

Sussex Partnership NHS Foundation Trust

Lindridge

Inspection report

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Ratings

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

Summary of findings

Overall summary

Lindridge nursing home provides personal and nursing care to up to 75 people. At the time of our inspection there were 49 people using the service.

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

The provider had initiated and implemented improvements since our last inspection. The management of risks to people's safety had improved. There were processes to identify risks and action was taken to address these. Risks were monitored and assessments had been updated.

Shortfalls with the medicines ordering systems had been rectified and people's medicines were stored and administered safely. There were enough staff to ensure people got the help and support they needed. People told us, "They [staff] are kind and caring." Recruitment systems were robust and ensured the right staff were recruited to support people safely.

The provider introduced quality assurance processes to assess the quality of the care provided and to identify areas for improvement which had improved the overall quality of the service. The breaches identified at the last inspection had been met.

The service was well led and had a positive culture that was person centred, open and inclusive. Staff understood their role and responsibilities, were motivated and had confidence in the registered manager. Staff told us the registered manager was approachable and supportive.

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

Rating at last inspection

The last rating for this service was requires improvement (published 12 January 2021) and there were 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 was no longer in breach of regulations.

Why we inspected

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.

We carried out an unannounced comprehensive inspection of this service on 5 November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance and safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lindridge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lindridge

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 Health and Social Care Act 2008.

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 two inspectors.

Service and service type

Lindridge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lindridge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do 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 this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, registered nurses, care workers, admin and ancillary staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service including staffing rotas, quality assurance records and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm

At our last inspection we identified concerns in respect of medicines management oversight and risk assessments. This was a breach of regulation 12 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; Using medicines safely

- At the last inspection, we found the provider had not ensured people had the medicines they needed due to errors in ordering. We saw that improvements had been made.
- The registered manager told us medicines were available for all people, they said, "We now have a dedicated pharmacy team [on site] since the previous inspection. We have contact from the GP and a nurse practitioner every day."
- People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. People had medication administration records (MAR) detailing each item of prescribed medication and the time they should be given. There were guidelines for the administration of 'when required' (PRN) medicines. We saw people were given explanations regarding their medicines and offered pain relief.
- People told us they were happy with the way the service managed their medicines. One person said, "They give me my pills every day, I'm glad they do, as there is a lot of them." Another person commented, "They do all my medication for me, I don't have to worry about that."
- At our last inspection, we found risk assessments were not always detailed with advice for staff on how to manage risks. Care plans and risk assessments were not always reviewed in a timely way and some lacked up to date detail.
- Improvements had been made. We saw risks to people were assessed and regularly updated. Where risks had been identified these had been assessed and actions were in place to mitigate them. For example, where people were at risk of pressure damage, appropriate nursing equipment and guidelines for staff were in place to reduce the risk. For example, people used pressure relieving mattresses and had their positions changed regularly.
- Where people were at risk of choking, we saw input from a speech and language therapist (SaLT). This included details of people's required food, drink and seating position for meals. This information was translated into people's care plans and displayed on the electronic system and as a ticker tape banner on the handheld system.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff and people told us they were happy with the staffing numbers and people's care needs were being met. Comments from people included, "I've got no concerns, they treat me well and are here when I need them."; "I think they have enough staff. Some are agency, but that's fine. They pop in all the time to see if I need anything and when I call them, they come." And, "It's very nice here, the staff can't do enough for you, I couldn't fault them."
- Staff were recruited in line with safe practice. For example, checks were made to ensure staff were of good character and suitable for their role. This included obtaining references from previous employers. Checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The provider ensured registered nurses had current registration with the Nursing and Midwifery Council (NMC). The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People told us they felt safe and happy at the service. One person told us, "I feel safe, I trust them [staff] with my life."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A member of staff told us, "The training is good; there is enough of it." They told us they felt confident raising concerns if needed and the registered manager was, "approachable" and "helpful".
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Accidents and incidents were investigated appropriately to ensure actions were taken to reduce the risk of reoccurrence.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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. People told us, "They [staff] wear masks and gloves when they are in with me."
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People told us, "It's always very clean here, they clean my room often."
- 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.

Visiting in care homes

The people living at Lindridge were able to have visitors when they wanted. A relative told us, "I can visit when I want. I think they care for [my relative] well."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

At our last inspection we identified concerns in respect to management oversight of the service and systems of audit and governance. This was a breach of regulation 17 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection, we found there was a lack of clarity amongst staff around the management structure of the service, and staff did not feel confident to raise concerns.
- Improvements had been made. There was a registered manager in post and a clear management structure at the service that all staff were aware of. This structure was displayed around the service for information, and people were aware of the management team. One person told us, "I know who the manager is, she's popping in all the time to check on me and ask how I am."
- Staff told us they felt confident they could raise any questions or concerns with management. One member of staff said, "I can go to [registered manager] or my line manager any time, they always listen." The registered manager added, "The structure we have now allows us to provide supernumerary cover and management cover, plus we have an on-call service for any staff to contact us."
- At the last inspection, we found that systems of audit and governance did not always pick up issues and concerns to drive improvement. We saw that improvements had been made.
- The provider undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audits now included medicines, infection control, care plans and health and safety. The results were analysed to determine trends and to introduce preventative measures.
- Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- People and staff spoke highly of the service and felt it was well-led. We received positive feedback in relation to how the service was run, and our own observations supported this. One person told us, "I can't complain, they are here for me every day. I trust them with my life."
- Staff commented they felt supported and had a good understanding of their roles and responsibilities. The manager and staff told us the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this.
- The service had a strong emphasis on teamwork and communication. Handover between shifts was

thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team.

- Up to date information was made available for staff including details of specific topics, such as COVID-19, medicines and accidents and incidents, to ensure they understood and had knowledge of how to assist people.

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

- At the last inspection we found the provider had not always notified the CQC of specific events, as required as part of their registration. Improvements had been made and the provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

- People and staff were actively involved in developing the service. We saw examples of how feedback from people had influenced activities and food choices.

- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.

- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure nobody at the service suffered from any kind of discrimination. This was reinforced through training. The provider had also displayed LGBTQIA information and implemented groups to support people and staff.

Working in partnership with others; Continuous learning and improving care

- At the last inspection the provider was working through an improvement plan for the service. We saw the improvements had been implemented and embedded and people received care that met their needs and preferences. The registered manager told us, "I'm really proud of what we have done here, we have come a long way. The residents and families are always our priority and we support our staff."

- The service liaised with organisations within the local community. For example, the local authority, integrated care systems and local charities, to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.