# Sussex Partnership NHS Foundation Trust

# Lindridge

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
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| 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 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 dementia unit in two areas of the home. This inspection took place on 22 June 2017 when there were 61 people living at the home. At the last inspection on 30 March 2016 we found one breach of the Regulations and some areas of practice that required improvement. At this inspection, on 22 June 2017, we found that there had been improvements and the previous breach had been addressed. However we found some other areas of practice that required improvement.

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. The registered manager had been absent from the home since January 2017 and the home was being managed by the deputy manager who was present throughout the inspection.

At the last inspection on 30 March 2016 there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was due to concerns about the proper and safe management of medicines. At this inspection on 22 June 2017 the provider had made improvements and had addressed the previous breach of regulation.

Some risks to people were not being consistently managed. Some people had enteral feeding tubes and risks associated with maintaining the feeding tubes were not being managed. This is an area of practice that requires improvement. We brought this to the attention of the deputy manager and immediate steps were taken to address this issue.

Some people were receiving their medicines covertly but records did not always show that this decision had been taken in line with the Mental Capacity Act 2005. This is an area of practice that needs improvement.

There were systems and processes in place to monitor quality but not all systems were working effectively. This meant that some shortfalls had not been identified and acted upon and some records were not complete and accurate. This is an area of practice that needs to improve.

People and their relatives told us that they were happy with the care provided at Lindridge and they felt safe. One person said, "I'm a happy bunny, of course there are ups and downs but I like it mainly, it's my home." A relative told us, "When I leave here, I don't worry." There were enough staff to keep people safe and recruitment processes were robust. Risks to people had been assessed and plans were in place to guide staff in how to keep people safe. Incidents and accidents were monitored and analysed to reduce risks of further similar events. Staff supported people to access health and care services when they needed them. One person told us, "If ever I'm ill, like in January I was ill, they got me down to the hospital and they responded

quickly."

Staff received training and support and were confident in their roles. Communication was good and staff had a firm understanding of their responsibilities. The environment of the home had been adapted and designed to meet people's individual needs. A number of dementia friendly features had been added to help people to orientate themselves and to reduce anxiety. People who had mobility needs were able to move around the building and access the garden independently.

People had developed positive relationships with staff and spoke highly of their caring nature. One person said, "The staff are lovely, really respectful, patient and caring." Staff knew people well and encouraged them to make decisions about their care and support. One staff member said, "We try and support people to remain in charge of their care as much as possible." People were treated with respect and staff maintained their privacy and dignity.

People were complementary about the food and drink at the home and told us they had plenty to eat and drink. Individual preferences and needs were catered for and risks associated with eating and drinking were identified and managed.

People received personalised care that was responsive to their needs. A relative described how staff supported their relation who was living with dementia. They said, "Staff managed her agitation very well, they got to know her, and knew how to help her to calm down." People told us that they enjoyed a wide range of activities provided at the home. People were able to follow their interests and were supported to remain occupied and stimulated. Staff had time to spend with people and supported them to maintain relationships that were important to them.

People and their relatives knew how to make a complaint and felt comfortable to do so. Feedback was encouraged and people were confident that any issues raised were taken seriously. One relative told us, "If I have a concern they respond instantaneously." People, relatives and staff members spoke positively about the deputy manager and described them as easy to talk to and committed to improving the service. Regular quality monitoring systems were used to drive improvements. There was a clear management structure and leadership was evident throughout the home. The deputy manager maintained a clear overview of the service and was knowledgeable about the people living at the home and their needs.

We found one breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

Risks to people were not consistently managed.

People received their medicines safely but procedures for covert medicines were not always in line with the Mental Capacity Act 2005.

There were enough suitable staff to keep people safe. Staff understood their responsibilities with regard to safeguarding people. Recruitment procedures were robust.

### Is the service effective?

**Good**

The service was effective.

Staff received the training and support they needed to carry out their roles.

Staff understood the Mental Capacity Act 2005 and their responsibility to seek consent from people.

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

The design and decoration of the home supported people's individual needs.

### Is the service caring?

**Good**

The staff were caring

People had developed positive relationships with staff. Staff knew people well and understood their needs.

People were encouraged to express their views and to make decisions about their care.

Staff treated people with dignity and respect.

## Is the service responsive?

Good

Staff were responsive to people's needs.

People received care that was person-centred and their care records were detailed. Care plans were reviewed regularly and when people's needs changed.

People were supported to maintain relationships that were important to them. They were able to follow their interests and their views and preferences were respected.

There was an effective complaints system and people felt comfortable to raise any concerns.

## Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems and processes in place to monitor quality and to drive improvement. However not all systems were effective in identifying shortfalls.

There was visible leadership throughout the home and staff understood their responsibilities.

There was a positive culture of openness with approachable managers.

# 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 June 2017 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the service including previous inspection reports, 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. The provider had submitted 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. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

We spoke to 12 people who use the service and 11 relatives. We interviewed eight members of staff and spoke with the Deputy Manager and the Interim Associate Director for Operations. We looked at a range of documents including policies and procedures, care records for 11 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 systems.

The last inspection of 30 March 2016 had identified one breach of the regulations.

Requires Improvement

# Is the service safe?

## Our findings

At the previous inspection on 30 March 2016 we found that practice for managing people's medicines was not always safe and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection on 22 June 2017 improvements had been made and people's medicines were being managed safely so this breach of regulation had been addressed. However some other areas of practice required improvement.

Some risks were not being managed effectively. Some people had enteral feeding tubes. These systems enable people to receive their nutrition and / or medicines directly into the stomach, bypassing the mouth and oesophagus. Risks associated with maintaining the feeding tubes were not being managed. Care plans were in place to guide staff in how to administer medicines, nutrition and fluids safely and staff had received training from a specialist nurse. The care plan included guidance in maintaining the site of the tube to ensure that risks of infection were minimised. Records were not consistently completed with numerous missing entries for May and June including one week with no recording at all. The nurse on duty was not able to confirm if the tube care had been completed for the days with no records. One person told us that the site of the tube was not being cleaned regularly. This meant that people were not being consistently supported to manage risks of infection. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We brought this to the attention of the deputy manager who took immediate steps to rectify this shortfall and introduced an additional system to monitor that care was being provided in line with the guidance.

Other risks to people's safety had been assessed and were reviewed regularly. People and their relatives told us that they felt safe. One relative said, "When I leave here I don't worry, looking at some of the other homes, it was shocking. I don't feel she's at risk here." Risk assessments had been personalised to each individual and covered areas such as health, falls, moving and handling and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe. For example, some people had been assessed as being at high risk of developing a pressure sore. Care plans included guidance for staff in how to reduce this risk. For example, one person had a pressure relieving mattress and staff regularly checked the settings to ensure it remained effective for the weight of the person. A referral had been made to a Tissue Viability Nurse (TVN) and their advice was included in the care plan for the person. A wound care plan was in place and a body map had been used to identify the area of the body that was affected. Staff at the service took a positive approach to risk taking. People told us they were supported to take risks and were involved in the risk assessment process. One person told us that they were hoping to improve their mobility so that they could return home. They said, "The staff are wonderful, they have supported me to get back on my feet and although I have had falls they continue to encourage me." A risk assessment confirmed that their level of dependency had improved over the previous three months and although they had suffered multiple falls in the past these had reduced with only one near miss documented in recent weeks.

People told us that they felt safe living at Lindridge and that they received the support they needed with their medicines. One person said, "I feel safe enough, I feel I'm looked after." Another person said, "I'm on quite a bit,(of medication) they changed one today, my blood pressure one. I don't think I'd be able to cope

without them." A relative told us, "The medicines are reviewed regularly." People's medicines were being managed safely and the previous breach of regulation had been addressed. Some people were receiving their medicines covertly, that is, without their knowledge. One person who was living with dementia had begun to refuse to take their medicines. A decision had been made by the registered manager and the person's GP to administer their medicines covertly. However there was no record that a mental capacity assessment had been undertaken regarding this decision and no record that this was in the person's best interest or that appropriate consultation had taken place with the person's representatives. This is an area of practice that needs to improve.

Some people were able to manage their own medicines. One person told us, "I self- medicate, I have a drug chart which is updated daily and I document what I have taken." A relative said that their relation was able to self-medicate some of the time. They explained, "He can be independent; they're very good at handing medications over and watching. They bring it all in and they leave him to do it, but the minute he's ill, they take over." Medicines were stored securely and there were regular checks made to ensure that medicines were stored at the correct temperature. When medicines were no longer needed there were appropriate systems in place to manage the safe disposal of the medicines. Staff members were trained in how to administer medicines safely and regular competency checks were undertaken for staff and for agency staff who administered medicines. There was an up to date record of the names, signatures and initials of staff who were judged to be competent to administer medicines. We observed people receiving their medicines. Staff were confident and demonstrated good practice in line with the provider's medication policy. People were supported to receive PRN (as required) medicines safely. Staff asked people if they needed PRN medicines, such as pain relief, before preparing and administering it. Staff members stayed with people and supported them to swallow their medicines before signing the medicine administration record (MAR). MAR charts were completed consistently and accurately. Some people were being supported with topical creams or lotions and documentation identified how, when and where this should be applied.

People told us that there were enough staff on duty and that they didn't have to wait long for staff if they needed help and pressed their bell. We observed that staff were responsive to people throughout the inspection and people were receiving the support they needed in a timely way. The provider used a dependency tool to assess the level of staffing required. Records showed that staffing levels had remained consistent and agency staff were used to cover vacant shifts. Staff told us that there were enough staff on duty. One staff member said, "It's much better now as we have regular agency staff. It's good for the residents as they are used to them." People told us that the use of agency staff had an impact upon their care sometimes. For example one person said that some agency staff did not know how to manage their feeding system saying, "I had to show them what to do." Another person told us, "If I need help I would of course prefer one of the care staff to come than the agency because you have to explain things to them." The deputy home manager told us that although there was still a need to use some agency staff, numbers continued to reduce as they recruited to vacant posts. The Interim Associate Director for Operations confirmed that active recruitment was on-going with a number of newly recruited staff due to start within the coming months.

The provider maintained a robust recruitment system. Prior to their employment staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people. Staff files contained references, application and interview records and identification documents.

Staff had a firm understanding of safeguarding and they were able to tell us about different types of abuse. Staff were aware of action they should take if abuse was suspected and were able to describe how they

ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

People told us they were happy with the standards of cleanliness in the home. One person said, "My room is always clean and tidy, they clean it regularly." Another person said, "They do clean very often; the place is never a tip." A relative told us, "The place is immaculate; this is what it is like all the time."

Good

# Is the service effective?

## Our findings

People and their relatives told us staff were well trained and they had confidence in their ability to carry out their roles. One person said, "Most of the staff are really excellent at what they do." Another person said, "They are brilliant here, I have never had a problem." A third person told us that staff were proficient in using a hoist to help people move, they said, "They are pretty well practiced at putting me into bed and getting me out." A relative told us, "The majority of the nursing staff appear to know what they are doing so I trust them with my (relation). They ask the right questions, are you in pain? Are you comfortable? Are you hot or cold, do you need anything to drink? That's all very consistent."

Staff had the knowledge and confidence to care for people. The home employed a full-time training manager who had responsibility for the management and implementation of staff training. Training records showed that staff had access to the training that they needed to carry out their roles effectively. The acting manager encouraged staff to develop their skills and roles and take responsibility for specific areas such as activities, medicines and safeguarding. Staff confirmed they were supported to develop their skills and knowledge to take up these responsibilities and felt a sense of achievement and personal development. One staff member spoke positively of the acting manager, saying, "She is so supportive and encouraging. She will go out of her way to support you in your career development."

The induction process was robust and comprehensive to support newly recruited staff. This included reviewing the service's policies and procedures and training for a week before shadowing more experienced staff. Induction training included infection control, health and safety, moving and handling, dignity and dementia awareness. Staff were supported to complete the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they felt supported in their roles and that they had received supervision and an annual appraisal. Records showed that supervision and appraisals had been inconsistent for some staff until recently when we could see that frequency had improved. One staff member said, "My development has been supported, we can tap into a lot of training provided by the Trust (Sussex Partnership NHS Trust) and we can attend board meetings if we want to." Another staff member said, "I felt that I needed some training in leadership because I am now carrying out supervisions. There was no problem in accessing this."

Staff told us they felt communication within the home had improved. One staff member said, "We have regular staff meetings which are good and informative and we have a daily flash meeting with clinical staff and the senior team." Staff told us that they felt able to raise issues at team meetings and that their views were welcomed. One staff member said, "We can bring up concerns, complaints and suggestions from relatives, residents or staff." Another staff member said, "I have no fear of saying anything that will step on someone's toes."

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.

Staff had a firm understanding of the principles of the MCA. Two areas within the home were dedicated to people who were living with dementia. People had mental capacity assessments recorded and where appropriate DoLS applications had been submitted and agreed by the local authority. Some DoLS applications had been authorised with conditions attached. Records confirmed that the conditions had been met. Staff understood the importance of ensuring that people who lacked capacity to make certain decisions had someone to represent their views. Where some people had representatives to make decisions on their behalf, records confirmed that they had the legal authority to do so. Some people did not have family or friends who can represent them and an IMCA (Independent Mental Capacity Advocate) had been engaged by the local authority to ensure that decisions were being made in the person's best interests. Staff were aware of this arrangement and understood the IMCA's role in relation to the person they were caring for. Throughout the inspection we observed that staff were seeking consent from people before providing care. We heard staff asking people, "Is it ok if I help you with that?" and "Would you like me to do that?" We observed staff assisting a person to move and noted that they checked with them before starting the process, explaining what they were about to do and making sure the person was happy for them to go ahead.

People were supported to have enough to eat and drink and most people spoke highly of the food. Staff offered people choices and people told us that there was a good variety of food on offer. One person said, "I'd say there is quite a bit of choice and I generally enjoy what they give me." Another said, "You get a choice, they have roasts Thursday and Sunday but it's always different. Fish and chips every Friday, there's a few things they keep the same because residents like it." A third person said, "The food is very good and you get big portions, I often can't eat it all." A relative told us, "We have eaten here before, the food is brilliant." They went on to say that there was a weekly menu available and they could tell staff if there was something on it that they knew their relation didn't like. A relative told us, "They have a separate survey about the food and they do ask residents what they like."

People told us that they were offered drinks and snacks throughout the day and evening and they could ask a staff member if they felt hungry. One person said,
"There's food all times of the day, you could eat too much easily. In the mornings and afternoons they provide things like cakes and pizza and pretty good quality ones too. They make them home-made. I like flapjacks and date and walnut cakes, things like that and they do them." Throughout the inspection staff were seen to be checking that people had drinks and offering encouragement and support to ensure people had enough to eat and drink. We saw that one staff member checked if the person they were helping was sitting in a safe position and that they had everything they needed to hand before starting to help the person with their food. They chatted to the person about the meal, checking that they were ready before offering more food and giving the person plenty of time to eat. Some people were eating in the dining area and other people had chosen to stay in their rooms. We observed the meal time experience of some people in a dining area. The table was set attractively and staff were on hand to support people. The atmosphere was cheerful with staff and people interacting and chatting together, there was lots of laughter and people were clearly enjoying the experience. Staff made sure people had everything they needed and checked that they had

enough to eat and drink. One member of staff sat down at the table and chatted to people while they had their meal.

Some people had been assessed as being at risk of malnutrition and dehydration. Records showed that appropriate advice had been sought where people had specific risks such as swallowing difficulties and some people were receiving a pureed diet. Nutritional care plans were in place to guide staff in how to support the person and their weight was monitored regularly. One person had been identified as having unplanned weight loss. Their care plan included guidance in encouraging them to eat and drink and also providing them with nutritional supplements and snacks between meals such as milkshakes to increase their calorific intake. Reviews of their care plan and weight monitoring showed that the person had regained the weight they had lost and was now maintaining a stable weight. One person told us that they had been supported to gain weight since coming to the home. They said, "I lost a lot of weight when I was in hospital. I was so depressed when I first came here that I didn't want to eat. The staff have been amazing, encouraging me at every opportunity, telling me I've got to get stronger, I am now back to my normal weight again." A staff member told us that some people who were living with dementia were at risk of malnutrition and specific risk assessments had been completed to identify this. The staff member said, "We bring snacks in regularly because some people eat better when grazing during the day rather than when they have a sit-down meal. We leave plates with small snacks around the place and they just help themselves. Staff remind and encourage people to have something but often they just help themselves when they notice the food is there. That's made a big difference for some people."

People were supported to access the health care services that they needed. People told us that their health needs were met. One person said, "The doctor comes to us when we need them. The optician comes to us too." Another said, "I go to my own dentist and optician." A third person said, "If I don't feel well I only have to mention it to the staff and they get the nurse to come and they ask the doctor to check me." A relative said, "We needed to get an Occupational Therapist (OT) in so the home did a referral and the OT came in and it was for a piece of equipment. We've also had a physio-therapist, as soon as (relation's name) came in they did assessments and requests for physio. Everyone has been involved." Records confirmed that referrals were made quickly when people's needs changes. For example, one person had developed an infection and staff had noticed a change in their behaviour and contacted the GP. Another person had developed some swelling and redness on their leg and this was noted in their records. Staff had relayed the information to the nurse on duty who had asked for a Tissue Viablity Nurse (TVN) to visit and advise. A relative told us that staff had supported their relation with a referral to a Speech and Language Therapist (SALT), they told us, "Staff are good at resolving issues and getting the right people in. They have also brought the palliative care team from the local hospice in to talk to me."

Two areas of the home were designed for people who were living with dementia and some areas were designed for people who were using wheelchairs or mobility scooters. People told us that they were happy with the decoration and design of the building. One person, who used an electric wheel chair, had a flat on the ground floor. They told us, "I needed room for a workstation and to be able to move around easily. They cut back two walls so that I can move around more freely and provided space for a shower room too." Another person who also used a wheelchair said, "I can ride round the building, out into the garden on my machine." A relative told us, "It's so flat everything is very accessible, if it's a nice day you can go out into the garden, everything is on the same level." A number of dementia friendly features had been introduced in the dementia care unit including coloured doors to make it easier for people to identify the bathroom and memory boxes situated outside people's bedrooms containing items that would help them to recognise that this was their room. A vintage style television was in one area playing programmes relating to bygone years. Some areas had been designed specifically for the needs of people living at the home. For example, one person who was living with dementia had been used to going out to post letters. A post box had been

situated in the garden to enable them to continue this in a safe environment.  Another person who was living with dementia enjoyed working with tools and undoing nuts and bolts. A staff member told us that this was related to their previous occupation. A board had been provided with a range of nuts and bolts, pipes and sandpaper attached. It was fixed to a wall and enabled the person to continue this occupation when they wanted to.

The garden had been adapted to make it safer and easier for people to access and sensory plants and objects had been added to provide stimulation and interest. A large garden room had been built and staff told us it was used for a number of purposes including providing a space for people to have parties with their family and friends. Other events had included turning the room into a tea room for people to enjoy, setting it up as a shop and making it look like a country pub serving drinks and food. Staff spoke enthusiastically about the enjoyment that people had from using the garden room.

Good

# Is the service caring?

## Our findings

People spoke highly of the caring nature of the staff. Their comments included, "They are lovely, they are very caring and they don't rush you and that's very good for such a large home." "They're very caring, they're professional. They make you feel at ease." "The staff are lovely, really respectful, patient and caring." People's relatives also told us they were happy with the care provided. One relative said, "We couldn't have imagined them to be this happy and settled and she's only been here a few months." Another relative told us, "I have stayed the night here before and they (staff) are very good." Staff knew people well and spoke about them with affection. One staff member said, "The people living here are all very nice and it brightens my day when I can do something to help them."

One person told us, "The staff know me well now and understand me." They went on to talk about one particular staff member saying, "She is very, very, kind and she has a lovely way with her. If I am having a bad day and feeling angry, she calms me down. I can tell her my problems and she always listens to me." Another person described the staff as, "All very good, helpful and kind. They know I have a sweet tooth and often ask if I want an extra pudding." A third person told us they were happy with the care, saying, "It's perfectly fine, the care side of things is done very well." A further person told us, "They ask if I'm happy and they really care. I believe they know me as well as they can. It's a large home so I must let them get on with their job. But really I get on with the staff like a house on fire." Staff had time to spend with people and took opportunities to engage with them. One relative told us, "(Person's name) does like to chat to people, the minute he's outside they're all saying hello to him and having a chat. They're really, really busy but they understand it's important to have a chat."

People were relaxed with the staff and we observed many positive interactions. For example, one person was talking to a staff member about their concerns regarding a decline in their mobility. The staff member was reassuring and kind, they knelt next to the person's chair and told them, "You have been making really good progress, it probably feels like small steps but it's all in the right direction." The person was clearly encouraged by this, they told us, "The staff are good at building up my confidence and helping me to remain independent." Another person spoke highly of the staff. They told us, "The staff are all brilliant, they go out of their way to make me feel comfortable, even the cleaners are lovely and always have a chat with me." We heard people laughing and joking with some staff members. One person said to us, "All the staff are good fun, we have a lot of laughs together."

People told us that they were involved in planning their care and that their relatives were included if they wanted them to be. One person said, "My care plan is reviewed, they come and speak to me about it, they did a month ago." Another person told us, "They always run things past me, so I can make decisions about how I need to be supported." A relative said, "We've had one main review of the care plan and I think we are on schedule to have them every four months." Another relative said, "The care plan was done just after she came in and I was quite extensively involved with that, we've had two reviews since then." Records confirmed that people's views were included in the care planning process. For example, some people's records included a daily routine that specified their preferred time of rising and particular routines that were important to them. People had signed their care plans if they were able to. Care plans guided staff to offer

people choices and to maintain their independence and control. One care plan stated, 'Ask if (person's name) would like to phone their relative/friends.' Another care plan for support with moving around stated, 'Mobility can be variable so ask how they wish to be supported and provide options.' One person told us that they had shown staff the best way to support them when being moved with the use of a hoist. They said, "The staff are all trained but I know the easiest and most comfortable position for me, when they are putting the sling on. One carer said to me, "You're in charge, we'll do it your way." They listened to what I told them and it's less painful now."

Staff treated people with dignity and respected their privacy. One person said, "They are very respectful, I like being in my room so they give me the privacy that I want." Another person told us, "The staff are very polite, there's never any rudeness, they treat me with absolute respect." A relative said, "They don't just barge in, they always knock on the door and always ask if it's alright. And they always leave if we're talking or ask if we want them to leave, we don't usually we're fine." People's personal information was kept in locked cupboards to ensure confidentiality was maintained. Staff said they were mindful of keeping people's information private. One staff member said, "Some people who live here like to know what is going on and we have to be really careful when we are talking about people's needs to make sure we protect them." Another staff member said, "We are all very careful not to breach people's confidentiality, we don't talk to them about other people and their needs." People were wearing clothes of their choice and this supported their dignity. One person had curlers in her hair, they said that the staff regularly helped them to wash their hair and put the curlers in, this was included within the person's care plan. Another person had bright nail varnish and was wearing jewellery that matched the colour of their jumper. Staff told us they liked to "Look nice, and to be co-ordinated," and their care plan stated, 'Likes to wear jewellery to match her outfits.'

Staff supported people to retain their independence. One person was able to work full –time and told us, "I don't want to spend my day being taken care of, I want my care out of the way so that when I start work I can be left alone to do my job." Another younger person told us, "I felt out of place in a care home to start with but the staff are lovely and they go out of their way to chat and make me feel comfortable. They recognise that I am younger than most people here, for example they know I need wi-fi for my tablet."

People were supported to follow their faith. Two people had been supported with a special diet to meet their religious or cultural needs. A local church provided support with a service on a weekly basis and people knew about this and told us they enjoyed attending. One person said, "I'm ever so glad they hold one here. They make sure I don't miss it and always come and collect me." One person had been supported with end of life care and staff had worked with their religious representatives to ensure they recorded the person's wishes appropriately.

Good

# Is the service responsive?

## Our findings

People and their relatives told us that the care they received was personalised to their needs. Those people who were living in the home on a permanent basis had detailed care plans in place which included background information about their personal history. Staff told us that this helped them to develop relationships with people. One staff member explained, "I know that (person's name) used to like visiting gardens and we often go for a walk out in the garden here and talk about the flowers." We noted that when this person showed signs of agitation and anxiety the staff member reassured them and began talking to them about the garden, saying "Let's go and have a look at that beautiful garden." The person responded and became calmer straight away.

Care records included information about people's preferences and things they liked. Including programmes on the TV, types of music and specific activities that were important to people. One person's life story section included information about their 'passion for painting, classical music and singing in a choir.' We noted that classical music was playing quietly in their room and daily records showed that staff had regularly encouraged the person to attend musical activities at the home. Another person told us that their care and support was provided at times that suited them. For example, they had their main meal in the evening and not at mid-day because this was their preference. The care plan confirmed this.

Some people were living at the home on a temporary basis either to prevent, or recovering from, a hospital admission. Their care records contained less information about their life history but staff told us that this was a proportionate approach as some people were able to move on within weeks of being admitted. One person told us, "I hope to be going home soon, I am just waiting for some adaptations to be made." We asked people if they had enough to do. One person said, "I keep myself busy with magazines and a bit of colouring, I don't tend to join in with the activities but that's my choice, the staff tell me when something's happening and I can go if I want to."

People told us they enjoyed the activities on offer at the home. One person said, "They do a lot of activities, and some of them are really good activities. They had a man who played bagpipes. That was brilliant; he was great, full Scottish dress and bagpipes." A relative said, "They've got two amazing activities coordinators who are brilliant. It's their job to think of things to keep people stimulated which they do." We saw that in the downstairs lounge people were occupied with a craft activity during the afternoon. There was a weekly activities schedule which changed over the month to provide a range of activities including outings, clubs, art and craft, exercise and music sessions. People and their relatives spoke highly of the organised activities. One person said, "I like all the arts and crafts because it keeps me occupied, we do painting and making things with clay. We have pamper-sessions and they do your nails. Entertainers come from outside." A relative told us, "There's an activity every day. They get everyone involved, in the dementia unit there's a sensory garden, they do a gardening group and they grow vegetables. They were just picking the radishes the other day." Another relative said, "They do outings in the summer; I'd say it's probably about every 2-3 weeks, every time it's a different group of people that go from the home. They ask us if we have any ideas on places to go." Another relative said that they had gone with people on outings, they told us, "I loved it because it meant that I got to spend more quality time with (relation's name)."

Throughout the inspection we saw that people were occupied and staff were able to spend time with them. In the dementia unit one staff member was allocated to be a "companion." Their role was to spend time with people to ensure that they were supported if they became anxious. Staff told us that this was making a difference and we saw that the companion was spending time encouraging people with their chosen activity and supporting people who showed signs of anxiety or distress. A relative spoke about their relation who had advanced dementia and was in bed most of the time. They said, "I see people sitting there when I come to visit, I've seen the activities people talking to her and reading to her and its really sweet, they do a lot of massages and she loves that." Another relative told us that their relation had benefited from an exercise class, they said, "Once he gets interested in something he can be part of it. He enjoyed the keep-fit."

People and their relatives told us that staff were responsive to changes in people's needs. One relative described how their relation's needs had changed saying, "When their needs changed dramatically we had to think differently about how best to support her. I met with (deputy manager) and discussed the care plan. They are receptive to ideas and suggestions." Another relative described being involved in regular reviews as their relation's needs changed and they could do more for themselves. They told us, "We have been reviewing the care plan as things changed. They've given him more things to do himself and we've taken him home a few times, their enthusiasm for it has made it less of a challenge." Records confirmed that care plans were reviewed regularly and when people's needs changed. For example, one person's health had deteriorated and their care and treatment plan had been adapted following a review meeting with the person's legal representative. Another person who was living with dementia had a care plan to support positive behaviour, this guided staff in how to assist the person to manage behaviour that could be challenging. Staff had identified possible triggers following an incident of this behaviour and a review of the care plan had been undertaken to adjust the guidance for staff.

People and their relatives said that they were supported to maintain relationships that were important. One person said, "My son visits every day, they always make him welcome." Another person said, "I have a lot of visitors at different times, they tell me the staff keep them informed of my progress." A third person told us, "My family come every weekend. If there are special occasions like Easter or Christmas they make sure you do what you normally do during those occasions." A relative told us, "They do all these little things, as a family you don't feel alienated and as a resident it just keeps you occupied." Another relative said, "When they had their anniversary they made a cake, I know dad doesn't eat but it's the little things, the small touches. Dad's got his 90th birthday coming up so they've been really helpful with us to sort something out for us, to celebrate." A third relative told us that staff were good at helping family members to remain involved, they gave an example saying, "They've got a village fete coming up, it's a whole afternoon and they will involve all the families, they are good at that." Staff told us that one person had been supported to use a computer so that they could maintain contact with their family who lived abroad.

The provider had a formal complaints system and records were kept to show the response following a complaint. Complainants received a written response within a short time explaining what actions had been taken to resolve the issue. People and their relatives told us that they knew how to complain and would feel comfortable to do so. One person said, "I haven't had any complaints. If I did I could talk to any one of the staff here." Another person said, "I really haven't had to complain, but instead I've written down my compliments. If I like the food or if someone has been nice and kind to me I'll write it down." A staff member told us that compliments were used to identify learning from good practice. A relative told us that they had raised a complaint by writing to the deputy manager. They told us that they had been invited to attend a meeting to discuss their concerns which were "taken very seriously." Another relative said, "I absolutely feel comfortable to raise anything with them." They went on to describe an issue that they had brought to the attention of the deputy manager they explained, "I had an email back within an hour. When I came in I could see the change, so it was pretty instant." A third relative said, "If I have a concern they respond

instantaneously."

Requires Improvement

# Is the service well-led?

## Our findings

People and their relatives spoke highly of the management of the home. One person said, "They're good, it runs well, I can't say anything bad about it." Another person said, "They do really well on the management side." A relative said, "It's brilliant; if ever anything comes up we go straight to the nurses or the staff. They take everything very seriously, and they hold a meeting. They'll say how can we change things to suit your needs?" Another relative told us "We are very happy with the home and the way it's run." Despite these positive comments we found some areas of practice that needed to improve.

There were systems and processes in place to monitor quality within the home but not all the systems were effective. Some risks to people were not being effectively managed and this had not been identified through management systems. Records were not always complete and accurate and this meant that the provider could not be assured that some aspects of care were being provided safely. The provider took immediate action to address these concerns including introducing an additional monitoring system. Although we have not judged this to be a breach of the regulations, as the monitoring system was not yet embedded and sustained we have identified this as an area of practice that needs to improve.

The deputy manager had oversight of the overall quality of care within the home. They were knowledgeable about each area of the home and able to talk in detail about the needs of individuals living at Lindridge. Incidents and accidents were recorded and analysed for emerging patterns. A new computer system was being introduced to help with this analysis and staff explained that this enabled trends to be more easily identified. For example, it had been found that there was a higher incidence of falls at a particular time of day, this had been identified as a common break time for staff and resulted in some staff being asked to take their break at a different time. This action had reduced the occurrence of falls.

People and their relatives told us they had been asked to complete a survey about care standards at the home. They told us that they were regularly asked for feedback on a more informal basis. One person said, "They've got papers outside the office; you just fill it in and pop it in the box." The deputy manager told us that once the questionnaire was analysed any actions would be added to the overall action plan to take forward developments. An example given was that some people had made some negative comments about food that was provided. This had resulted in restructuring within the kitchen and a review of the arrangements for providing food. The Interim Associate Director for Operations told us that, following the restructure, further quality assurance checks had provided positive feedback about the improvements.

The deputy manager was acting as manager in the absence of the registered manager. They described being supported by the management team and the provider's senior managers. Leadership in the home was visible at all levels .There was a clear leadership structure with clinical leads, team co-ordinators and senior carers, supporting care staff. Staff understood what was expected of them. The deputy manager said that the provider had allocated resources to enable improvements in the environment such as refurbishment of the sensory garden. Staff also spoke highly of the management team and described an open culture where they felt able to raise issues. One staff member said, "It wasn't always the case before but now we have a really open atmosphere here, and you can say what's bothering you." Staff meetings were held regularly and

notes showed that staff were contributing to discussions as well as receiving information.

Staff were consistent in their views on the deputy manager, one staff member said, "She listens and takes actions. Her finger is on the pulse and she's not afraid to get on the floor and help out." Another staff member said, "She's brilliant, flexible, if you've got an issue she'll sort it out", a third staff member said, "She's always around and is easy to talk with and she's committed to what she's doing." People also described the deputy manager as visible and approachable.

Staff were clear about the vision and values of the service. One staff member spoke with pride about recent improvements at the home, describing how this had improved the person- centred nature of the home. Another staff member told us that they felt valued and that their ideas were listened to. They said, "If it enhances the lives of people living here then the managers listen." Another staff member told us, "We want to provide excellent care, we want to develop and be outstanding, particularly for end of life care."

Staff had made good links with the local community including local faith groups, schools and a range of health and care professionals who visited the home regularly. The deputy manager described some difficulties that had been experienced with the local pharmacy and spoke about arrangements that had been put in place, including having one contact person to enable improved communication.

People said communication at the home was good. One person said, "We have resident's meetings once a month. You get your chance to say something." A relative also spoke about the resident's meeting saying, "Even tiny things we can always bring it up. It's always interesting to find out about staff recruitment and whatever's going on." A newsletter was also produced and people told us it was a useful communication tool. One person said, "It lists what's been going on for the whole month, puts everyone's birthdays, every activity. It tells you about things you might have missed which is really useful."

The acting manager was aware of the need to submit notifications to us, in a timely manner, about all events or incidents they were required by law to tell us about. They were aware that some DoLS notifications were outstanding and confirmed that action was being taken to ensure these were submitted. There was a policy and procedure on people's responsibility under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people), when things go wrong with care and treatment. The deputy manager demonstrated an understanding of their responsibilities.

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<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks were not effectively managed to protect people from the risk or potential risk of infection. |