
- The registered manager operated effective processes to monitor staff training, supervisions and appraisal, which were up to date at the time of inspection.

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

- People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet. One relative said, "[Person] needs help to eat, their swallowing reflex is not good. Staff sit with [person] and help them to eat slowly and carefully, so they don't choke. The food always looks good quality, there are always choices and [person] can have tea or coffee whenever they want."
- Support plans outlined people's preferences, health needs and the support they required with their food and drinks.
- Where there were concerns about people's eating, drinking or their weight, appropriate referrals had been made to health professionals and monitoring systems put in place.
- Pictorial menus had been introduced following the last inspection to support people in choosing their meals easily.

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

- Records of health care appointments were retained in people's care plans, these documented any treatment required or received. This ensured staff were informed of any changes.
- Staff supported people, when required, to attend healthcare appointments. Oral hygiene support plans were in place.
- When required, investigations or advice from health professionals was sought in a timely manner for any

concerns. Health action plans were in place which identified people's health and care needs.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA. Appropriate assessments of people's capacity to make decisions were in place. One relative told us, "[Person] is always involved in making decisions about their care. These are managed at [persons] level, it's a balancing act. The home handles decision making appropriately."
- The registered manager monitored DoLS applications to ensure they were submitted appropriately and on time.
- Staff understood their responsibilities regarding MCA and best interest decisions. We observed staff continually seeking people's permission whilst supporting them.
- Staff had a good understanding of people's communication needs and were observed supporting people to make day to day decisions and choices.

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

- The building met the current needs of people living there.
- Bedrooms were personalised. They contained items such as personal photographs and soft furnishings.
- The registered manager was looking at further adaptations to support visiting during the Covid pandemic. For example, a mobile visitor pod which is a perspex room allowing people and their relatives to meet at a safe social distance.

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 was not always consistently well-led.

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

At our last inspection the provider failed to have effective systems in place to monitor the quality of the service. This was a breach of regulation 17 (Good governance) 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, further work was needed.

- Quality monitoring of the service was now in place. The recording of some health and safety checks and maintenance within the home required further strengthening.

We recommend that the provider and registered manager continue to implement quality assurance systems to drive continuous improvement.

- Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support. They told us the registered manager was clear about their role, responsibilities and led the service well.
- Timely statutory notifications to CQC had been received following any notifiable events at the service.

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

- We received mixed views on how the home communicated with people and their relatives. One relative said, "Communication could be better, an email account and internet would help improve this." Another said, "Communication is good. Staff let me know straight away if [person] is unwell."
- The registered manager told us how they are looking at alternative ways to seek feedback from people and relatives including the use of technology.
- Reviews were undertaken involving people and other important people in their lives. This gave an opportunity to evaluate outcomes for people and set new goals for the year ahead.
- Staff meetings were held regularly and used to share good practice to continually raise standards.

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

- The registered manager and staff were passionate about their commitment to provide meaningful, good quality, person-centred care that met people's individual needs. One relative said, "I have no complaints, there is nothing I would change. There has been no Covid in the home, that speaks volumes."
- Staff were happy in their work. They described the management team as caring, approachable and

supportive.

- The service worked closely with a range of external health and social care professionals.

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; Continuous learning and improving care

- Policies were in place that identified the actions staff should take in situations where the duty of candour would apply.
- The registered manager understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.