Bupa Care Homes (PT Lindsay) Limited

The Lindsay

Inspection report

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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 responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 21 July 2017. We started the inspection at 6.00 am because we wanted to assess the care and support people received at a time outside of the usual working day. The aim of the inspection was to carry out a comprehensive review of the service.

The service was registered in January 2017 and this was therefore the first inspection of The Lindsay.

The Lindsay is a purpose built home and is registered to accommodate a maximum of 62 people who require either nursing or personal care. There were 31 people living there at the time of our inspection. The home is well equipped and has good communal facilities, which include a café, cinema and hairdressing salon.

The home was being led by an acting manager who confirmed that they had applied to be registered with the Care QualityCommission. They had previously been registered at another BUPA service. 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.

All of the people living at the home and visitors told us that they felt safe and well cared for. We received only positive comments about The Lindsay throughout our inspection. Staff were also positive about the home and the service they provided. They told us they felt well supported by the management team that was in place.

People told us that their care and support needs were met and that staff were kind, caring and respectful. People also said they felt safe and had confidence in the staff. There were appropriate numbers of staff on duty to meet people's needs. People's needs were assessed and plans were in place to ensure that their needs were met. People's choices and decisions were respected and staff enabled people to retain their independence.

Staff knew people well and understood their needs. Care plans were detailed and regularly reviewed. This meant that there was always information for staff to refer to when providing care for people.

The provider had satisfactory systems in place to recruit and train staff in a way that ensured relevant checks and references were carried out and staff were competent to undertake the tasks required of them. The number of staff employed at The Lindsay, and the skills they had, were sufficient to meet the needs of the people they supported and keep them safe.

People were protected from harm and abuse wherever possible. There were systems in place to reduce and manage identified risks and to ensure medicines were managed and administered safely. Staff understood

how to protect people from possible abuse and how to whistle blow. People knew how to raise concerns and complaints and records showed that these were investigated and responded to.

Observations and feedback from staff, relatives and professionals showed us that the home had an open and positive culture. There was a clear management structure in place. People and staff said was the acting manager was approachable and supportive.

There were systems in place to monitor the safety and quality of the service. This included the use of audits and surveying the people who used the service and their representatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely and staff competence was checked.

Risks were properly assessed and action was taken to reduce or manage any identified hazards.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed

Is the service effective?

Good

The service was effective

Staff received induction and on-going training to ensure that they were competent and could meet people's needs effectively. Supervision processes were in place to monitor performance and provide support and additional training if required.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People were supported to have access to healthcare as necessary.

Is the service caring?

Good

The service was caring.

People had good relationships with staff and there was a happy, relaxed atmosphere.

Staff respected people's choices and supported them to

maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs. Staff had a good knowledge of people's needs.

There was a full programme of activities to keep people meaningfully occupied and stimulated.

The service had a complaints policy and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

There was a clear management structure in place. People and staff told us that the acting manager and management team were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided

The Lindsay

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 checked 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 was a focussed inspection to check the domain of 'safe'.

The inspection took place on 21 July 2017 and was unannounced. Two adult social care inspectors completed the inspection.

The provider had completed a Provider Information Return (PIR), which we reviewed. 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. We reviewed all the other information we held about the service, including previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We also contacted the local authority commissioners of the service to establish their view of the service.

As part of the inspection we spoke with 13 people who lived at the home to find out about their experiences of the care and support they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with 14 staff members, two regional directors and the registered manager. In addition, we spoke with three visitors to people living in the home.

We looked at eight people's care plans; these included risk assessments and medicine records. We also looked at records relating to the management of the service including audits, maintenance records, and three staff recruitment files.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel I can leave things out and they will be here when I get back." We asked another person if they felt safe and they told us, "Oh yes, absolutely". A relative told us they felt their family member was well cared for and safe living at the home. They said, "My worries have gone, they look after [the person] so well."

There were satisfactory systems in place to safeguard people from abuse. Staff received regular training about safeguarding and minutes of staff meetings showed that the importance of this was regularly discussed. The provider had notified the local authority and CQC of any safeguarding concerns or incidents. The acting manager had taken appropriate action when incidents had occurred to protect people and reduce the risk of repeated occurrences. Information about safeguarding adults was displayed on notice boards around the home and in the staff room to assist and prompt staff should they have any concerns. Staff demonstrated during discussions that they had the knowledge and confidence to identify safeguarding concerns and knew how to report these.

Environmental risks were managed safely. These were regularly reviewed and updated. There were risk assessments for each part of the home and for various systems such as the heating, hot water, electricity and gas supplies. There were comprehensive maintenance and servicing records for all of the equipment and fire prevention systems.

Arrangements were in place to keep people safe in an emergency. Staff understood these and knew where to access the information. Each person had a personalised plan to evacuate them from the home and these were regularly reviewed. The home also had plans in place to manage interruptions to the power supply, breakdown of equipment or other emergencies.

Risks to people were identified and assessed for example, where people had a risk of falling, skin integrity issues or weight loss. Risk management plans were in place. For example, one person had a pressure mat to alert staff when they got up. The person explained to us what the pressure mat was for and confirmed they had discussed its use with staff and agreed to it. They said staff were very quick to check their safety commenting, "If I stand on it the place erupts with people".

Accidents and incidents were monitored to look at possible risks or failures in systems or equipment. Following any accident, the registered manager reviewed the person and their records to make sure that any identified actions had been followed through. At the end of each month, all accidents and incidents that had occurred in that period were reviewed to look for any trend or hazard where action could be taken to reduce further such occurrences.

Equipment was serviced at the required intervals, thereby ensuring it was safe to use. People who had bedrails in place, to prevent their falling from bed, had a risk assessment on file to make sure these were fitted correctly and the risk assessments were regularly reviewed.

People living at the home, relatives and staff, all told us that they believed staffing levels were sufficient to meet people's needs. People said their call bell was answered in good time and their care and treatment needs met. Relatives also confirmed that they had observed that call bells were answered promptly and people were checked regularly where they were unable to use the call bell.

There were satisfactory systems in place to ensure that people were supported by staff with the appropriate experience and character. Recruitment records showed that the service had obtained proof of identity including a recent photograph, a satisfactory check from the Disclosure and Barring Service (previously known as a Criminal Records Bureau check) and evidence of suitable conduct in previous employment or of good character

There were satisfactory systems in place for the administration and management of medicines. We checked the storage and administration of medicines, and discussed medicines management with the acting manager. Records showed that medicines were recorded on receipt, when they were administered and when any were returned to the pharmacy or destroyed. Regular audits were carried out and there were records showing that any issues identified through an audit were investigated and resolved. The registered nurses were responsible for the administration of medicines. Records confirmed that they had received regular training and competency checks. Medicines administration records, (MAR), contained information about people's allergies and had a recent photograph of the person. MARs were complete and contained the required information where doses were not given. Prescribed creams could be given by healthcare assistants and there was information and body maps together with administration records showing people had these creams applied as directed.

Staff supported people to take their medicines safely. They explained what the medicines were and asked if the people were happy to take them. They made sure that people had a drink to have whilst taking their medicine. They chatted with people and asked questions such as, "Are you ok, did they go down well?" before offering the person another drink.

Good

Is the service effective?

Our findings

People told us staff were skilled and that they had confidence in them. One person said, "I would give them 9 ½ out of ten" and another person said, "All in all it's a very good service." One relative commented on the staff, saying, "I think it is very well organised; the care is excellent."

One staff member was new. They told us their induction had been thorough and made sure they understood their role, responsibilities and the help people needed before they started to support them. They said they could gain informal advice or guidance whenever they needed to, commenting "They have been brilliant with me."

People received support from staff with suitable knowledge and skills to meet their needs. Staff confirmed that they received the training they needed in order to carry out their roles. Training records showed that staff had received training in essential areas such as safeguarding adults, consent and mental capacity, infection prevention and control, moving and handling and fire prevention. New staff confirmed that they had undertaken a comprehensive induction as well as working some shadow shifts to enable them to observe and understand their role and the range of people's needs. The acting manager confirmed that induction training had been in accordance with the Skills for Care Care Certificate. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised. Some staff had not completed refresher training within the timescales laid down by the provider. The acting manager demonstrated that they were aware which staff required refresher training and had training sessions planned to address this.

Staff were supported to develop areas of skill and interests. For example, the acting manager had started to promote staff lead roles for subjects such as dementia, dignity, end of life care and wound management. Staff told us the registered manager was supporting them to undertake training. The acting manager explained that some staff had attended a three day dementia coaching course, whilst other staff were booked on advanced palliative care or wound management training. They commented, "If people have an interest I will support them; it benefits me and the people who live here." A senior member of staff responsible for learning needs told us; staff were, "So hungry to learn as much as they can. That speaks volumes. They want to care for people well."

Staff were provided with support and supervision. Staff confirmed that supervision took place to enable them to discuss their work, resolve any concerns and plan for any future training they needed or were interested in undertaking. Supervision sessions were documented on staff files and there were clear processes in place to inform and support staff where issues or concerns were identified with their performance. Due to recent changes in the management of the service, some staff had not received supervision for some time. The acting manager confirmed that a plan was in place to ensure that all staff whose supervision was overdue received supervision sessions and an annual appraisal as soon as possible. Staff confirmed they were aware of this.

Staff had a good understanding of how people preferred to be cared for. During the inspection there were

many examples of staff reassuring people if they became upset, chatting to them about their family or previous events in their life or making use of the café when people needed a change of scene. Discussions with staff showed that they understood when people had the capacity to make decisions for themselves and that these decisions should be respected.

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 told us they made their own choices and that staff listened to and acted upon their decisions. A member of staff confirmed this telling us about one person's choices and how they supported them. They said, "Sometimes [the person] wants a hot drink, sometimes something else. Everything is about what [the person] prefers". The acting manager told us, "This is their home and they should have the choice over what they do and how they do it". Records confirmed people's permission was sought with people signing consent to things such as the use of photography and equipment such as bed rails.

Where people lacked capacity to make specific decisions mental capacity assessments and best interests decisions were in place for issues such as covert administration of medicines, personal care and the use of pressure mats. The acting manager told us they were implementing new paperwork to support mental capacity assessments and best interests decisions. They explained how they would be supporting staff to further develop their knowledge so that people's capacity was assessed and best interests decisions made that fully adhered to the MCA.

People can only be deprived of their liberty so that they can 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 management team understood when DoLS applications would be required and had a system in place to ensure they were aware when DoLS authorisations expired and that any conditions had been adhered to.

Some people were not able to leave the home because doors and the lift were locked and accessed through a key fob. Where people lacked capacity to consent to this, mental capacity assessments, best interests decisions and DoLS applications had been made. The acting manager told us, "People who have capacity have a fob". One person showed us their fob and said, "Staff respect my decisions, I am free to leave".

People told us they enjoyed the meals. We received a range of comments including, "The food here is extremely good" and, "Food and drink is on demand; you just ask and it comes". There were bowls of fruit in communal areas that people could help themselves to and a communal café on the ground floor where people and their visitors could help themselves to hot drinks and snacks. The chef told us that other sweet and savoury snacks were provided at certain times of the day so that people could help themselves to snacks whenever they wanted to. They described how they sought feedback from people every day to find out whether they had enjoyed their meal and about what people liked and disliked. They told us, "I try to find out about their favourite foods". They understood about people's specific dietary needs including allergies or people who required their foods to be served in a specific texture such as soft or pureed meals. They told us they were kept updated by staff about people's changing needs. For example, one person was losing weight and care staff told the chef. They changed the person's diet to include high calorie foods such as milkshakes made with fresh fruit and fortified milk and said, "We try to build them up". One person had specific dietary requirements due to their religion. The chef understood about their needs and told us, "I ask

[the person] what they would like to make sure they eat what they want".

People were supported to access the health care they needed. People told us that staff sought medical help quickly when they were poorly. Records confirmed this showing, people had seen their GP, nurse or dentist, and other professionals such as hospital consultants, dieticians and physiotherapists.

Good

Is the service caring?

Our findings

People described staff as caring and approachable. We received a range of comments including, "The carers at this home are good. They are very caring people and they look after me", "I can't fault the helpfulness. They are friendly, kind and interested in me", "Its fine here, the care is very, very good" and, "They are all pleasant; nothing is too much trouble."

Staff knew people well, including their current support needs, and information about their history and family. This meant they were better able to have conversations with the person and support them in the way they wanted. Records supported staff understanding. For example, one person's plan said, '[The person] is a lively, chatty person who always appears cheerful and happy. If [the person] expresses any worries or concerns then staff should take time to listen closely'.

People told us staff were polite, respectful and mindful of people's dignity. One person had needed some support and told us staff had helped them discreetly. They said, "They didn't fuss, just checked with me quietly."

Observations showed staff knew people well and had a caring and respectful manner. Staff crouched down when they were chatting with people who were sitting down and spoke with them quietly. There was a positive atmosphere between people and staff with lots of conversations taking place between people and staff. Staff were interested in people, asking them how they were and how their day had been. People responded to staff positively with smiles and freely approached staff to ask for help or to chat with them.

People were smartly dressed, clean and comfortable. People who used aids such as hearing aids or glasses were wearing them and people had their watches or jewellery, such as a necklace or earrings, on where they chose to.

Care plans supported staff to understand about how best to support people's communication, independence and decision making. One person's plan stated, "[The person] likes only short conversations. Take time to listen to [the person] and be patient when conversing with them. Check for signs that [the person] is unable to converse for a longer time. Give them some rest and come back later."

People's bedrooms were highly personalised with items of their furniture, ornaments, pictures and photographs of people who were important to them. There were memory boxes outside people's rooms. These contained information about people that was important to them and helped orientate people to their bedroom.

People's end of life wishes were considered. One person had a care plan that explained what was important to them and what they did not want to happen, including where they wanted to be cared for. Where people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders in place these were clearly displayed at the front of people's care plans.

Good

Is the service responsive?

Our findings

People had their call bells positioned near them so that they could summon assistance whenever they needed to. They told us staff responded quickly to their requests for assistance. One person said, "If you want them you ring your bell; what more could you ask?" People had other things they might need next to them such as any walking aids they used, a hot or cold drink, the TV remote and their paper or magazine. This supported people to remain as independent as possible.

Staff said they had the time they needed to help people in a responsive way. One commented, "There is no time limit. I won't rush anyone and I don't cut corners. It's lovely."

People chose what time they wanted to get up in the morning. One person was awake and dressed when we arrived. A member of staff told us this was the person's choice, adding, "If that's what [the person] wants and they are happy." We spoke with this person and they told us, "I tend to get up early". Another person was up and sat in their chair at the start of the inspection. They told us they were an early riser and that they were able to choose their time of getting up saying, "Whatever I want to do, I do it."

People's needs were assessed before they came to stay at the home. This made sure staff understood about what help or support the person wanted or needed. One person said their assessment had been thorough commenting, "The nice lady assessed me; fair enough as I was assessing them." Following admission a protocol was in place to make sure key aspects of a person's care such as their DNACPR status, medicine needs and any risks were identified and acted upon.

Staff used assessments to develop care plans related to people's individual needs. One person had mobility issues; their care plan explained to staff how they needed to be supported including what equipment was required and any identified risks. Another person became worried and anxious. Their care plan explained to staff what they could do to help. This included seeking advice from family, using gentle communication and reassurance and making sure the person had the things that were important to them, such as their handbag close by. One person had a health condition. Their care plan described their needs, how they might present if they became unwell and the actions that staff needed to take.

Daily records were kept of the support people had received. Where additional monitoring was in place, such as where someone was nutritionally at risk, staff had kept records of people's food or fluids and the action taken where this was required.

One person was staying for respite following an operation. They told us that staff had understood how best to help them and commented, "They were very careful, I will be very sorry to go."

People told us they were happy with how they spent their time. One said, "I am so impressed with the activities." At the time of the inspection there were two activity staff with a further one being recruited. Staff told us that the additional worker would enable them to spend more time with people who either chose, or

needed to spend longer periods of time in their bedroom. They told us about one person who was mainly cared for in their room and described their birthday party in their bedroom which lots of staff had participated in. They said, "[The person] loved that [they] said it was great." Information about group activities was provided in an activities planner that people received a copy of. There was also information displayed on noticeboards to remind people of what was happening that day.

On the day of the inspection there was Holy Communion and a jazz party with canapes and prosecco. All the staff had dressed up for the party and people had been involved in shopping for and making party decorations.

In addition to a cinema, library and hobbies/activities room, there were lots things around the home such as magazines, books and memorabilia that people might enjoy looking at. The acting manager told us the cinema was well used describing how staff supported one person to watch programmes related to their interests. They told us about how staff made things into an event for example serving strawberries and cream to people who used the cinema to watch the recent Wimbledon tennis final. People had chosen the theme for a recent party event based on life in the 1940's. One person gave a presentation on the war which staff told us everyone had found very interesting.

People told us they would be happy to raise a concern or make a complaint although nobody had needed to. One person said, "I can't see a thing I would change".

Information about how to complain was available on notice boards in the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable. Records of complaints that had been received and investigated showed how the concern had been investigated, the timescales this was done within and the outcome for each complaint.

Regular meetings were held for the people living in the home to enable them to contribute to the running of the home and raise concerns. Meetings were also held for relatives. Records of the meetings showed that recent topics for discussion had included menu plans, activities and possible outings.

Good

Is the service well-led?

Our findings

Staff felt the acting manager was approachable, helpful and supportive. One said, "[The acting manager] is a good manager, very supportive. [They] are trying their best for the residents and for the staff so they feel more involved." Staff told us their ideas, suggestions or concerns were listened to and acted upon. They described effective team work. One said, "We work as a team and it's nice", another said there was, "Good teamwork."

All of the people and visitors we spoke with were positive about the acting manager and the way the home was managed. People and relatives told us that the acting manager and the deputy manager were always available to them if they had queries or concerns and that other staff were also very helpful. They added that they knew that they would be listened to and that action would be taken when they raised any issues.

The service had a positive, open, person-centred culture. Staff said they felt able to raise any concerns with the management team and were confident that they would be addressed. They were also aware of how to raise concerns and whistleblow with external agencies such as the Care Quality Commission. They told us they had regular reminders about safeguarding and whistleblowing during meetings and in supervision sessions and training.

Quality assurance systems had been fully implemented within the service and the acting manager was supported by regional quality assurance staff who visited the home regularly. This meant that there were satisfactory arrangements in place to monitor the quality and safety of the service provided. Audits were undertaken by staff and management within the service. There were weekly, monthly, quarterly and annual audits of various areas including medicines, accidents and incidents, infection prevention and control, cleaning, the environment and health and safety. Where issues were identified a plan had been put in place to prevent any reoccurrences and the effectiveness of these actions had been checked.

People's experience of care was monitored through annual surveys which were sent to people living in the home and to relatives and friends that visited. Surveys were analysed and a report created from the results which included any areas that had been highlighted as requiring action and a plan with timescales to implement the required actions.

The acting manager told us they kept up to date with current guidance, good practice and legislation by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was sent via email by the Care Quality Commission and other independent supporting bodies.