B J Poore

Lincoln Lodge Residential Home for the Elderly

Inspection report

Lincoln Lodge
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Hunstanton
Norfolk
PE36 6DL

Tel: 01485535328

Date of inspection visit:
15 September 2016

Date of publication:
03 November 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Lincoln Lodge is registered to provide accommodation and personal care for up to 25 people. There were 24 people living in the home at the time of the inspection.

The accommodation is over four floors which are served by a passenger lift. The provider is also registered to provide personal care to people living in their own homes. This was not being provided at the time of this inspection and was therefore not assessed or reported on.

This unannounced inspection took place on 15 September 2016.

At the last comprehensive inspection on 3 September 2015 a breach of three legal requirements were found and the service was rated as requires improvement. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements.

During this inspection we found that the provider had followed their plan which they had told us would be completed by 30 November 2015 to show how the legal requirements were to be met.

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk assessments did not provide detailed information for staff about how to manage risks to people. This meant that people could receive care that was not safe.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

People were provided with a varied choice of meals. When necessary, people were given any extra help and support to eat. This ensured people had sufficient to eat and drink to keep them healthy.

Staff had received training, which was regularly updated in order to enable them to provide care in a way which ensured people's individual and changing needs were met. Peoples health needs were supported as they had access to a range of visiting health and social care professionals. Clear arrangements were also in place for ordering, storing, administering and disposing of people's medicines.

The provider had a recruitment process in place and staff were only employed after all essential safety checks had been satisfactorily completed.

Staff treated people with dignity and respect. Mixed views were received about the number of people on duty in the home. At the time of our inspection sufficient staff were on duty to meet people's needs.

A range of audit and quality assurance procedures were in place. However, these were not always as effective as they should have been.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk to people had been identified although detailed information on how to prevent them was not always recorded..

People's medicines were managed safely.

Although a tool was used to determine the number of staff on each shift, there were mixed views about the number of staff employed in the home.

Is the service effective?

Good

The service was effective.

People were assessed for their capacity to make day-to-day decisions. Appropriate DoLS applications were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff understood people's preferences and people were supported with their right to a family life and to stay in touch with those people who were important to them.

People were provided with care that was compassionate and considerate of their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records were not detailed and did not always provide staff with sufficient guidance to provide consistent, individualised care to each person.

There was a lack of hobbies and activities to keep people occupied.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance and audit processes and procedures were not as effective as they could be.

People did not all feel they were enabled to make suggestions to improve the quality of their care.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Lincoln Lodge Residential Home for the Elderly

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 15 September 2016. It was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service. Their area of expertise was in caring for older people and those living with dementia.

Prior to our inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

The provider completed a Provider Information Return (PIR) and sent this to us before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 13 people and three visitors. We also spoke with the registered manager, nominated individual, office manager, care co-ordinator and three care staff.

We looked at four people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection in September 2015 we found that the provider was in breach of two legal requirements in this area and was rated as requires improvement. We found at this inspection that the provider had made the required improvements. Medicines were being handled safely and staff understood the policy and procedure for safeguarding people from harm.

Risk assessments had been completed and identified where a person was at risk. Identified risks included people being at risk when they were mobilising and people being at risk when they were being transferred. Although staff were able to describe the actions that they had taken to reduce risks, written information was not clearly recorded. For example a person was identified as being at risk when they were mobilising. The plan did not specify what piece of equipment should be used for a specified task to reduce the risk.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. We noted that in one person's care records they had five reported falls. All the falls had been recorded when they had occurred but there was no evidence of any action that had been taken to reduce the risk of them reoccurring. The care plan had been updated in April 2016 and stated that the person had no known history of falls. The registered manager told us that they had made a referral to the falls team for another person who had suffered a number of falls recently. The healthcare professional we spoke with told us that recently referrals were happening in a more timely way since the registered manager came into post.

People we spoke with all told us they felt safe. One person said, "I feel very secure and comfortable here." Another person told us, "Everyone's [staff] about so it means I'm not nervous about anything." A third person said, "I am confident in everyone who works here." A relative told us, "Everyone seems to know what they are doing. I don't have to worry when I leave as I know everything will be all right. [Family Member] is safe and has a good life

People's and staff views on staffing levels were mixed. One member of staff said, "There is not always enough staff especially if staff go off sick. It makes it so much harder to meet people's needs quickly." Another member of staff told us, "We have enough staff to meet the needs of the people here now." A third member of staff told us, "It would be nice to have more staff especially to help get people out in the fresh air." One person told us, "They [staff] work hard. They come quickly if I need assistance." Another person told us, "There are not always enough staff. Some people have to wait to be taken to the toilet which is not nice for them. As a rule they come fairly quickly. Really the main problem with staffing is after tea up to bedtime, when everyone wants to go up to their room." A third person said, "I do have to wait some times for attention, say 10 minutes as I am on the top floor. They are definitely short of staff. We get bank staff at night and they just don't know me and they just do what they need to do without the same relationship as the normal staff." A fourth person said, "Evening and bedtime is a bit tricky and that's when one more member of staff would make all the difference." A relative told us that staff come when needed, "They respond to the buzzer in decent time." We found that there were enough staff on duty on the day of this inspection but given the comments received from people and their relatives staffing levels should be reviewed.

The registered manager told us that they regularly assessed with the provider the number of staff required to assist people care and support needs. They told us that this ensured that the correct levels of staff were on duty to meet peoples assessed needs. The registered manager told us that additional staff were working in the home during the week following our inspection as the lift was going to be out of action Appropriate risk assessments for the lift being out of action and an action plan were in place whilst the work is being undertaken.

Staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed us that they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "There could be a change in a person's behaviour, appetite or they may become less chatty. The person may not be at ease when people are near to them. I would always tell the [registered] manager my concerns." Another staff member said, "If I saw anybody speaking or shouting at a person, I would report to the [registered] manager." There was information available to staff on safeguarding people from harm which included telephone numbers to ring with their concerns.

Staff confirmed that they did not start to work at the home until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they could start work at the home. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work.. This ensured that only suitable staff were employed to look after people living in the home.

Staff who were responsible for the management of people's medicines were trained and assessed. People we spoke with told us about the medicines support they received. One relative said, "Medicines are administered on time." One person told us, "The staff are very good; I have tablets regularly to control the pain." A third person said, "The girls [staff] sort all my meds out. They are very good. If I need pain relief I just have to ask." We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly. Staff made conversation and interacted with people whilst they were supervising them taking the medication. Where people needed extra prompting and time to swallow tablets, this was given.

Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Medicines were reviewed by the GP and any changes were actioned swiftly. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help make sure people were safely administered their prescribed medicines.

Good

Is the service effective?

Our findings

At the previous inspection in September 2015 we found that the provider was in breach of one legal requirement in this area and was rated as requires improvement. We found at this inspection that the provider had made significant improvements because the staff and the registered manager had a better understanding of MCA & DoLS.

People we spoke with told us that their needs were met. One person said, "They [staff] know my every need." Another person told us, "They [staff] understand me and what help I need." A third person said, "They [staff] wash me and ask if I'm ready for the next stage or not. This all gives me confidence."

Staff told us they received regular supervision and support. This was to ensure they had the opportunity to discuss their support, development and training needs. Training records showed that staff had received training in a number of topics including fire safety awareness, infection control and food safety, moving and handling, safeguarding people. A member of staff said, "I have had training in dementia care, moving and handling, health and safety, fire safety, safeguarding, infection control, MCA and DoLS. The (registered) manager makes sure that we all complete all of the necessary training".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had made several applications to the local authority when they believed a person was being deprived of their liberty. The applications were based on the assessments of people's capacity to make an informed decision. These included, for instance, decisions where the person was to live and how they were to be looked after. One person's application had been authorised by the local authority as they were unable to leave their home without support from staff.

Members of care staff told us that they had attended training in the application of the MCA and demonstrated an awareness of the application of this piece of legislation. One member of staff said, "[The MCA] is to protect people who are unable to make decisions for themselves. We can make [decisions for] them where it is their best interest." Another member of staff explained that some of the people were unable to make certain choices because they lacked mental capacity. However, they were aware that such people were looked after in their 'best interest.' This included, for example, people having to have their medicine covertly or require bed rails.

Most people said that they liked the food and had a choice of what they wanted to eat. One person said, "The food is good quality. I like what they serve up and the choice is good." Another person said, "I'm a fussy eater but I find the food is great so it must be if I'm happy. If I leave it they ask me if I'd like something else." A relative said, "The food seems suitable for residents and people of this age. There's lots of fresh food served." Other comments included, "The food is OK. I like the fresh vegetables but we get chips too often. There's no fresh fruit offered during the day." And "The food is very good. I choose what I want in the morning. I'd love to have some fresh fruit offered during the day." We didn't see fresh fruit being offered on the day of our inspection.

During mid-morning and mid-afternoon people were offered biscuits and drinks. When people needed help to eat and drink, they were given the encouragement and support with these needs. People who required cultural or specialist diets were catered for, which included vegetarian and soft food diets.

Menus were available although not in a picture format. This would help those people who had difficulty with the written word. We were told by staff that people would discuss the menus each day to decide what they would like to eat. One member of staff said, "I go around and ask people what they want to eat. People can have whatever they want." People's weights were monitored and the frequency of this monitoring was based on people's reviewed and up-to-date nutritional risk assessments. Dieticians' advice was obtained for people where they had been assessed as being at high risk of undernourishment.

We observed lunchtime in the dining room. People were provided with serviettes to protect their clothes. People were offered a choice of drinks and a choice of main course. The member of staff who was serving the lunch knew peoples choices although they still offered them a choice. They knelt down so they were level with the person when asking them what they would like to eat. Specialist equipment was available such as plate guards. These allowed people to eat without assistance.

We noted that where people's intake of food or fluid was being monitored, the records were completed accurately. This was to help identify any change in people's food and fluid intake.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician, the dentist, opticians, chiropodist and therapists. One person said, "I know a doctor or other professional will be called if I request it." Another person told us, "They [staff] know about my ailments and my needs. They just know what they are doing."

Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being. Health professionals told us that referrals were now being made in a timely way since the registered manager came into post.

Good

Is the service caring?

Our findings

People told us they knew the staff well and that the staff were all very were caring. One person said, "Carers are kind and helpful. They try to get to you as soon as they can. They are really focused on us. I have a good relationship with all of them. I'll ask them if they are having a nice morning and they'll chat back to me." Another person said, "The staff are kind and caring, lovely. I have a close relationship with all the carers. I get ready upstairs and they ask me if I'd like to come down. They couldn't be any better." A relative said, "I notice that there is a warm relationship between all carers and residents. I'm sure everyone who lives here feels very comfortable. The carers are very professional."

Staff knew people by their preferred name, how they liked to communicate and how and where they liked to spend their time. Staff used this knowledge to ensure people received the care people wanted and needed.

The registered manager knew people well and we observed good interaction between them and the people who live at the service. Communications between staff and people were warm and friendly with lots of laughter and chatting about the day and the things they liked to do. One person told us, "The staff are kind and lovely. They go out of their way to help me. If I don't understand what's going on they will explain. When you are old you don't always get the message first time." Another person added, "All staff are nice. They know me well and seem very happy with me. The carers seem to look after each other. They are all good fun and make me laugh."

Staff checked and asked people for their consent before they provided any kind of personal care or assistance. Staff explained the support they were going to give before providing it to people. People were also supported to be as independent as possible. One person told us, "When I arrived here my health wasn't good and I got a bit confused. They [staff] really encouraged me, telling me I could do things which made me try and I've improved." Another person said, "They let me do my own thing as they know I can manage well. They give me total respect. The only time they get stressed is when they are short staffed which does happen from time to time."

When staff were supporting people with their personal care they gave people time to do what they were able to do for themselves. Staff quickly noticed and offered any support needed if people required assistance to move from one room to another. For example they gave people instructions in how to use their frame to enable them to move safely. Rather than making any assumptions staff always asked people where they would like to be and where they would like to sit.

When we asked one person if staff respected people's privacy and dignity when supporting them said, "Of course they treat me with respect." Another person said, "They [staff] all show me respect." A third person said "They [staff] are all very respectful and treat me well."

Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. One person told us when we asked if the staff respected their privacy. "Absolutely, yes. Curtains and door closed and I am

covered up as much as possible". Another person said, "Oh yes, I find them very respectful". This meant that staff respected and promoted people's privacy.

Peoples' care records were stored securely in the office but staff could access them as required. These arrangements helped ensure people could be assured that their personal information remained confidential.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

There were not enough activities, outings and entertainment provided to make sure people were kept occupied. People told us that activities had been limited due to staff not always being available. One person said, "Yes I get bored. I'm used to an active life and it's just not like that in here. There's very little to do. The exercise class is very good. We kick, catch and throw balls. I wish it was every day. I like it when people come in, like singers and the organist." Another person said, "A dancer comes once a month and we get exercises offered twice a week. There's not enough really but I occupy myself with a book." A third person said, "I don't get out of the home very often. We have rare occasions where we went on the green with a member of staff. I never get into the town unless it's with my family. They took me on the prom, that was so nice. We'd all love to get out but there are just not enough staff." Other comments included, "I can get out if I have someone with me. Getting someone spare to take you is the problem. The singers are good. I like entertainment. The exercise class is good. I read and watch TV but it would be nice to have a bit more to do." And "I do get bored and we all sit around too much."

During the afternoon an exercise session took place. Ten people participated. At first some seemed distant and disinterested but the enthusiasm of the leader drew everyone in. Music played as people undertook hand/arm/leg exercises and threw, kicked and bounced soft balls. There were lots of smiles and verbal responses. The 'hokey kokey' was well received with body movements to support the music. A relative said, "My [family member] attends the Church service which takes place in the home sporadically. There are craft sessions and sing songs and there are opportunities to buy things. Of course there could always be more."

Since our last inspection the provider has introduced an on line care planning tool. The registered manager told this is still work in progress. Pre admission assessments had been undertaken which meant that the registered manager ensured they could meet peoples assessed needs. Some people were able to tell us they had been involved with their care plans, whilst others were not aware of their care plans. Staff told us that where people lacked the mental capacity to participate, people's families, other professionals, and people's historical information were used to assist with people's care planning. One person said, "All staff are nice. They know me well."

Care plans that we looked at did not always provide detailed information on how peoples care needs were to be met. One person's care plan in relation to their mobility stated, uses hoist and stand aid. There was no information when each piece of equipment was to be used. We also saw that the plan stated that pain management strategies were to be used by staff when a person was being transferred by the use of a hoist. Although we could find no detail of what these were. Staff told us that people were administered some pain medication. One person's care plan stated that they required support for pressure care. However it was not clear what action staff should take. One care plan that we looked at had not been reviewed since April 2016. We saw that this person's care record stated they were not at risk of falls but they had suffered three falls during the previous year. This put people at risk of receiving care that did not meet their care needs and support.

People said that staff met their care needs. One person said, "Staff are all reasonable and I can say

confidently that they look after us well." Another person said, "The staff know my needs really well." A third person said, "They know about my ailments and my needs. They just know what they are doing. People on the whole confirmed they were well looked after.

People were supported to remain in touch with friends and family. People told us, "My relatives can visit whenever they want." Another person said, My family take me out but without them I'd be stuck in here." A relative said, "We can visit whenever we want."

People we spoke with told us they would be confident speaking to a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no complaints and would tell the staff." Another person told us, "I would speak to [name of the registered manager] if I was not happy with the care provided. They would do something about it and do listen to me."

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time at the home. There was a complaints procedure which was available in the main reception area of the home. From the complaints log we saw that the one complaint received since the last inspection had been responded to in line with the policy.

Requires Improvement

Is the service well-led?

Our findings

The manager was registered with CQC in June 2016.

People had mixed views about if they were given opportunities to influence the service. One person said, "We don't have meetings to discuss how things are going, unless it's to tell us about the big things like the lift being replaced." (This was happening the week after our inspection). Another person told us, "They [staff] do listen to me." A relative said, "I have been sent a questionnaire." The registered manager showed us that they had received some questionnaires although these had not yet been analysed and an action plan was yet to be complied from the findings.

There were quality assurance systems in place that monitored people's care. The registered manager had audited the care plans and identified that further work was required to care plans to ensure they fully reflected peoples care and support needs. However audits had not identified that risk assessments did not contain complete information. This meant that audits were not as effective as they could have been. Records showed us that the provider had recently brought in an external care quality consultant to help them improve their quality of the care and support they provide.

Information from the local authority included that the registered manager took advice on board and was working toward providing people with good care.

Staff and the provider told us that there had been no staff meeting held in the last year. One member of staff said, "[name of registered manager] is always around if there is an issue. [Name of provider] is approachable and as they live on the premises they are always around. There is a handover at the beginning and end of every shift where we can discuss peoples care and anything else that is relevant. For example we know that the lift will be out of action next week." A second member of staff said, "it would be good to have a staff meeting so we all get the information at the same time and are singing from the same sheet. Although [name of registered manager] is always around for clarification."

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "Yes, staff are happy and jolly. Being positive helps keep morale high. The [registered] manager would take action if they are told that a staff member is not treating people right." Another member of staff said, "Yes I know about whistleblowing and would be confident to report anything that concerns me." They were aware that they could also use external numbers such as CQC.

Staff felt there was some good teamwork at the home. One of them said, "We [staff] work well as a team." Another staff member said, "It can be difficult when we are short staffed, but we do help each other out as much as possible. [name of registered manager] will always come and help if needed"

We asked people if they knew who the registered manager was. One person said, "Yes The boss gives us a wave. It does have a family atmosphere and they are easy to talk to. A relative said, "The [registered] manager is approachable." Another person said, "[Name of registered manager] is a good leader makes sure

everything runs right."

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training completed to date and to make arrangements to provide refresher training as necessary. Staff told us that the registered manager works alongside them to ensure they were delivering good quality care to people.

Records and our discussions with the registered manager showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered managers had an understanding of their role and responsibilities.