

# Broadoak Group of Care Homes

# Lingdale Lodge

## Inspection report

Lingdale  
East Goscote  
Leicestershire  
LE7 3XW

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Lingdale Lodge is a residential care home providing personal care to 39 people aged 65 and over at the time of the inspection. The service can accommodate up to 48 people.

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

At our last inspection we found failings in the service which put people at risk of harm. At this inspection the provider had made the necessary improvements, and people were safe.

We were not fully assured any future shortfall would be acted upon promptly. The improvements made needed to be embedded and sustained.

The provider and registered manager were open and transparent, and acknowledged the previous failings. They accepted improvements needed to be embedded and sustained over time.

People were protected from harm and abuse, and relatives felt their family members were safe and well cared for. Staff were trained in safeguarding and knew how to report concerns to the relevant authorities if needed. Recruitment processes ensured staff employed were safe to care for vulnerable people.

Arrangements were in place to safely manage and monitor risks associated with people's care. The service worked in partnership with healthcare professionals. Care plans and risk assessments were reflective of people's needs, and people's medicines were managed safely.

Robust infection control procedures were in place with government guidance followed to ensure people were protected as far as possible from the risk of infectious diseases such as COVID-19.

Staffing levels were safe. Staff provided people with safe and compassionate care and were supported in their role. People and relatives were consulted on how care was arranged according to their wishes.

There was a positive culture at the service. People commented on a warm and friendly atmosphere at the service. When a concern was raised these were listened to and taken seriously.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was inadequate (published 15 April 2020) and there were multiple breaches 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 we found improvements had been made and the provider had met some of the breaches of regulation. The provider remains in breach of one regulation. This breach of regulation will be reviewed at our next inspection.

This service has been in Special Measures since 15 April 2020. 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 a comprehensive inspection of this service on 5 February 2020. Breaches of legal requirements were found, and the service was placed in special measures. We imposed conditions on the providers registration. The provider completed an action plan to show what they would do and by when to bring about the improvements needed.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they are now meeting legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements. This inspection was also prompted in part due to concerns received about staffing numbers, medicines and infection control.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used to calculate 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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lingdale Lodge on our website at [www.cqc.org.uk](http://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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Lingdale Lodge

## 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 so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one 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

Lingdale Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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 unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people and ten relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy manager, senior care workers and care workers. We reviewed a range of records. This included three people's care records and a sample of medicines records. A variety of records relating to the management of the service, including recruitment processes and 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. This meant people were safe and protected from avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good.

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people from the environment. Infection control procedures were not always followed, medicines were not managed in a safe way and the provider failed to learn lessons when things went wrong. These matters were a breach of regulation 12 (Safe Care and Treatment) 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 12.

Assessing risk, safety monitoring and management; Managing medicines safely; Learning lessons when things went wrong

- The provider had taken action to address all the environmental risks identified at our previous inspection.
- Exposed hot water pipes had been covered. Bedrails and bumpers were fit for purpose and monitored to ensure they were remained in safe working order. The room containing high voltage electrical systems was secure and cleared of combustible material, and all emergency exits were now unobstructed.
- Detailed care plans and risk assessments were in place, reviewed regularly or when any change in need was identified. One staff member told us, "We have a few people who are falls risks. They have sensors and pressure mats in their room. It is recorded in the care plan if they are a falls risk." A relative told us, "After a fall [Name] had a sensor mat put in place to let staff know they were out of bed so they could respond quickly to try and stop them falling again."
- Medicines were now managed safely. The concerns identified at our previous inspection had been acted on.
- Medicine administration records (MAR) showed people had received their medicines as prescribed, and on time. One person told us, "I get my medication every day. They [Staff] act immediately if I am in any pain."
- Medicines prescribed on an as required basis and used to manage anxiety and distress were managed appropriately and only given as a last resort and in line with written protocols about when they should be given.
- Medicines were stored securely and in line with manufacturers guidelines. Records were completed accurately.
- Staff had received training to manage people's medicines in a safe way and had their competency assessed.

Preventing and controlling infection

- At our previous inspection people were not protected from the risk of infection. At this inspection we

found they were. Effective infection control procedures had been implemented.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives said their family members were well cared for. One person told us, "I'm safe here." A relative gave us an example of when staff had responded and acted to a concern raised.
- Staff had received safeguarding and whistleblowing training. Staff knew how to recognise the signs of abuse and how to report it. One staff member told us, "If I have a safeguarding issue, I go the manager. If they didn't do anything I would speak to the owner or call safeguarding myself. Never had to though."

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing numbers were determined by considering people's dependency needs. The registered manager told us, "There are never issues with staffing levels here. The owner is supportive when I need extra staff." One member of staff told us, "There is the right quota of staff. It's been more difficult during the coronavirus outbreak, but we meet people's needs still."
- People said there were enough staff. One person told us, "The main thing is there are always enough [staff]. They are never too busy that they can't have a chat."
- There was a low staff turnover. This meant people were supported by a consistent group of staff who knew them well. One relative told us, "I know 10 or 12 of them [Staff], they have been there for a long time."
- Systems and processes for the safe recruitment of staff were in place. Records showed recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff.



# 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 requires improvement. Improvements made to the safety, governance and systems and processes need to be embedded and sustained over time.

At our last inspection the provider had failed to ensure effective governance and leadership. 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager accepted the concerns we raised at our previous inspection. Whilst action had been taken and improvements made we were not fully assured any future shortfall would be acted upon promptly.
- The health and safety audit now included checks of previous areas of concern that posed risk to people's safety. Other key quality assurance processes had improved. These included, but was not limited to, medicines, infection control, accidents and incidents and care plans.
- The registered manager and staff understood their roles and responsibilities. One person told us, "The manager runs a 'tight ship' here. They don't just sit in the office all day; they are out there [in communal areas] seeing what's going on." A staff member told us, "The manager comes in at night unannounced to make sure we are all doing what we should. I work nights and my supervision is done then too."
- The provider told us an action plan was in place to improve the décor and furnishings at the service. Whilst the COVID-19 pandemic had put this back they remained committed to it when safe to do so.

At our last inspection the provider had failed to notify CQC of all events in the service they were legally required to do so. These included serious injuries, and Deprivation of Liberty Safeguards (DoLS) approvals. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Records confirmed all legally required notifications were now being submitted to CQC and the local authority.

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

outcomes for people

- There was a positive culture at the service. Care was person-centred and people, relatives and staff respected each other. One person told us, "Everyone mixes together here." A staff member told us, "I love my job, and we're all a big family here."
- The service had a positive atmosphere; people and staff appeared happy and content in their surroundings.
- The registered manager and staff understood the negative impact COVID-19 had on people and relatives because of visiting restrictions and had tried hard to provide activities and facilitate communication with people's family members. This ensured people's quality of life was maintained. One relative told us, "They have really stepped up activities. They [staff] are doing all they can."
- People and relatives praised the manager and the staff described them as friendly and caring. One person told us, "Staff look after us well." A relative told us, "Very friendly staff who cannot do enough for you."
- The service supported people to celebrate important events in their lives. A relative said "On Mother's Day they took photos of the presents we had sent for [Name] and sent them to us. That was so nice."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities to be open and honest with people when things went wrong.
- A relative said, "Any complaints they look into them straight away." Another relative said, "They ring me regularly to give me updates. For example, they told me when [Name] had a fall, when they had hospital visits, and when they saw the doctor."

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

- People and relatives told us they were involved and made decisions about the care and support they received. One person told us, "All of them [Staff] make sure I go to bed and get up when I want to." A relative said, "We told them [Staff], [Name] likes to have proper trousers on with braces too. When we see [Name] they are always wearing them. We know how important it is to them, and so do they [Staff]."
- Staff said they were supported by their manager. One told us, "The manager is absolutely brilliant, especially throughout the pandemic [COVID-19]. Another said, "They [Manager] listen to both sides, just because someone has dementia, some people might not listen to them, but they [Manager] do. They [Manager] listen to the residents and staff."
- Staff received supervision and staff meetings were held. Staff felt confident in sharing their views and felt listened to.
- Staff were kept up to date with people's care needs. One staff member told us, "We are told on handover every night how people have been that day and it's written in the communication book."
- The service had good working relationships with professionals such as, community nurses and GP's to improve people's outcomes and ensure they received joined up care.