

# Barchester Healthcare Homes Limited

## Lindum House

### Inspection report

1 Deer Park Way  
Lincoln Way  
Beverley  
Humberside  
HU17 8RN

Tel: 01482886090  
Website: [www.barchester.com](http://www.barchester.com)

Date of inspection visit:  
21 August 2018  
28 August 2018

Date of publication:  
22 October 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 21 and 28 August 2018 and was unannounced.

Lindum House provides both nursing and personal care for those who may have dementia or a physical disability. It is registered for 64 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection 55 people were receiving a service.

At our last inspection in July 2017, we rated the service requires improvement. At that inspection, we found that the building was not dementia friendly. We recommended the service seek advice and guidance from a reputable source about use of the Mental Capacity Act 2005. During this inspection we have found that the provider has met these requirements.

The service had a manager in place who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Medicines were managed safely and staff had a good knowledge of the medicine systems and procedures in place to support this. We found staff had been recruited safely and training was provided to meet the needs of people. Staff received regular supervision and appraisal and told us they felt supported in their roles. There was sufficient staff in place to meet people's needs.

Staff received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. Accidents and incidents were responded to appropriately and monitored by the management team. The service was clean and infection control measures were in place. People and relatives spoke positively about the clean and well-appointed environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care plans reflected people's current needs and were person-centred.

People's nutrition and hydration needs were catered for. A choice of meals was offered and drinks and snacks were made readily available throughout the day.

There was a positive caring culture within the service and we observed people were treated with dignity and respect. People's wider support needs were catered for through the provision of activities provided by an activity coordinator, volunteers and visiting entertainers.

There was a complaints policy and procedure which was available to people who received a service and their relatives. All complaints were acknowledged and responded to quickly and efficiently. The service sought feedback from people who received a service; feedback was positive.

There was a range of quality audits in place completed by the management team. These were up-to-date and completed on a regular basis. All the people we spoke with told us they felt the service was well-led; they felt listened to and could approach management with concerns. Staff told us they enjoyed working at the service and enjoyed their jobs. People spoke highly of the provider and they felt proud to work at the service. The service had built positive relationships with visiting professionals.

## 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.

People told us they felt safe living at the service.

People received safe support with their medicines.

People had risk assessments in place to guide staff in providing safe support.

Environmental checks had been undertaken regularly to help ensure the premises were safe.

There was sufficient staff available to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People's rights were protected under the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to meet their nutritional needs.

People received effective support from staff that had the skills and knowledge to meet their needs.

### Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the staff who provided care.

Staff were observed to be kind and caring in their approach.

People's privacy and dignity was respected at all times.

People were encouraged to remain independent.

### Is the service responsive?

Good ●

The service was responsive.

People had access to a range of activities suited to their needs and interests.

Care plans were person centred and covered a range of people's needs.

There was a complaints procedure in place and people felt confident about raising complaints.

### **Is the service well-led?**

The service was well-led.

There was a comprehensive system of audits in place to monitor the quality of service provided.

People were consulted and involved in the running of the service.

There was a registered manager in post who was supported by the wider organisation.

**Good** ●

# Lindum House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 21 and 28 August 2018. Both days were unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

We sought feedback from the local authority commissioning team and safeguarding.

During the inspection, we observed how staff interacted with people who used the service throughout the day and at meal times. We spoke with eight people who lived at the service, two care staff, two senior care staff, one activities coordinator, one chef, the deputy manager, the registered manager and the area manager. We spoke with one visiting professional. We used our Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records in full, containing care planning documentation and daily records. We also reviewed parts of other people's care records. We viewed the records for four staff relating to their recruitment, supervision and appraisal. We viewed records relating to the management of the service, including any audit checks, surveys and the provider's policies and

procedures. We completed a tour of the environment.

# Is the service safe?

## Our findings

People and their relatives told us they felt people were safe. Comments from people included, "Yes, I feel safe here. I have not really had any issues, no accidents or anything" and "Property here is safe." A relative told us, "I know people here are very safe. The staff and the manager have been excellent."

The provider had systems in place that ensured people's medicines were managed consistently and safely by staff. Medicine information had been included in people's plan of care and each person had a medication administration record (MAR) that staff signed each time they administered a medicine. Staff had received up to date training and followed best practice guidance. People told us they were happy with the administration of their medicines. One person told us, "I take lots of medication, the staff are always on time with it."

We looked at the recruitment records for four members of staff. These records evidenced an application form had been completed, references obtained and checks made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check to help employers make safer recruiting decisions.

We observed sufficient staffing was available to meet the needs of people, although at times staff were busy. People we spoke with told us, "Staff are pretty quick to answer the call bells here", "Staff are nice, they do listen but they are so busy they don't really have time to talk, but they always answer any queries" and "There is not enough time to chat, they are always up and down. I'm amazed by the amount of paperwork there is now." We spoke with the registered manager regarding staffing levels. The service used a dependency tool which monitored the needs of people and levels of staffing required to meet their needs. The service was staffed in line with this dependency tool. Staff that we spoke with felt that there was enough staff on duty but more would sometimes be beneficial. They told us, "Yes there are enough staff to ensure that people are safe" and, "If people have complex needs we do struggle with the staff that we have on duty." Staff told us that they have shared their concerns regarding staffing levels and the management always work with them to ensure that support is given where necessary. Staff we spoke with explained, "We all work as one big team, if we are needed to go upstairs and help then we do."

People's care plans included detailed risk assessments to identify and reduce risks to people. Risk assessments included; falls, access to call bells, risk of bed rails and tissue viability. Documents were individualised and provided staff with clear guidance.

Safeguarding and whistleblowing policies were in place at the service and staff we spoke with demonstrated knowledge of what to do if they had concerns. The local authority safeguarding team were informed when required and all events had been notified to CQC. We observed that the safeguarding log was up to date and information about local safeguarding procedures were easily accessible.

People's records were stored securely and access was limited to staff who required the information to carry out their roles. Staff understood the need to maintain people's confidentiality and told us they would only

share information discussed if the person was at risk of harm, abuse or required medical attention.

The implementation of infection control procedures ensured people and staff were protected from the risk of infection. Staff had access to Personal Protective Equipment (PPE). Regular audits and checks were in place. People told us, "The premises here are always clean and pleasant smelling" and "It's always a nice even temperature here and it is always nice and clean."

We looked at the processes that the service used to record and monitor accidents and incidents. We found that they were monitored to ensure staff followed the provider's policies and procedures and to consider any patterns emerging or additional actions to take.

There were arrangements in place to deal with foreseeable emergencies. Personal emergency evacuation plans were in place for everyone and documented the support people required to evacuate the building safely. Premises and equipment safety checks were regularly carried out such as those for installed fire alarms, electrical installation and gas.

## Is the service effective?

### Our findings

At the last inspection in July 2017, we found the service was not always effective and rated the effective domain as requires improvement. This was because the building did not meet the needs of people with dementia. We also made a recommendation regarding the Mental Capacity Act (MCA). During this inspection we found that the service had made improvements and the effective domain was good.

Since the last inspection the service had undergone some improvements. This included making the service more dementia friendly. Dementia friendly signage was used throughout the building. We observed that corridors had been themed and coloured to help orientate people with dementia and enable them to more easily identify their rooms. The premises were well-appointed and pleasant throughout and people's bedrooms were personalised. People could independently access areas of the home and enjoyed the outdoor area which included a large secure garden with seating and patio tables. One person told us, "The gardens are very nice, I sometimes go outside with my visitors."

Care plans clearly identified people's capacity to make decisions under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Records examined showed that any restrictions were deemed to be in the person's best interests and the least restrictive option. Through discussions with staff, they were able to demonstrate that they understood the principles of the Act. Staff showed us that they carried a pocket guide on the MCA around with them and they told us that there had been a focus on staffs understanding of the MCA since our last inspection.

Care plans showed people's needs were assessed and evaluated. Care plans gave information about people's diverse needs including their health needs and how they were to be addressed. Records detailed community health professional's involvement and relatives spoke highly about the communication between the staff and people's doctors. One relative commented, "The staff here are very good at organising GP visits. When my relative was very ill, they asked if I wanted them transferred to hospital. I said 'no' as they get better looked after here."

During the inspection we observed the meal time experience. People had choice in where they wanted to sit and what they wanted to eat and these choices were accommodated. People told us they were very happy with the food. One person said, "Food is good here, there is always a choice" and "The food is ok, you get a choice of two mains. Snacks come around with the tea trolleys. Cake, biscuits, crisps and fruit." For people who required support with their meal, this was provided in a patient and person-centred way that was reflective of their care plan. Relatives feedback about meal times were positive, comments included, "Food

here is very good; I often join staff for a meal. I always come here for Christmas dinner. My relative has to be assisted to eat, staff always show them the meal, what it looks like, how it smells. The staff will always do scrambled egg, omelette or whatever as additions to the menu."

New staff were supported to understand their role through a structured induction. Staff told us that the induction process was effective, "I was able to shadow more experienced staff for a few weeks, it was good." Following induction, all staff entered into an on-going programme of training which provided them with skills to meet the needs of people. The staff we spoke with were positive about the training provided and they felt supported by management. Comments included, "The trainer is great, they put posters up telling us when our training is due to be refreshed and when they are delivering face to face training, there was dementia training recently." Records showed staff received regular supervision and staff told us they felt that this was effective and supportive.

People and relatives felt staff had the right skills and experiences to do the job. Comments from people included, "The staff seem well trained" and "The standard of care here is very good." Relatives told us, "I think staff are well trained, they are very good here."

# Is the service caring?

## Our findings

People and their relatives confirmed that staff were kind and caring. We heard comments from people such as, "Staff are very kind and caring, very patient" and "I'm sure that the staff here care about me, they are always very kind."

The service had built open and trusting relationships with people and their families. Comments from relatives included, "Staff at Lindum House are so supportive of me. They have been so very caring. I feel staff here are like my family" and "The staff here are all very respectful of people and their relatives." One person told us, "I once reported a member of staff who was being disrespectful to a resident. The manager took them to task over it straight away, I have never seen it happen again."

The staff expressed positive values and a commitment to caring for people. One staff member told us, "We have the time to spend with people and their relatives and this is encouraged. We build close relationships and this makes us one family." Another staff member told us, "We become family with people here, I call one person 'Nanna' and another 'Auntie', they know we are only joking but it means so much to them."

People's privacy and dignity was respected and promoted. Examples of this included that staff knocked on doors, ensured doors/curtains were closed when people were changing and stood behind doors (if suitable) whilst supporting with personal care tasks.

People's independence was promoted through the care they received. Detailed care plans recognised people's abilities and skills and ensured staff encouraged and supported people to maintain their independence. People confirmed that staff promoted their independence where they could, one person commented, "I am independent in most things, but staff do help me have a bath." One relative told us, "My relative hasn't been here long and they use technology to maintain their independence. Connection to their iPad was quick so they can maintain contact with their friends. The management are getting an I.T. technician in next week to adapt lights in their bedroom so they can control them from their iPad. This will help maintain their independence."

People's friends and relatives were welcome to visit, there were no restrictions on the amount of time they could spend at the service. People we spoke with said, "My family can visit at any time, they are always made most welcome" and "Visitors are always made welcome, staff offer them tea or coffee."

People's cultural and religious needs were considered when support plans were developed. People told us that they felt as if they were treated equally saying, "I think everyone gets treated the same here" and "There is no discrimination here at all." The management told us of connections they had with local religious groups and a number of religious leaders attended Lindum House on a regular basis to deliver services.

People were supported to communicate in accessible ways which met their needs; this included the use of verbal and non-verbal communication, including facial expressions and body language. Communication was reflected in people's care plans and we observed staff were effective in communicating with people.

Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. At the time of the inspection one person was using the services of an advocate. Advocacy services were advertised and on display within the service.

## Is the service responsive?

### Our findings

People and their relatives were involved in the development of their care plans. One person told us, "I make all the decisions about my care and I am involved in all my reviews." A relative commented, "Yes, we absolutely had full involvement in setting up my relative's care plan." Plans complied with the accessible information standard through asking, recording and sharing communication needs people had.

Care plans were person-centred and contained information, which informed staff on how best to meet people's individual needs. This included assessments of daily living and need, risk assessments and activity plans. A daily record was completed by staff who recorded any support given, places visited, healthcare professionals consulted, charts on intake and weight. There were also copies of psychological assessments, other baseline assessments and local authority assessments and support plans. Information was reviewed and evaluated to ensure they were responsive and met people's current needs.

The provider was responsive to concerns or complaints raised since the last inspection. There had been six recorded complaints since January 2018. All complaints had been dealt with quickly and effectively with actions taken where necessary. People who we spoke with felt comfortable that they knew who to complain to, comments included, "I know how to complain but never had to" and "I would speak to the manager if I needed to complain but I have never needed to make a complaint."

People were enabled to engage in activities, both within their home and in the local community. The service had an activities coordinator who arranged a variety of activities to accommodate people's preferences. Activities on offer included arts and crafts, bingo and gardening as well as external entertainers such as singers, exercise classes and therapy dogs. The service had built close connections with the local schools and we saw pictures of school children and a donkey attending at Christmas to sing Christmas carols. The provision of activities was supported by two volunteers.

During the inspection we observed an activity. The person delivering the activity was skilled at engaging everyone in the room and guiding discussions to include a variety of subjects and reminiscence to suit everyone. The activities coordinator spoke about community visits that the service arranged, this involved lunch in garden centres, trips to the cinema and trips to Hull Fair. Relatives felt people had access to sufficient activities and one relative commented, "My relative is involved in activities if they want to." One person told us, "I like to watch football on television." We heard how the small lounge had been transformed into a football lounge during the world cup so that people who were interested could watch the games in there.

One relative commented, "The staff are very responsive, they collected my relative's equipment from home, they got it a Portable Appliance Test, so that they can use it here to enable them to engage in activities."

People's end of life preferences were individualised and included the person's religion and funeral preferences.

# Is the service well-led?

## Our findings

At the last inspection in July 2017, we rated the well-led domain requires improvement. Audit checks had not identified the concerns that we found during the last inspection. We looked at the governance systems in place during this inspection and found improvements and now the domain is rated good.

People spoke highly about the deputy and the registered manager. Comments included, "The management keep me well-informed. I believe them to be honest, I have no complaints."

All of the staff we spoke with felt able to approach the registered manager and said there was an open-door culture in the service. Staff told us, "[Name of registered manager] is a lovely manager, they are approachable, kind and have a heart of gold" and "If I had a problem the registered manager would stop and listen. When I have shared things before she has taken things seriously."

The service demonstrated that it listened to people to improve the service on offer, through holding regular meetings for people and their relatives. People told us that they felt informed about the service, one person told us, "The managers talk to me, they tell me what is going on." Feedback from people, their relatives and staff was sought through meetings and annual surveys. Surveys completed in 2017 returned positive feedback for the service and the staff team and were displayed in communal spaces. The people and relatives survey returned high scores of 100% in questions including; Staff treat me with kindness dignity and respect, staff understand me as an individual and keeping relatives informed.

The registered manager had good communication with the staff team. Staff told us they had been consulted with, and we saw minutes of regular staff meetings and manager meetings. Topics included outcomes from previous meetings, audits, training and changes staff needed to know about regarding people's individual needs. Separate focused meetings were recorded including, nutrition, hospitality, health and safety and seniors/nurse meetings. It was evident from the minutes of the meetings that staff members were encouraged to participate and engage in the discussions.

We found that leadership within the wider organisation was visible at different levels. During the inspection we met with the area manager. It was clear that they visited the service on a regular basis as people recognised them and felt comfortable to approach and speak with them. Staff we spoke to told us they felt valued by the provider. One staff member commented, "You can't beat Barchester, you get looked after, there are opportunities here and I feel valued as an employee."

There was a culture of continuous improvement and the registered manager was supported with this by the deputy manager and area manager. There was a quality monitoring system in place to help monitor and drive improvements to the care that people received. The management team completed a large number of weekly and monthly internal audits to ensure that they understood what was happening directly with people and establish how they could learn from any mistakes made. Checks were completed by the area manager who also reviewed the management audits and actions identified.

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. We found the provider had submitted the appropriate notifications which meant we could check appropriate action had been taken. Discussions confirmed the registered manager was clear about these requirements.