# Sussex Partnership NHS Foundation Trust

# Lindridge

## Inspection report

Laburnum Avenue
Hove
East Sussex
BN3 7JW

Tel: 01273746611

Date of inspection visit:
22 May 2018
23 May 2018

Date of publication:
08 August 2018

## 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? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

Lindridge 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. Lindridge is a large residential care home providing care and support to up to 75 people. The home is divided into different areas, providing a number of short term beds for people leaving hospital, as well as a specialist unit in two areas of the home for people who were living with dementia. This inspection took place on 22 and 23 May 2018 when there were 54 people living at the home.

The home had a registered manager. 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.

At the last inspection on 22 June 2017 we found one breach of the Regulations and some areas of practice that needed improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key question to at least good. At this inspection, on 22 and 23 May 2018, we found that there had been improvements and the previous breach had been addressed. However, we found some other areas of practice that continued to require improvement.

People were not always supported to receive their medicines when they needed them. Systems had not always ensured that there were sufficient medicines in stock to meet people's needs. Records were not always accurate and complete. This meant that the registered manager could not be assured that people were receiving their medicines as prescribed. This was a continued breach of the regulations.

Management systems and processes were not always effective in identifying shortfalls in practice. Governance arrangements were not clear in all areas of the home. Improvements had not been sustained and embedded within practice. This was a breach of the regulations.

People told us they were happy living at Lindridge. One person said, "It's a very pleasant atmosphere here." Another person told us, "It's fantastic. I feel very safe because I am so well looked after." Risk assessments and care plans were in place to guide staff in how to support people safely. There were enough staff on duty to meet people's needs. Staff demonstrated a clear understanding of safeguarding and whistleblowing policies. Incidents and accidents were monitored and there were robust infection control procedures in place.

Staff received the training and support they needed to be effective in their roles. Assessments were in place to identify people's needs and choices. Staff understood their responsibilities with regard to gaining consent from people for their care and support. Staff ensured that people had access to the health care services they needed. People were supported to have enough to eat and drink and risks associated with nutrition and

hydration were managed effectively. People spoke highly of the food and drink on offer, one person said, "It's very good, it's tasty and hot."

People and their relatives spoke highly of the caring nature of the staff. Their comments included, "The staff a very kind and gentle with me," and, "We are blessed to have kind staff here." Staff supported people to remain as independent as possible. People were treated with dignity and their views were respected. People and their families were involved in making decisions about the care provided. One person told us, "I'm very satisfied that I was able to discuss my care plan." Staff maintained people's confidentiality and supported people's privacy.

Staff knew people well and people told us their care was person-centred. One person said, "My care has been tailored for me." There was a range of planned activities available to people every day and people spoke highly of the events that were organised. People told us they had enough to do and that they could choose how they spent their time. One person said, "Nobody puts any pressure on you, the staff are wonderful." People knew how to complain and any concerns were recorded, together with the provider's response and the resolution that was offered. Care plans included people's needs and wishes for end of life care. One relative described a positive experience and spoke highly of the care their relative had received at the end of their life.

People, their relatives and staff all described being included with developments at the home. There were regular meetings with people and their relatives as well as regular staff meetings. Records showed how people's ideas were encouraged, acknowledged and incorporated into the planning process. One person said, "I made a suggestion, and it was implemented." Staff spoke positively about how people and relatives were included in the recruitment process for new staff.

Staff had made connections within the local community and described positive working relationships with other agencies. The provider had development plans in place and used feedback mechanisms and quality assurance monitoring to drive improvements at the home.

We found two breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 consistently safe.

Medicines were not always managed safely and there were not always sufficient medicines available to meet people's needs.

Risks to people had been assessed and plans were in place to guide staff in providing care safely. People were protected by the prevention and control of infection.

There were enough staff to care for people safely. Staff understood their responsibilities with regard to safeguarding people from abuse.

### Is the service effective?

**Good**

The service was effective.

Staff had received the training and support they needed to care for people's needs. Staff worked together to deliver effective care to people.

Assessments identified people's needs in a holistic way. Staff understood their responsibilities with regard to the Mental Capacity Act 2005.

People had enough to eat and drink and supported people to access the health care services they needed.

### Is the service caring?

**Good**

The service was caring.

Staff knew people well and treated people with respect and kindness.

People were supported to express their views about their care.

Staff supported people to maintain their independence and their dignity was protected.

### Is the service responsive?

**Good**

The service was responsive.

People were receiving a personalised service that reflected their needs and wishes.

People knew how to make complaints and had confidence that their concerns would be addressed.

People received support and comfort at the end of their life.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

Governance systems were not all embedded and shortfalls in quality were not always noticed and addressed. Improvements had not been sustained and there was a lack of management oversight in some areas of the home.

Staff had developed positive partnership arrangements and positive connections with local organisations.

People, relatives and staff were involved in developments at the home. Feedback was used to inform changes and make improvements.

# Lindridge

**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 inspection took place on 22 and 23 May 2018 and was unannounced. The inspection team on 22 May consisted of two inspectors, and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The inspection team on 23 May consisted of two inspectors.

Before the inspection, we reviewed the information we held about the service including any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. This enabled us to ensure that we were addressing any potential areas of concern at the inspection. On this occasion the provider had not been asked to submit a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with 16 people who use the service and seven relatives. We observed the support that people received. We spoke with 10 members of staff and spoke with the Registered Manager, the Associate Director of Operations and the Deputy Chief Nurse, Safeguarding and Physical Health . We looked at a range of documents including policies and procedures, care records for 14 people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's information systems.

At the last inspection on 22 June 2017 we had identified one breach of the regulations.

Requires Improvement

# Is the service safe?

## Our findings

At the previous inspection on 22 June 2017 there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people were not always managed effectively to keep people safe. At this inspection on 22 and 23 May 2018 there was a continued breach of Regulation 12. People were not receiving their medicines safely. Systems and processes had failed to ensure that there were always sufficient quantities of prescribed medicines to meet people's needs. Records were not always clear and accurate and this meant that the provider could not be assured that medicines were managed safely.

Staff told us that people's medicines were not always available. One staff member said, "There have been some problems with the pharmacy but it's sorted now." Another staff member told us, "Sometimes medicines have run out and we have to order some in quickly." A third staff member said, "Everyone who gives the medicine should check and report it when's tablets are low, because there is lots of agency staff this doesn't always happen."

A sample of medication administration record (MAR) charts showed that people had not always receiving their prescribed medicines. For example, one person living with dementia was prescribed medication for pain relief PRN (as required). Records showed that on 11 days their prescribed medicine had not been offered or administered as there was no available stock. On five days records showed that alternative medicine had been administered for pain relief however this was not the medicine that had been prescribed for the person. Following the inspection, the Associate Director of Operations told us that staff were assessing the person's pain levels and had offered alternative pain relief when required.

Another person was also prescribed a medicine for pain relief and the MAR chart identified that they had not been offered their medicine as there was "no stock." One person had not received any of their prescribed medicines on one day and had only received some of their prescribed medicines on two other days due to there being no available stock of their medicines. Staff had taken action to obtain a supply but not until it was noticed that the stock had run out.

Some MAR charts were not complete and accurate. For example, one person needed a medicated patch placed on their skin every seven days to help them to manage pain. An application record included a body map to identify the position of each patch and the date and time when it was applied or removed. The recording in both the MAR chart and the application record were inconsistent and there were some gaps in the records. This meant that the provider could not be assured that the medicine had been administered properly in line with the prescription. Other MAR charts had not been completed accurately. Gaps and inconsistencies in recording meant that it was not always clear if people had received their medicines as prescribed or not.

Failure to ensure that there were sufficient quantities of prescribed medicines to meet people's needs and failure to ensure the proper and safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We spoke with the Registered Manager, the

Associate Director of Operations and the Deputy Chief Nurse, Safeguarding and Physical Health about our concerns. They told us they were aware of these issues and were working to improve systems and processes to enable more effective management of medicines, including stock control. Some actions had already been taken to make improvements, this included appointing clinical leads in each area of the home to improve oversight and management of people's medicines. Following the inspection, the Deputy Chief Nurse, Safeguarding and Physical Health, informed us that a new system had been introduced immediately to ensure that records were maintained accurately and any inconsistencies in records were addressed.

At the previous inspection on 22 June 2017 we identified that some people who were living with dementia, were receiving their medicines covertly, that is without their knowledge. Records did not show that a mental capacity assessment had been undertaken and there was no documentation to confirm that the decision to administer medicines covertly was in the person's best interest. At this inspection improvements had been made and records confirmed that when people needed to have their medicines administered covertly this was in line with the Mental Capacity Act 2005.

We observed people receiving their medicines during the inspection. Staff were knowledgeable about people's needs and the medicines they were prescribed. People told us that they were receiving the help they needed with their medicines. One person said, "They give me my medicines, I don't have to remember." Another person told us, "When the nurse comes around with the medicines I am always asked if I am in any pain and if I am, I'll get some paracetamol."

Some people were being supported to manage their own medicines, a staff member explained how this helped people to gain confidence and become more independent. One person told us, "I need to be able to manage my tablets myself when I go home. It's quite complicated, but the staff are good at explaining things."

At the last inspection on 22 June 2017 we identified that some risks to people were not being managed effectively. This was because there was inconsistent practice with regard to supporting people who had enteral feeding tubes. These tubes enable people to receive their nutrition and / or medicines directly into the stomach, bypassing the mouth and oesophagus. The provider sent us an action plan dated 11 September 2017, explaining how they would make improvements to address this breach. At this inspection on 22 and 23 May 2018 we found that the provider had followed their action plan and systems were in place to ensure that people were protected from risks associated with enteral feeding tubes. There was clear guidance in place for staff in how to support people who were using the enteral feeding systems. This included specific guidance in how to maintain skin integrity and prevent infection around the site of the feeding tube. Staff had received training from a specialist nurse and staff knew who to contact if there were any concerns about the feeding regime. Records had been completed consistently and showed sustained improvement in ensuring that people were protected from risks of infection.

People and their relatives told us they were satisfied with standards of cleanliness in the home. One person said, "It is very clean and fresh smelling," another person told us, "It's spotlessly clean." Relatives also spoke positively of cleaning standards and praised the staff saying, "I cannot fault the cleanliness." All staff had received infection control training and demonstrated that they had a clear understanding of their responsibilities in this regard. We observed that staff were using personal protective equipment when supporting people with personal care. The home's health and safety representative undertook spot checks to ensure that staff were maintaining infection control standards in line with the Provider's policy.

Specific risks to people were identified, assessed and managed. Some people needed support to move around safely. Risk assessments had been undertaken to identify if people were at risk of falls or needed

equipment to help them to move around. One person told us, "I feel safe here, I have had some accidents before I moved in and I feel safe with the staff." Plans were in place to guide staff in how to support people safely. For example, one person had difficulty with their mobility. A risk assessment identified that they needed two staff to support them and detailed the type and size of equipment that should be used. During the inspection we observed staff following the care plan and supporting the person in a calm, efficient manner. One person who had risks associated with their mobility told us, "I use my frame and that stops me slipping. They (staff) watch you. They put a hand on my back and that gives me a sense of security. I do feel safe."

Some people were at risk of developing pressure sores. One person's risk assessment indicated that they were at high risk of developing a pressure sore and a detailed tissue viability and skin care plan was in place. There was clear guidance for staff including a specific plan for one area of the body where they person required a wound dressing. Advice received from a Tissue Viability Nurse (TVN) had been included within the person's care plan.

Risks associated with health conditions had also been assessed. For example, some people were living with diabetes. One person had been assessed as being at risk of damage to their feet due to the diabetes. Their care plan included guidance for staff on supporting the person with foot care and described the need for regular visits from a chiropodist. The person told us that staff had arranged chiropody visits for them.

Staff demonstrated a clear understanding of their responsibilities for safeguarding people. One staff member said, "We observe people's behaviours, I would report any concerns to the manager." Another staff member described how they would recognise signs of different types of abuse and told us how they would record and report any concerns. A third staff member described how they would be confident to raise any concerns saying, "We have to be the voice of the person if they can't speak up themselves." Records confirmed that safeguarding alerts had been raised appropriately in line with local safeguarding procedures. People and their relatives told us that they felt safe living at Lindridge. One person said, "It's fantastic. I feel very safe because I am so well looked after." Another person said, "It's all good here. There's always someone around to help when I need it." A relative told us that they had raised safeguarding concerns about their relation and described the positive response that followed, saying things had changed, "dramatically for the better."

People told us there were enough staff on duty. One person said, "I think they have got it bang on with the staff." Another person said, "I think there's enough, I am well looked after." A third person told us that they had been told to ring their bell and wait for staff to come because they were at risk of falling. They said, "When I press my bell they don't take long to get to me." Another person also commented on their call bell being answered quickly saying, "I've certainly not had to wait for my bell to be answered. It's fairly quick during the day and almost instant at night." The Associate Director of Operations told us that they could generate reports from the call bell system. They showed us how they used these reports when any complaints were made to check that people were not having to wait longer then they should expect for their call bell to be answered.

Records confirmed that staffing levels had been maintained consistently across the home. Records showed that there was a high percentage of agency staff being used to cover shifts. One area of the home was providing a short- term rehabilitation service for people who had been transferred from hospital. This area of the home was staffed completely with agency staff. The Associate Director of Operations told us that this unit had been set up on a short term basis to support system pressures across the acute hospital sector. They explained that arrangements were in place to ensure that regular staff were provided to maintain continuity for people living at Lindridge. People, their relatives and staff confirmed that agency staff were

regular. One staff member said, "The agency staff are all very good, they work on a rolling rota so there is continuity and they get to know people well." Since the inspection this area of the home closed when the short term contract to support the acute hospital sector ended.

The registered manager told us that there was an ongoing recruitment plan to try and fill vacant posts across the home and reduce the reliance on agency staff. Some posts had been recently filled. There were robust recruitment systems in place. We looked at a sample of staff files. Recruitment procedures included completion of an application form with details of previous experience and any gaps in the work history was accounted for. Two references were provided and checks had been made with the DBS (Disclosure and Barring Service) to check for any criminal convictions. This ensured that people were supported by staff who were suitable to work with people.

When incidents or accidents had occurred, staff were aware of the Provider's reporting policy. Incidents had been logged and staff took actions to address any issues. For example, when a staff member had witnessed an incident of suspected neglect they had reported the incident appropriately. Actions had been taken to raise a safeguarding alert and to ensure the safety of all service users. The Associate Director of Operations explained how an electronic report was generated to help identify trends and patterns in incidents and accidents to help inform learning and to make improvements.

Good

# Is the service effective?

## Our findings

People and their relatives told us that they had confidence in the skills and knowledge of the staff. One person said, "The staff are well trained, I'm quite impressed." Another person said, "They (staff) seem absolutely fine and well trained." A third person told us, "The staff are very good, I think they are very well trained."

Staff spoke highly of opportunities for training and development. One staff member said, "We all complete the mandatory training but we can have additional training as well. I have been offered training on motor neurones disease." Another staff member said, "I have had additional training in the use of a syringe driver." Records showed that staff were able to access training that was relevant to the needs of people living at the home such as dementia awareness, falls prevention and pressure ulcer care.

Staff reported feeling well supported in their roles. One staff member said, "I wasn't sure if I wanted to stay here at first but it has really improved and the registered manager is very supportive." Another staff member said, "The induction, training, shadowing and ongoing support has been really good." Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Records confirmed that staff received supervision regularly.

A significant proportion of staff working at the home regularly were employed by an agency. The Associate Director of Operations explained that the agency used regular staff to maintain continuity and a manager from the agency visited the home on a weekly basis to provide support to the agency staff, this included clinical supervision. The agency staff we spoke with reported feeling well supported and described feeling that they were 'part of the team' at Lindridge. Staff reported positive working relationships between agency staff and permanent staff. Some people were receiving rehabilitation and staff were following plans developed by Physiotherapists and Occupational Therapists. A staff member told us, "We have a daily meeting to handover any information or updates and this information is recorded so staff coming on duty later can see what is happening with each person." People told us that staff worked together well. One person said, "The staff are all excellent. They work together as a team."

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

Throughout the inspection we observed staff gaining consent from people before providing care or support.

People told us that staff always checked with them first, one person said, "They always ask before they help me." Staff had received training in the MCA and were able to demonstrate a clear understanding of their responsibilities with regard to the MCA and DoLS. One staff member described the importance of ensuring people have capacity to make specific decisions. Another described how restrictions on people's liberty need to have an agreement in place to ensure that people's rights are protected. They explained, "Where a DoLS is in place there can be conditions attached that we have to abide by, for example one person has a condition about accessing the community on a regular basis." Records showed that where people lacked capacity to make specific decisions the provider had involved relevant people in the decision-making process. Where people did not have a family member an advocate had been involved in the process to decide upon what was in the best interests of the person. Records clearly documented decisions that had been made.

People's needs were assessed in a holistic way and covered all aspects of people's lives including their cultural background, life history and religious needs and beliefs. Staff used validated tools to make assessments and people's needs were regularly reviewed. Care plans were based upon assessments of people's needs and their choices. They provided guidance for staff in how to care for people's needs effectively. People and their relatives had been involved in the assessment and care planning process.

Some people were receiving a short-term rehabilitation service following a transfer from hospital, their care plans were not always as comprehensive as people living in other areas of the home due to the short-term nature of their stay. People told us that they understood the purpose of the care planning process and they were aware of the outcomes that they were working towards. For example, one person said, "The aim is to get me home, it's slow going at the moment." Another person said, "The best thing is you are here to get on and get out. The staff here work hard to get you fit."

Facilities at the home supported people's needs. One person who used an electric wheelchair to get around told us, "It's easy for me to get around because the corridors are nice and wide. I've been out in the garden and there's no problem going out there if I want to." Another person said, "It's so easy to get around my room, let alone the home. It is all very spacious and everything is well laid out. Visitors come into my room which is very nicely furnished and private." Some people had their own flats with shower rooms and a lounge area.

Some parts of the home were designed for people who were living with dementia. Care had been taken to ensure decoration in these areas of the home supported people to orientate themselves and enabled them to recognise their own room. A sensory garden was accessible for people and one person who was living with dementia told us, "I love the garden here, it's one of my hobbies."

People told us that the equipment they needed was readily available to them. One person said, "If they identify something that would help, they get it put in straight away." Equipment to help people to move safely was evident in all areas of the home. Some people who were at risk of falling, had electronic sensor mats in place. This sent and alert to staff who responded quickly to support the person and reduce their risk of falling.

People were supported to have enough to eat and drink. They spoke highly of the food available at Lindridge. Comments included, "It's amazingly good food," "It's very good, it's tasty and hot," and, "The grub is not bad at all. The chef knows how to cook. There's plenty of it and a good choice." We observed the lunchtime meal. Food looked appetising, appeared to be hot and was well presented. Staff took time to check that people knew what they had before them, one person didn't eat much of her meal and a staff member was heard offering an alternative. People told us they enjoyed the food and that mealtime was a

social event. Where people needed support to eat staff were seen to be patient and allowed the person time to enjoy their food.

Risks and specific nutritional needs had been identified and care plans guided staff in how to support people. For example, one person had been assessed as being at risk of choking. A Speech and Language Therapist (SALT) had made recommendations for the person to have a pureed diet. The SALT guidance was included within the person's care plan and included details of how to support the person to be positioned safely when eating and any high-risk foods that should be avoided. We observed that staff were following these guidelines. Throughout the inspection we saw people being offered and encouraged to drink fluids and people were offered snacks and drinks throughout the day.

People told us they were supported to access health care services when they needed to. One person said, "They ask me every day how I am, if I wasn't well they would get the doctor." Another person told us, "If I said I didn't feel well they would call the nurse and, if I needed the doctor, one would be called." People were supported with ongoing health care support from dentists, chiropodists, opticians and other specialist health care professionals such as a Tissue Viability Nurse (TVN), SALT and a nutritionist. One person said, "They like to keep me well."

Good

# Is the service caring?

## Our findings

People and their relatives spoke highly of the caring nature of staff in all areas of the home. One person said, "The nicest thing they do is ask me how I am and talk to me. They treat me like family." Another person said, "The staff here really care for me." A third person told us, "The staff are all friendly, I do enjoy it here." A relative said, "Caring for somebody is not the same as caring about somebody. The staff here, including the agency staff, all really care about the people they are looking after."

Staff knew the people they were caring for well and had developed positive relationships with them. Staff could tell us about people's personal history, their needs, personal preferences, things they disliked and their personality traits. Throughout the inspection we observed staff supporting people in a kind and caring way. One person who was living with dementia had become distressed and a staff member immediately offered reassurance in a caring way until the person was calm again. Another staff member was seen providing emotional support to someone, using gentle touch, eye contact and reassuring words. The person responded well and appeared to enjoy the interaction with lots of smiles. A staff member was supporting one person by sitting with them and holding their hand. We noted that this was included within the person's care plan as something that the person liked.

Staff had received training in equality and diversity and demonstrated an understanding of the importance of removing barriers to avoid discrimination. For example, some people had difficulties with communication and staff used a range of techniques to support them. One person was no longer able to speak and staff used a pictorial pain chart to assist in identifying their pain level to ensure they were given the appropriate level of pain relief.

A staff member spoke of the importance of involving people and their families, where appropriate, in the care planning process. They told us, "It can really help to have that background detail, particularly if someone has dementia and can't tell us themselves." Records showed that people had been included in the care planning process. One person told us, "I'm very satisfied that I was able to discuss my care plan." A relative said, "My mother and I have together discussed her care with the manager and I'm very content with how things are now."

People told us that staff treated them with kindness and respect. One person said, "The staff are very kind and gentle with me. They always take great care when moving me and talk to me all the way through." Another person said, "They are very gentle when they assist me. I don't get heaved around, which I was worried about because you read about some awful things. We are blessed to have kind staff here." Relatives said that they were able to visit without restriction and that staff made them feel welcome. One relative told us, "I come at all different times, there is never an issue, staff always offer a drink and are happy to tell me what's been happening."

People explained how staff protected their privacy and dignity. One person said, "The staff are very good, when they wash me they always draw my curtains and shut my door. I've been asked if I have a preference for male of female carers and I told them I don't mind." Staff told us that if people expressed a preference or

needed a specific gender of care worker to support them due to a religious or ethnic belief, this would be respected.  Another person told us, "They knock before they come in and I'm asked if I'm ready. Whoever is with me talks me through what they are going to do so I'm prepared. I can't fault the care staff."  A third person said, "When I bathe they let me do my front which shows a bit of respect. They're so gentle and it makes it an enjoyable experience."

Throughout the inspection we observed staff to be treating people in a respectful manner. Staff were mindful of people's privacy and dignity. For example, one staff member knelt beside a person and spoke to them discreetly about their medicines so that only they could hear what was being said. People's personal information was kept securely and staff were aware of the importance of maintaining people's confidentiality. For example, one staff member made sure they had checked that they were able to share information before talking with an inspector.

People were supported to remain as independent as possible. One person told us "I have my own apartment and it feels good to have some independence. I can shut my door but still feel safe because I have a bell I can press and people around when I need help."  Staff told us that they supported and encouraged people to do as much for themselves as possible. One staff member said, "It's so important that people retain a sense of independence for as long as possible." Some people were living at the home for a short time following an admission to hospital. They told us that staff were focussed on helping them to regain skills and confidence so they could return home. One person said, "They are helping me to get used to managing my tablets again because I will need to do it myself when I get home." We observed a staff member spending time with the person going through their medicines and discussing their concerns. A staff member told us, "We support them to do more for themselves as time goes on so that they will be able to cope when they go home." People's care plans included details of how much support people needed with tasks and identified elements of care that they were able to do for themselves.

Good

# Is the service responsive?

## Our findings

People and their relatives told us that they were receiving a personalised service that was responsive to their needs. One person said, "I'm getting the right support here. I look around and it's difficult to find something to criticise." Another person told us, "My care has been tailored for me."

People's assessments and care plans were holistic and included details of their physical and mental health as well as their social needs and personal history. Staff demonstrated that they had a good understanding of who was important to the person, their life history, their cultural background and their sexual orientation. Some people needed support with communication. Communication care plans recorded details of any sensory loss and included guidance for staff about equipment or support that people needed to enable accessible communication.

Care plans were regularly reviewed and updated when people's needs changed. For example, one person's health had deteriorated and following a GP visit their care plan was amended to include clinical observations once a day. Staff were informed of this through the handover process and the care plan was updated. The registered manager explained that care plans were in the process of being updated to a new format which would better reflect the personalised approach that staff provided.

People told us they could choose how they spent their time. One person said, "Nobody puts any pressure on you, the staff are wonderful." Another person told us, "I can choose if I want to get up or to stay in bed, it's up to me." A third person said, "There's no set time for things, I can go to bed when I want. I can have a bath every day if I want to – I choose to have one once a week." People told us that they had a routine and there was a rhythm to their day but that it was flexible according to people's preferences. One person said, "Nothing is set in stone." One person, who was living with dementia, was at high risk of falls and needed support to move around. Their care plan showed that they enjoyed spending time alone in their bedroom but had fallen on more than one occasion. An electronic sensor mat was introduced to alert staff when the person started to move around. Records showed that when the sensor mat was activated staff were responsive in attending. This enabled staff to support the person and reduce the risk of further falls, whilst respecting the person's choice to spend time alone.

People were observed to be enjoying activities of their choosing. People told us they had enough to do and could choose which activities to join. Some people took part in a gentle exercise class. Some people were spending time in their rooms. One person told us, "I'm happy in my room watching TV and reading the newspaper. I join in if something takes my fancy." There was a varied activity programme available which included outings and visits from external entertainers. People spoke highly of the events. Staff told us the most popular events included having animals to visit or when children from a local nursery school visited. One person told us, "They have little children come in and that's very good fun." Another person said, "My favourite is when the animals come in. I also like it when there's music and singing." The home had an activities co-ordinator who told us that they included people's views when planning the activities programme. Notes from Residents and Relatives meetings confirmed these discussions. People told us that they were supported to follow their religion. One person explained that they enjoyed attending a regular

church service held at the home. Staff told us they reminded people when the church service was happening in case they wished to attend.

Some people had been identified as being at risk of social isolation. The activity co-ordinator explained that she visited people in their room regularly to chat and offer to read to them or to give them a hand massage or manicure. Staff said that they also had time to sit with people who were at risk of social isolation. One staff member told us about how they supported someone who was living with dementia. They told us, "We try and encourage people to take on small tasks to keep the occupied. We have time to spend with them in the afternoon and we might suggest a walk or play a game, depending on what they enjoy."

The provider had a system for recording and addressing complaints. Records showed that any complaints were dealt with swiftly and people had received detailed written explanations in response to the issues they had raised. People told us they would feel comfortable to raise any issues or concerns. One person said, "I have no complaints but I would ask if I had to." Another person told us, "If I wasn't happy I would tell my son." A relative said they had never had to make a complaint but they were confident that any issues would be taken seriously. They said, "I know it would be recorded and something would be done."

People were supported at the end of their life. Care plans included details about people's wishes and any religious or cultural needs that required consideration. Staff described the importance of supporting people to be comfortable at the end of their life, including requesting a prescription for anticipatory medicines from the GP.  A relative told us about their recent experience saying, "The staff were wonderful, it was a comfortable, peaceful end. The staff supported us as well." They continued, "It felt like her home and that's why we wanted her wake to be held here." The relative went on to explain that this had enabled staff members and people living at the home to attend the wake.

Requires Improvement

# Is the service well-led?

## Our findings

At the previous inspection on 22 June 2017 we found that the service was not consistently well- led. Management systems and processes had not been effective in identifying failures in risk management and in maintaining accurate records. This was identified as an area of practice that needed to improve. At this inspection on 22 May 2018 it remained that some management systems had failed to identify shortfalls. Improvements seen at the previous inspection in monitoring the management of medicines had not been sustained. There had been a failure to operate and sustain effective governance systems.

People and their relatives told us they felt the home was well run. One person said, "I'd say it's well run, it seems orderly and quite serene." Another person said, "I think it's very well run. The management appear to be in control." A third person spoke highly of the registered manager saying, "I think she is very good. It can't be an easy job." Despite these positive comments, some people told us that they were not sure who the manager of the home was. One person said, "I don't know who the manager is, I know who the nurses are though." One relative said, "I am always told to speak to anyone if I have concerns, and I would do that, but I am still not sure who is who."

There was a registered manager in post. Management arrangements at the home were complex. The registered manager was known as the business manager and did not have oversight in all areas of the home. Some staff members told us that they were not sure who was in charge. One staff member told us that it was the Associate Director of Operations, another staff member said it was the registered manager and a third staff member said they were not sure who had overall responsibility for the running of the home. There was a lack of clear management structure to ensure accountability across all areas of the home. This meant that the registered manager did not have oversight and could not be assured of the quality of the service in all areas of the home.

One area of the home was dedicated to people who had come out of hospital and needed some rehabilitation before returning home. This area was staffed entirely by agency carers and nurses. The Associate Director of Operations told us that they worked closely with the agency to ensure continuity of care for people in that area of the home. A manager from the agency visited regularly to provide management support to the staff in this area of the home. Agency staff that we spoke with confirmed that they worked at the home on a regular basis. Agency staff described positive working relationships with staff across the home. However, governance arrangements in this area of the home were not clear. For example, it was not clear who was responsible for checking the accuracy of records, including MAR charts. An agency staff member told us that nobody was responsible but said the agency nurse on duty would check on a daily basis. A number of records that we looked at had not been fully completed, were inconsistent or unclear. We spoke with the Registered Manager, the Associate Director of Operations and the Deputy Chief Nurse, Safeguarding and Physical Health, about our concerns. They agreed that systems had not ensured that records were all accurate and complete and that governance arrangements were not always clear in this area of the home. The Deputy Chief Nurse, Safeguarding and Physical Health, took immediate steps to introduce a new system for monitoring records.

Lack of management oversight and governance meant that the service had failed to sustain improvements, risks had not always been identified and addressed, and records were not always accurate and complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were positive about working at Lindridge and described a clear vision for the service. One staff member said, "The culture here is to treat people how I would want to be treated. It's their home, we are in their house." Another staff member said, "It feels well-led, they always put the residents' interests foremost." Staff had received training in equalities and diversity. A display board in the main reception area of the home showed the provider's commitment to support people with their diverse needs and encouraged openness. A staff member said, "There is an open culture here, no discrimination is tolerated for staff or residents." People told us that they were happy living at the home. One person said, "It's a very pleasant atmosphere here." Another person said, "I think it's a happy place." Other comments included, "It's a friendly and sociable place," and, "It's very calm."

People, their relatives and staff told us they were included in developments at the home. One person said, "There are regular meetings, they are very worthwhile. I made a suggestion, and it was implemented." People and their relatives were encouraged to take part in recruitment of new staff. One person said they had been "honoured to take part." A staff member said, "There has been a big improvement in recruitment, we have recruitment days so people, their family and staff can get involved too." Notes from resident's meetings showed that people were encouraged to give their suggestions about any changes or developments that they would like to see, such as ideas for improvements to the garden.

Staff had developed positive connections with local organisations such as GP surgeries, a local school, nursery and church. Arrangements had been made with a local hospice to participate in workshops providing activities for people. Staff described positive working relationships with a range of health care professionals.

Audits and quality assurance systems were used monitor quality and identify areas for improvement. Information about incidents and accidents was monitored and electronic reports were used to analyse patterns and make changes. Questionnaires were used to gather feedback from people, their relatives, staff and health care professionals. The Associate Director of Operations told us that changes were made as a result of the feedback received. For example, some people had identified that they did not know how to make a complaint. The complaints policy had been re-issued to all people and relatives and gave clear information about the process. A service improvement plan was used to identify areas for improvement and to plan timescales for implementing changes.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Lack of management oversight and governance meant that the service had failed to sustain improvements, risks had not always been identified and addressed, and records were not always accurate and complete. |

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Diagnostic and screening procedures | The provider had failed to ensure that there were sufficient quantities of prescribed medicines to meet people's needs and failed to ensure the proper and safe management of medicines. |
| Treatment of disease, disorder or injury | |

**The enforcement action we took:**

Warning notice issued requiring the provider to become compliant with regulation 12 by 30 September 2018