

H & L Care Limited

Lindhurst Lodge Residential Home

Inspection report

Lindhurst Road
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Barnsley
South Yorkshire
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Date of inspection visit:
27 July 2022
29 July 2022

Date of publication:
01 September 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lindhurst Lodge Residential Home is a care home which provides personal care to up to 37 people. The service mainly provides support to older people and people living with dementia. At the time of our inspection there were 26 people using the service.

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

People felt safe using the service. There were enough staff to keep people safe and deliver personal care in a timely manner, however staff did not have enough time to support people to take part in regular activities that were of interest to them. We have made a recommendation about the daily activity provision in the service.

Staff were kind and caring. People were supported by staff who knew them well and encouraged them to remain involved in decisions about their care. 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.

People gave mixed feedback about the food provided by the service. Most people told us the quality of the food needed to improve. People and their relatives also wanted the provider to refurbish the home's environment, as some areas of the service looked tired and outdated. The registered manager had a refurbishment plan in place to gradually improve this.

People's medicines were managed safely, and suitable infection prevention and control measures were in place. Risks to people were assessed and kept under regular review. There were systems in place to learn from any accidents and incidents, to reduce the risk of them happening again.

People received care in line with their wishes. Staff were given clear information about how to communicate effectively with each person. People told us staff treated them well and respected their preferences. People and their relatives knew how to make a complaint if they needed to and the provider had a suitable system in place to act on any complaints they received.

The provider and registered manager regularly completed a range of checks on the service to support the service to improve. Some of these checks were effective and improvements had been made. However, the provider's audit system needed to be more comprehensive to ensure all areas of the service were kept under review and there were no missed opportunities to improve the service further.

The service had a friendly, welcoming atmosphere. Staff enjoyed their jobs and received training and supervision to support them in their roles. There were systems in place to ensure the service was open and transparent with people. Some improvements were needed in this area to ensure the provider's duty of candour policy, which is about being open and honest, was consistently followed.

Staff had opportunities to provide feedback about the service to support it to improve. People and their relatives had not been given enough recent opportunities to share their ideas and views about the service, though the registered manager agreed to address this. Staff worked closely with other organisations and community health professionals. Health professionals who visited the home told us staff contacted them in a timely manner and listened to their advice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

There was a change in the provider of this service on 2 November 2020. This was the service's first inspection since the change in provider.

The last rating for the service under the previous provider was requires improvement (published on 14 September 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the key question of 'is the service safe?'. 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.

Recommendations

We have made a recommendation about the daily activity provision in the service.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Lindhurst Lodge Residential Home

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 Act.

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

This inspection was completed by two 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 care service.

Service and service type

Lindhurst Lodge Residential Home 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. Lindhurst Lodge Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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, local clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

We spoke with seven members of staff including the registered manager, care staff and other ancillary staff. We obtained feedback from two community health professionals who visit the service, to obtain their views about the care people received.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection of this service under the previous provider we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. People's medicines records contained enough information to ensure staff supported them with the correct medicines, at the correct times.
- Staff were trained in how to manage medicines safely. Their competence to manage medicines was kept under regular review to ensure their skills and knowledge remained up to date.
- During a recent period of hot weather, the temperature of the room where medicines were stored had gone above the recommended temperature for safe storage of medicines. The registered manager had identified that a long-term solution was needed, to ensure the room could be adequately cooled during hot weather. Shortly after this inspection they confirmed air conditioning had been installed in the medicines room, to address this issue.

Staffing and recruitment

- There were enough staff on shift to keep people safe. Senior staff regularly reviewed the dependency levels of people living in the service and the registered manager used this information to help determine how many staff were needed for each shift.
- We observed there was a continuous staff presence throughout the service and people were able to obtain support from staff when they needed it. Staff told us there were enough staff on each shift to support people in a timely way.
- However, we observed staff did not have enough time to support people to remain meaningfully occupied throughout the day, by taking part in regular activities or social interaction. Please see the 'responsive' section of this report for further information.
- The provider used safe recruitment practices when employing new members of staff, to check they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems in place to protect people from the risk of abuse. All staff were aware of the need to raise any concerns immediately with the registered manager, so action could be taken to keep people safe. Staff were confident the registered manager would act on any concerns they raised.
- People told us they felt safe and their relatives confirmed they were satisfied their family member was safe at the service.

Assessing risk, safety monitoring and management

- People were protected from avoidable risks and their safety was promoted. People's care records

contained assessments which identified specific risks posed to them, and guidance for staff about how to manage those risks.

- Risks to people were kept under regular review and staff were knowledgeable about the action they needed to take to keep people safe.
- Staff completed regular checks of the building and the equipment they used, to ensure it remained safe. The premises and equipment had necessary safety certificates in place.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider facilitated visitors to the home in accordance with government guidance, so people could maintain their social relationships.

Learning lessons when things go wrong

- The provider had suitable systems in place to learn from any accidents or incidents. Accidents and incidents were recorded and analysed by senior staff, to try to identify the cause of each incident. This information was used to help reduce the risk of repeat events and to make continuous improvements to the safety of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection of this service under the previous provider we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Kitchen staff had access to written information in respect of people's dietary needs and preferences. Staff were aware of any foods people needed to avoid as they knew people well.
- We received mixed feedback about the quality of the food supplied by the home. On the day of the inspection, people did not like the lunchtime meal provided and there was no alternative offered to people. People told us, "The food quality depends on what they are cooking; it's not the best" and "Sometimes the food is bad. It wasn't nice today."
- When people were identified as being at risk of malnutrition, their weight and dietary intake was monitored. This supported staff to seek guidance from other health professionals in a timely manner, when concerns were identified with people's nutritional intake.
- Staff supported people to eat and drink enough to maintain a balanced diet. Throughout the day we observed additional snacks and drinks were made available to people.

Adapting service, design, decoration to meet people's needs

- The premises had been adapted to meet the needs of people using the service, including people living with dementia. Bathroom doors and doors to communal rooms had appropriate signage displayed on them, to help people navigate their way around the building. However, some people would have benefitted from further adaptations, such as a more effective system to support people to identify their own bedrooms.
- Some areas of the building looked tired and needed refurbishment. The registered manager had commenced a programme of refurbishment in respect of people's bedrooms which involved replacing the flooring, furniture and repainting the rooms.
- People and their relatives told us they would like the provider to improve the home's environment. Comments included, "It needs updating a lot" and "It's very basic here."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and a personalised care plan was created, so staff knew what care each person needed and when. People's needs were regularly reviewed, and their care plans were updated if their needs changed.
- People and their relatives were involved in the assessment and care planning process. This enabled staff to identify people's preferences and ensure their care was tailored to their individual needs and choices.

Staff support: induction, training, skills and experience

- New staff completed an induction to ensure they had the skills they needed to provide care to people. This included shadowing more experienced staff members.
- Staff completed training in a range of different subjects to ensure they had the knowledge they needed to deliver effective care. Staff were happy with the training they received. People told us, "The staff know what they are doing" and "The staff are trained. They are good."
- Staff received support and supervision to review their competence and consider ways they could continue to improve. Staff told us they felt well supported by the registered manager and senior staff members. They felt able to raise any concerns or questions with them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Health professionals who worked alongside the service confirmed staff knew people very well and they had a positive working relationship with the staff at the service. Staff's knowledge of people's medical and social histories supported them to identify and escalate any issues with people's health in a timely manner.
- Staff regularly sought advice from community health professionals such as the GP and district nurses. The health professionals we spoke with confirmed staff followed their advice. This supported staff to achieve good health outcomes for people.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before they provided any care and support.
- We were satisfied the service was working within the principles of the MCA. People's capacity to make certain decisions had been assessed, where appropriate, and best interest decisions were recorded in people's care records.
- Senior staff submitted appropriate DoLS applications, when necessary, to ensure the service had appropriate legal authorisations in place. Senior staff and the registered manager had oversight of which people were subject to a DoLS authorisation, whether they were subject to any conditions and when they were due to expire.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection of this service under the previous provider we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring and they treated people well. People commented, "The [staff] have helped me so much and encouraged me", "They are lovely, very kind and they will go the extra mile. I can ask them for anything and I know I will get it" and "Staff are always nice, polite and friendly."
- We observed caring and friendly interactions between people and staff. Staff told us they were supported to get to know people well and this enabled them to develop a good rapport with people.
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care

- People were afforded choice and control in their day to day lives. We observed people spent time in different areas of the service, in accordance with their established routines. People were supported to spend time in their own rooms if this is what they preferred.
- People had been asked about their preferences for receiving care and information about this was recorded in their care plans. People and their relatives told us senior staff discussed their care plans with them, to make sure they reflected their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff supported people in a discrete way when they needed assistance with personal care.
- People's care records explained what people could do for themselves and what they needed support with. This helped to promote people's ongoing independence. Any risks associated with this were assessed, so people could be supported to remain independent in a safe way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection of this service under the previous provider we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not supported to take part in regular activities to ensure they were meaningfully occupied each day. Everyone we spoke with told us there was not enough to do. Comments included, "There's no stimulation and no activity", "I watch TV mostly... I'd like to go out more often", "There's no activities; just TV" and "I make my own entertainment or watch TV."
- Staff were busy throughout the day and did not have enough time to support people with activities or social interaction. Although people told us staff responded to them quickly if they needed care, staff were unable to offer enough support and encouragement with activities as they had to focus on other tasks. The registered manager told us she would review staffing levels in response to this feedback.
- Staff had identified activities that were of interest to people using the service, such as gardening. However, the provider needed to take further action to ensure staff had enough time to support people to maintain their interests.

We recommend the provider seeks advice and guidance from a reputable source, about embedding and sustaining meaningful activity into the daily routines of people using the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person-centred and easy to navigate. They contained information about people's preferences and had been developed through discussions with each person. This supported staff to understand what care each person wanted and needed.
- People told us staff delivered care in line with their preferences. A person commented, "[A senior staff member] discusses my care with me and I say what I do and don't want."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met. Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.

Improving care quality in response to complaints or concerns

- The provider had a suitable system in place to ensure any complaints were appropriately recorded, investigated and responded to.
- People and their relatives knew how to complain and felt able to raise any issues or concerns with the registered manager and staff.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- People's care plans recorded any preferences they had in respect of the care they wanted to receive at the end of their life. This supported staff to provide personalised support to each person.

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 of this service under the previous provider we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had a suitable policy in respect of the duty of candour which explained what staff needed to do if certain types of incidents occurred. However, some aspects of the policy had not been fully implemented. People and their relatives had been informed of any incidents that had occurred, however this information had not been provided in a written format. The registered manager agreed to address this.
- Although some aspects of the provider's policy had not been followed, the service had an open and transparent culture. People's relatives confirmed staff contacted them to discuss any issues. Staff were confident any concerns they raised would be dealt with appropriately by the registered manager.

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

- The service had a registered manager who understood the regulatory requirements. Everyone we spoke with told us the registered manager was approachable and supportive.
- The provider and registered manager regularly completed a range of audits to assess the quality and safety of the service. These audits identified some areas for improvement and action had been taken to address these issues. However, the audits were not comprehensive enough to ensure all areas of the service were of a good standard. For example, people told us they were not always happy with the quality of the food and there were not enough activities to do. These issues had not been identified and addressed by the provider.
- The registered manager pro-actively provided information to CQC following any significant events at the service, as required by the regulations.

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

- People using the service and their relatives told us they had not recently been asked for any feedback about the home. However, they felt able to raise any concerns if they needed to.
- Feedback from people and their relatives had not been consistently obtained during the COVID-19 pandemic. This meant there had been missed opportunities to identify and act on the issues people raised during this inspection, such as the quality of the food and lack of activities. The registered manager confirmed this was something they were going to re-implement so people's feedback could be used to improve the service.

- Staff had opportunities to provide feedback about the service. They were able to share their opinions and ideas during supervision meetings, staff discussions or directly with the registered manager on a one-to-one basis.
- The provider had links with social care professionals and community health services so they could work in partnership with other organisations.

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

- The registered manager and staff were all keen to provide high-quality, person-centred care. We observed a friendly and welcoming culture within the home. Staff morale was positive, and they all told us they enjoyed their jobs.