

Galleon Care Homes Limited

Lindsay Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection at Lindsay Hall on the 18 and 20 March 2015. Breaches of Regulation were found. As a result we undertook an inspection on 11 and 15 September 2015 to follow up on whether the required actions had been taken to address the previous breaches identified. We found improvements had been made and these will need to be embedded to ensure they are consistently met.

Lindsay Hall provides accommodation and nursing care for up to 38 people living with differing stages of dementia who have nursing needs, such as diabetes and

strokes. Lindsay Hall Nursing Home is owned by Galleon Care Homes Limited and has two other homes in the South East. Accommodation was provided over three floors with a passenger lift that provided level access to all parts of the home. People spoke well of the home and visiting confirmed they felt confident leaving their loved ones in the care of Lindsay Hall Nursing Home.

You can read a summary of our findings from both inspections below.

Comprehensive Inspection March 2015.

Summary of findings

We inspected Lindsay Hall on the 18 and 20 March 2015. There were 29 people living at the home on the days of our inspections.

People and visitors spoke positively of the home and commented they felt safe. Our own observations and the records we looked at did not always reflect the positive comments some people had made.

People's safety was being compromised in a number of areas. Care plans did not reflect people's assessed level of care needs and care delivery was not person specific or holistic. We found that people with specific health problems such as diabetes did not have sufficient guidance in place for staff to deliver safe care. Risk assessments to promote people's comfort, skin integrity and prevention of pressure damage had not identified when necessary equipment such as beds and chairs were not suitable for individual people. The provider was not meeting the requirements of the Mental Capacity Act (MCA) 2005. Mental capacity assessments were not completed in line with legal requirements. The delivery of care suited staff routine rather than individual choice. The lack of meaningful activities at this time impacted negatively on people's well-being.

The dining experience was not a social and enjoyable experience for people. People were not always supported to eat and drink enough to meet their needs.

Quality assurance systems were in place but had not identified the shortfalls we found in the care delivery. Staff had not all received essential training and specific in dementia and challenging behaviour to meet people's needs. We also saw that many people were supported with little verbal interaction and many people spent time isolated in their room.

People's medicines were stored safely and in line with legal regulations. People received their medicines on time and from a registered nurse. However we found poor recording of topical creams, dietary supplements and as required medication.

Comprehensive Inspection September 2015.

We inspected Lindsay Hall on the 11 and 15 September 2015. There were 19 people living at the home on the days of our inspections.

After our inspection of 18 and 20 March 2015, the provider wrote to us to say what they would do to meet legal

requirements in relation to care and welfare, assessing and monitoring the quality of service provision, respecting and involving people and meeting people's nutritional needs.

We undertook this unannounced inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found significant improvements had been made and they had met the breaches in the regulations.

A manager was in post and has submitted their application to CQC to be registered. Senior managers of the organisation support the manager and have spent time in Lindsay Hall observing care delivery and have fed back to the manager and staff. Staff felt that this was really positive and welcomed the feedback. One staff member said, "To have constructive criticism is really helpful, It means we are important to the organisation, I feel valued." Staff confirmed there was always someone to approach with any concerns or worries.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked reflected the positive comments people made.

We found that whilst the management of medicines was safe, we observed poor practice in the administration and recording of lunch time medicines for three people. Action was taken immediately. This is an area that needs improvement.

Care plans reflected people's assessed level of care needs and care delivery was person specific and holistic.

The delivery of care was based on people's preferences. Care plans contained sufficient information on people's likes, dislikes, what time they wanted to get up in the morning or go to bed. Information was available on people's preferences.

Staff we spoke with understood the principles of consent and therefore respected people's right to refuse consent. All staff working had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were consistently recorded in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted and there was a rolling plan of referrals in place as requested by the DoLS team.

Everyone we spoke with was happy with the food provided and people were supported to eat and drink

Summary of findings

enough to meet their nutritional and hydration needs. People received a varied and nutritious diet. The provider had reviewed meals and nutritional provision with people, the chef and kitchen and care team. The dining experience was a social and enjoyable experience for people..

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles. People previously isolated in their room were seen in communal lounges for activities, and meal times and were seen to enjoy the atmosphere and stimulation.

Activity provision was provided throughout the whole inspection and was in line with people's preferences and interests. Staff had worked together to provide an environment that was colourful, comfortable and safe. There was visual and interactive stimulation available in

corridors and communal areas that people engaged with supported by attentive staff. There was visual signage that enabled people who lived with dementia to remain as independent as possible.

Feedback had been sought from people, relatives and staff. Residents and staff meetings were held on a regular basis which provided a forum for people to raise concerns and discuss ideas. Incidents and accidents were recorded, and consistently investigated.

Staff told us the home was well managed and robust communication systems were in place. These included handover sessions between each shift, regular supervision and appraisals, staff meetings, and plenty of opportunity to request advice, support, or express views or concerns. Their comments included "Really improved, it's great here now, nurses work with us, we work as a team, really supportive manager." Another staff member said, "Things are going well."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Lindsay Hall provided safe care and was meeting the legal requirements that were previously in breach. However, practices need time to be embedded.

Whilst the management and storage of medicines was safe, we observed unsafe administration and recording of medicines to three people.

People told us they felt safe at the home and with the staff who supported them.

The staffing levels were sufficient. Recruitment procedures were robust to ensure only suitable people worked at the home.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow.

Requires improvement



Is the service effective?

Lindsay Hall provided effective care and was meeting the legal requirements that were previously in breach. However, practices need time to be embedded.

People's nutritional needs were met and people could choose what to eat and drink on a daily basis. The meal times were enjoyed by people and were a sociable occasion supported by staff in an appropriate way.

People spoke positively of care staff, and told us that communication had improved with staff.

Staff received on-going professional development through regular supervisions, and training that was specific to the needs of people was available and put in to practice on a daily basis.

Staff we spoke with understood the principles of consent and therefore respected people's right to refuse consent. All staff working had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were consistently recorded in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted and there was a rolling plan of referrals in place as requested by the DoLS team.

Requires improvement



Is the service caring?

Lindsay Hall was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The manager and staff approach was to promote independence and encourage people to make their own decisions.

Good



Summary of findings

People were encouraged to maintain relationships with relatives and friends.
Relatives were able to visit at any time and were made to feel very welcome
Staff spoke with people and supported them in a very caring, respectful and friendly manner.

Is the service responsive?

Lindsay Hall was responsive.

Care plans showed the most up-to-date information on people's needs, preferences and risks to their care.

People told us that they were able to make everyday choices, and we saw this happened during our visit. There were meaningful activities provided for people to participate in as groups or individually to meet their social and welfare needs.

Staff were seen to interact positively with people throughout our inspection. It was clear staff had built rapport with people and they responded to staff well.

Good



Is the service well-led?

Lindsay Hall was well-led and was meeting the legal requirements that were previously in breach. However practices need time to be embedded.

Feedback was sought from people, and staff and residents meetings were now held on a regular basis.

A manager has been employed since our last inspection and submitted their application to CQC to be registered as manager. There was a strong management team in place.

Staff spoke positively of the culture and vision of the home.

A robust quality assurance framework was now in place and communication within the home had significantly improved.

Requires improvement



Lindsay Hall Nursing Home

Detailed findings

Background to this inspection

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

We undertook an unannounced inspection of Lindsay Hall on 11 and 15 September 2015. This inspection was to check that improvements to meet legal requirements planned by the provider after our inspection in March 2015 had been made.

The inspection team consisted of an inspector and a specialist dementia nurse. During the inspection we met and spoke with 11 people who lived at the home, two relatives, one registered nurse, six care staff members and the manager, the area manager and the activity

co-ordinator. We also spoke with external health professionals who are supporting the staff team through the improvements. We also had contact with the Quality Monitoring Team of social services.

We looked at all areas of the building, including people's bedrooms, bathrooms, the lounge areas and the dining areas. Some people had complex ways of communicating and several had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the records of the home, which included quality assurance audits. We looked at five care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

At the last inspection in March 2015, the provider was in breach of Regulation 9, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which now correspond to Regulations 12 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments did not always include sufficient guidance for care staff to provide safe care. Others risk assessments were not being followed. Care records failed to demonstrate that staff were monitoring the condition of people's skin to prevent pressure sores. Equipment to maintain people's skin integrity was not being used properly. Incidents and accidents were not being investigated and safeguarding alerts were not being made following a person experiencing abuse or harm. We also found that there were not enough staff to meet people's needs. People's needs had not taken into account when determining staffing levels.

Due to the concerns found at the last inspection, we determined people were at significant risk of not receiving safe care and the delivery of care was inadequate. An action plan was submitted by the provider that detailed how they would meet the legal requirements by 30 June 2015. At this inspection we found significant improvements were made and the provider is now meeting the requirements of Regulations 12 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However these improvements were not, as yet, fully embedded in practice and need further time to be fully established in to everyday care delivery.

People told us they felt safe living at Lindsay Hall. One person told us, "I feel safe and comfortable." Staff expressed a strong commitment to providing care in a safe and secure environment. One staff member reflected on changes since the last inspection and said, "We were not always able to give the care we wanted in a way we wanted and took shortcuts that weren't right, we now are given support and leadership and we can give safe and good care."

Staff supported people with their medicines. We observed the midday medicines being given to people. We saw an example of unsafe medicine administration and immediately intervened. The registered nurse (RN) gave three people's medicine from pots without labels,

medicines trolley or the medication administration record (MAR) sheets. We saw that no checks were undertaken by the RN to ensure the correct person received the correct medicine. The RN felt that there was no risk as they knew people well. The MAR was not signed until three hours later. This practice was not in line with the Nursing and Midwifery Council (NMC) Code of Practice for administration of medicines. This was brought to the attention of the manager who said they would ensure further training and supervision was put in place. This had placed people at risk from unsafe medicine administration. This was an area which requires improvement.

All other systems relating to medicines were safe. This included safe and secure storage of medicines. There were clear systems for people to receive their medicines when they went out of the home, with a full audit trail. Where people were prescribed medicines on an 'as required' basis, there were clear protocols available to staff to show when people should be given such medicines and how often. One person was prescribed medicines to be given in an emergency. There were clear instructions of when such medicines were to be given and the actions staff were to take.

Where people were prescribed topical medicines such as creams, records were completed and demonstrated that the people's skin conditions had been treated as prescribed. Staff recorded the administration of prescribed drink thickeners along with clear instruction of the consistency required to prevent the risk of aspiration.

Individual risk assessments had been reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. We saw detailed plans that told staff how to meet people's individual needs. For example, a person who was at risk from falls had a care plan that told staff to ensure the bed was at its lowest level, and that bed rails were not to be used. The care plan also told staff how to move the person safely and how to support them when sitting out of bed to prevent pressure damage. Staff told us that they felt the documentation had improved but admitted they still had areas to work on. We saw that care plans and risk assessments were being audited by an external company.

Is the service safe?

However, whilst improved there was still further work to do to ensure that people's nutritional needs were documented as changes occurred. For example, whilst we found that staff had identified that one person required nutritional support and whilst a referral had been made to the speech and language therapist (SALT) and the main care plan updated, the room care plan stated different actions. This was rectified immediately. Due to the knowledge of care staff, the person was not at risk at this time.

The staff used a risk assessment tool to monitor people's skin integrity against changes in their health, such as weight loss. We found that staff weighed most people regularly. Discussion had taken place with GP's in respect of not weighing specific people due to their frailty. This was clearly documented. Weight loss and gain for people within the past four months had been identified, monitored and appropriate action taken. Individual risk assessments had been updated to reflect the weight loss and therefore precautions and guidance was followed. We found that for one person there was an in-depth care plan that gave direction for fortified diet and fluids. There was also clear directives given for staff to follow as to the appropriate position the person should be in whilst being assisted to eat.

Good skin care involves good management of incontinence and regular change of position. There was guidance for staff to follow to ensure people in bed to receive two hourly position changes and the use of a pressure relieving mattresses and cushions. We also saw detailed guidance for people sitting in chairs and wheelchairs. During the inspection, we observed people sitting in the communal lounges. People were sat in chairs that were appropriate for them and which did not restrict their movement. Staff encouraged people to change their position and we saw that people were offered the opportunity to visit the bathroom and move to alternate chairs during the day. For example one person was participating in activities at a table in their wheelchair and then was offered the opportunity to sit in a comfortable chair for their tea.

We observed safe transfers (people being supported to move from a wheelchair to armchair with the support of appropriate equipment). The transfers we observed showed that staff mindful of the person's safety and well-being whilst being moved. Staff offered support and

reassurance to the person being moved. People told us they felt safe whilst being moved by staff. One person said, "I trust them totally to keep me safe, being moved is not pleasant but they do it well."

Staff supported people who lived with behaviours that challenged others in a competent and safe manner. Management strategies for staff to use to manage people's behaviour safely had been introduced and further training was being provided. We saw throughout the inspection that people were calm and staff were attentive to people's mood changes. We saw that one person become restless and staff immediately responded and engaged this person in an activity. This was done calmly and professionally.

The incident and accident records were being monitored and the manager had introduced regular meetings with staff to discuss ways of preventing repeated falls whilst still encouraging independence. Numbers of falls for one specific person was notably high in May and June 2015 but had decreased in July and August 2015 by robust monitoring and management. One staff member told us, "We have tried different things and we are winning, less falls and the resident is safe and able to be independent."

At this inspection we found that there were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Lindsay Hall had people living on three floors and there were two staff teams to cover 24 hour care. The staffing levels had been assessed against the dependency levels of the people who lived there. There had also been an increase in staff to assist at mealtimes. A dinner assistant had been recruited to assist in the serving and assisting of meals. We saw that the present staffing levels enabled staff to sit and talk to people and take time to meet their wishes and care needs. We saw that people who had previously spent long periods of time in bed were now up and socialising in the communal areas as the staffing levels allowed staff the time to do this. An activity co-ordinator had been employed since our last inspection and this opportunities for positive interaction in the home not involved in personal care.

We were told by visitors that staffing levels were sufficient. One visitor said, "I think that the staffing levels have improved." This had impacted positively on this person's health and mental well-being. Another person was clearly enjoying the company of other people in the communal lounge and told us, "It's nice here."

Is the service safe?

People had personal emergency evacuation plans (PEEPs) which detailed their needs should there be a need to evacuate in an emergency.

Safeguarding policies and procedures were up to date and appropriate for this type of home in that they corresponded with the Local Authority and national guidance. There were notices on staff notice boards to guide staff in whom to contact if they were concerned about anything and detailed the whistle blowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest.' Staff told us what they would do if they suspected that abuse was occurring at the

home. Staff confirmed they had received safeguarding training. They were able to tell us who they would report safeguarding concerns to outside of the home, such as the Local Authority or the Care Quality Commission.

People were cared for in an environment that was safe. There were procedures in place for regular maintenance checks of equipment such as the lift, fire fighting equipment, lifting and moving and handling equipment (hoists). Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Health and safety checks had been undertaken to ensure safe management of food hygiene, hazardous substances, staff safety and welfare. Staff had received regular fire training which included using fire extinguishers and evacuation training.

Is the service effective?

Our findings

At the last inspection in March 2015, the provider was in breach of Regulation 9, 18 and 14 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010, which now correspond to Regulations 9, 11 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care delivery was not always effective and consistent, there was a lack of mental capacity assessments and DoLS referrals and mealtimes were not an enjoyable experience. We also could not be assured that people's nutritional needs were met.

The Provider submitted an action plan detailing how they would meet their legal requirements by 30 June 2015. Improvements were made and the provider was now meeting the requirements of Regulation 9, 11 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we found lunchtime to be a lonely experience for some people and the communal dining experience was not made available to people. Staff lacked oversight of people's food and fluid intake and people were at risk of dehydration.

This inspection showed us improvements had been made but was not fully embedded in practice. People were complimentary about the food and drink, and everyone we spoke to told us, they had enough to eat and drink. Positive feedback included, "Good food," and I think the right amount." We were also told by staff that menus and food times were being discussed regularly to ensure people were eating what they wanted at a time that they wanted.

Staff told us they monitored people's food and fluid intake and watched for any signs of weight loss and malnourishment. However the food and fluid charts were not always completed in full. This had been identified by the manager and area manager and was still an area that was being worked on to improve. The management team were monitoring the charts on a daily basis and identifying staff for further training and supervision. A registered nurse (RN) told us of new charts that may be introduced once trialled. We saw that people were encouraged to drink plenty of fluids. In the communal areas there were cold drink dispensers that staff used to offer regular drinks to people. This was in addition to servings of tea and coffee. Staff were focused on ensuring that specific people had

drinks offered 'little and often' as they didn't like to drink a full glass at once. One staff member said that one person, "has difficulty now in drinking a cup of tea whilst its hot, so I give them half a cup now and come back in half hour with a fresh half cup. This works well." Another person was experiencing difficulty drinking and following discussion with a health professional had introduced a straw which had improved their daily intake.

There was a choice of meals offered. As part of the improvement plan, menus had been reviewed and themed meals, such as 'Italian day' introduced on a weekly basis and had been well received by people. The menus demonstrated a varied and nutritious diet. The staff were aware of people's preferences and the chef had a good understanding people's needs and their likes and dislikes. New crockery and cups specifically chosen for their bright colours were used as a way to visually encourage people who lived with dementia to eat.

Dining tables were set up in the dining areas with table cloths and condiments. People were offered the choice of eating in the dining room, their bedroom or the communal lounge. People could choose where they wished to eat and this decision was respected by staff. We saw staff ask people in lounges where they would like to sit. People were given time to enjoy their food, with staff ensuring that they were happy with their meals. Staff knew who required assistance and provided this at a pace which suited the person. People who required support were assisted in a dignified manner with care staff interacting and supporting the person. People who remained in bed for their meals were assisted by staff in a professional and caring way. Staff chatted to people and kept them engaged whilst eating. They also gave them the opportunity at eating at their own pace. We identified that the meal time on the second day was not as organised as the first day. This was because more people came into the main dining room and the majority of people needed either prompting or full assistance to eat. Staff were stretched to ensure that everyone received the consistent assistance they required. The manager was observing the meal time and had also identified this and was contemplating a tiered meal system which meant staff could assist people without leaving them to assist others.

The dining experience was now a more enjoyable experience and that people previously isolated were supported to join others in the dining areas.

Is the service effective?

Staff understood the principles of consent and therefore respected people's right to refuse consent. Staff were understanding and patient of people who initially refused assistance by allowing them time to settle and approaching them again to gain their participation or consent. We saw one person refuse to their meal. Staff removed the food and just sat and chatted before asking, "Would you like me to help you with your lunch now. The person was happy this time to accept the help. All staff working had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were consistently recorded in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted and there was a rolling plan of referrals in place as requested by the DoLS team. We have received regular updates from the manager informing us of DoLS applications. The care plans contained mental capacity assessments and DoLS applications that have been completed.

Staff had received essential training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were found competent to work unsupervised. Training for staff included specific training for supporting people who lived with dementia, managing behaviour that challenged, and end of life care. Staff also told us that they received teaching sessions about different illnesses such as Parkinson's disease, diabetes and strokes. They told us they had learnt many things to enhance their care delivery. For example managing different people's behaviours and trying different methods to ensure people's needs were met in the best possible way. Six weeks of external training by an NHS team of dementia specialists was to start at the end of September to work alongside staff in the home.

Records showed that people had regular access to healthcare professionals, such as GPs, chiropodists, opticians and dentists and had attended regular

appointments about their health needs. People we spoke with confirmed this. One person said, "I have regular chiropody and eye tests." We also saw letters of referral to SALT and dieticians.

Staff received on-going support, professional development and supervision schedules and staff confirmed they received regular supervision (every two months) and appreciated the opportunity to discuss their concerns. We also saw the plan of future supervisions displayed in the staff office. Nursing staff also confirmed they had received clinical training and support. Staff told us that they felt supported, empowered and enthusiastic. One staff member said, "We are lucky to be able to care for our residents, they are lovely. We have received training in supporting people who have dementia. Some really good ideas for enabling them to live a good life here are now in place. Everybody is calm and content." This had improved the care delivery to the people living in Lindsay Hall.

At our inspection in March 2015, we found care plans lacked detail on how to manage and provide specific care for people's individual needs. For example, in the areas of diabetes and continence management. This inspection found that people's individual needs had been re-assessed and specific management strategies put in place. People's continence needs were managed effectively. Care plans identified when a person was incontinent, and there was guidance for staff in promoting continence such as taking the individual to the toilet on waking and of prompting to use the bathroom throughout the day. Continence assessments had been completed. Mobility care plans contained guidance for staff to maintain what mobility people had and encouraged people to retain their mobility. For example, they offered people the opportunity to move regularly. We saw that staff approached people throughout our inspection asking if they would like to move to a different chair or go for a walk. The management of diabetes for specific people was in place and staff had access to the guidance necessary to identify low or high blood sugars and what steps to take if the person was unwell or not eating. This had ensured that risks to health were managed well by staff.

Is the service caring?

Our findings

At the last inspection in March 2015, the provider was in breach of Regulations 17 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010 which now corresponds to Regulations 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not always listened to and involved people in their care delivery or lifestyle choices and this had had a negative effect on people's individual needs and wellbeing. People had not always been treated with respect and had their dignity protected.

An action plan was submitted by the provider detailing how they would meet the legal requirements by 30 June 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke highly of the care received. One person told us, "The staff are caring." A visiting relative told us, "I'm happy with how care is provided." Staff demonstrated commitment to listening to people and delivering kind and supportive care to people.

The atmosphere in the home was calm and relaxing. When we arrived, people were spending time in their bedrooms or the communal lounges. Staff were regularly checking on people ensuring they were comfortable, had drinks to hand and items of importance. One person told us, "They look after me very well." Throughout the inspection, we saw staff sitting and interacting with people and checking on their well-being. One person loved classical music and staff had found certain radio stations that played just classical music. Whilst we sat and chatted with this person it was obvious that they enjoyed the music playing.

This inspection found that people's dignity was promoted. People's preferences for personal care were recorded and followed. We looked at a sample of notes, which included documentation on when people received oral hygiene, bath and showers. Documentation showed that people received personal care in the way they wished. People confirmed that they had regular baths and showers offered and received care in a way that they wanted. One person said, "They know how I want my care given, I think they are good here." Care plans detailed how staff were to manage continence. This included providing assistance taking

people to the toilet on waking or prompting to use the bathroom throughout the day. Throughout our inspection we observed that people were prompted and offered the opportunity to visit the bathroom. People who were not independently mobile were taken regularly to bathrooms. One visitor told us, "Staff have really worked hard together to give people the care they need and in a way that demonstrates they care."

People's need for privacy was promoted and their privacy respected. For example, staff ensured that people's dignity was protected when moving people from a wheelchair to an armchair. We also saw that people's personal care was of a good standard and undertaken in a way that respected their privacy. When prompting people to visit the bathroom staff talked in a quiet manner ensuring that other people did not hear. Relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff understood the principles of privacy and dignity. Throughout the inspection, people were called by their preferred name. We observed staff knocking on people's doors and waiting before entering. We observed one person calling staff as they wanted to go to the toilet. This was attended to immediately, with appropriate equipment used by two staff and good interactions between the person and staff. Staff were patient and responsive to people's mood changes and dealt with situations well by using diversional tactics and a kind word.

Staff demonstrated they had a good understanding of the people they were supporting and they were able to meet their various needs. One staff member told us, "We're like an extended family here and we've got to know each person, their likes and dislikes." Staff were clear on their roles and responsibilities and the importance of promoting people to maintain their independence as long as possible. One staff member told us, "We always try and keep people to be independent. For example, we'll always encourage people to wash themselves or do as much for themselves as possible."

At the last inspection we found that people were not always offered choices of where and how they spent their time. This inspection found people were offered choices and enabled to make safe use of all communal areas of the home. People were encouraged to help themselves to cold drinks and snacks in the communal areas. The activity co-ordinator shared ideas that they were exploring to encourage people to be independent and make choices of

Is the service caring?

what they did and how they spent their time. Where people had remained in bed or in their room they were now offered opportunities of visiting communal areas, joining activities and of visiting the main communal area to meet people. A visitor said, “What a change, the décor has brightened up things and there is so much more for people to do.” Staff told us, “It’s really better, we are supported and it’s an open culture.”

Bedrooms were clean and homely, many contained family photographs and personal ornaments. Communal areas had changed considerably since our last inspection. People had helped paint bookcases and been involved in choosing colour schemes and wall coverings. The staff had looked into peoples’ past interests and included themes in communal areas to encourage people’s happy memories.

Care plans showed that family and people’s involvement had been sought where possible, and personal preferences had been recorded on admission to the home. These set

out people’s preferences within an activity plan based on the activities of their life before arriving in the home and when they reached the end of their life. We saw that people’s food choices reflected their culture and religious choices. People’s personal preferences for lifestyle choices, such as food and drink, activities and interests were being updated to reflect changes to their health and well-being.

The manager told us that an advocate would be found if required to assist people in making decisions. They also told us they had information to give to people and families about how they could find one if it became necessary. This ensured people were aware of advocacy services which were available to them.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The manager told us, “There are no restrictions on visitors”. A visitor said, “I come in each day and the staff always welcome me.”

Is the service responsive?

Our findings

At the last inspection in March 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was an acceptance by people living at Lindsay Hall they had to comply with how care staff wanted to do things. There was also a lack of meaningful activities for people.

An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 30 June 2015. Improvements had been made and the provider is now meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The opportunity to take part in activities that help to maintain or improve health and mental wellbeing can be integral to the promotion of wellbeing for older people. At the last inspection, we found concerns with the lack of opportunities for social engagement and activities for people.

At this inspection we saw that a new activity co-ordinator had joined the staff team. This had improved the provision of activities, one to one sessions and social events for people. There was good interaction seen from staff as they supported people with activities throughout the home. The staff including the manager were enthusiastic about providing individual meaningful activities for people and were full of ideas. We received positive comments from staff and visitors about activities and the one to one sessions being undertaken for people who preferred or needed to remain on bed rest or in their room. One staff member said, "It is so much better." A visitor said, "The atmosphere has lifted along with the décor." A monthly newsletter had been introduced which included coloured photographs of events and activities people had attended and participated in. One person proudly identified themselves to us whilst showing us the new letter.

The atmosphere and appearance of the home had changed considerably since the last inspection. Tables in

the corridors displayed items to engage people as they went past, such as boxes containing tactile items. We saw people actively engage with items and playing various board games with each other.. People who had previously been restless and agitated were now calm and interacting positively with staff. Signs to support people living with dementia were placed around the home and were welcoming, safe and comfortable. We looked at people's individual care plans to see if people's wishes were reflected and acted on at Lindsay Hall. The care plans reflected people's specific need for social interaction, and these were being acted on. Staff said "We are seeing people becoming more social and brighter, It's lovely, very rewarding." One member of staff said, "I love working here – it's really good." We spoke with the new activity co-ordinator who was passionate about her role. She told us, "People who live with dementia are very special and we are finding ways to improve their lives."

A complaints procedure was in place and displayed in the reception area of the home and in other communal areas. People told us they felt confident in raising any concerns or making a complaint. One person told us, "Yes I know how to moan and make a complaint." Another said, "I would tell one of the staff and I know it would be taken seriously." Complaints are recorded and responded to as per the organisational policy. A complaints log is kept and monitored by the head office of Galleon Homes.

Staff undertook care in an unhurried and patient manner. The care delivery was person specific and in line with what people's preferences. The care plans detailed up to date preferences of people wishes in respect of their care. For example what they preferred to eat and drink, what time they got up and what time they returned to bed. For people unable to tell staff their preferences we saw that staff had spoken with families and friends. Staff told us, "People change and adapt their care accordingly."

Regular staff and resident/family meetings are now being held and we saw that times of meetings were displayed details of suggestions and discussion points were recorded and actioned. Meals were one area that was on-going as residents could not all agree on meal times.

Is the service well-led?

Our findings

At the last inspection in March 2015, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were concerns identified within the quality assurance process, such as audits not being acted upon to drive improvement and identify shortfalls in care.

An action plan was submitted by the provider detailing how they would meet their legal requirements by 30 June 2015. Improvements had been made and the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was met.

Systems were in place to obtain the views of staff. Staff meetings were held on a regular basis. Staff told us these were an opportunity to discuss any issues relating to individuals as well as general working practices and training requirements. Minutes of the previous staff meeting verified this. Staff commented they found the forum of staff meetings helpful and felt confident in raising any concerns. Systems were in place to obtain the views of people. Regular resident and visitor meetings had been held. These provided people with the forum to discuss any concerns, queries or make any suggestions. Feedback from staff told us that staff felt supported, that communication had improved and they felt listened to. A visitor told us, "Communication has improved in the home, we see the manager out with people and is always visible and we are welcomed by every member of staff."

Whilst there was no registered manager, a manager was in post and had submitted their application to CQC to be registered. Senior managers of the organisation supported the manager and spent time observing care delivery and then fed back to the manager and staff. Staff felt that this was really positive and welcomed the feedback. One staff member said, "It has really helped to have feed back, we want to give good care and if they see us doing it, it means they support us." Staff confirmed there was always someone to approach with any concerns or worries.

Quality assurance is about improving service standards and ensuring that services are delivered consistently and according to legislation. At the last inspection, we found the provider's audits were incorrect and did not follow up

on concerns identified. For example, audits of care plans had not identified the discrepancies we found during the inspection. Improvements had been made and systems were in place to identify, assess and manage risks to the health, safety and welfare of the people. Care plan audits were now robust and identified issues which were promptly amended. For example, one audit identified a need to look at the reasons for an increase in falls. An action plan was implemented and a review of the person's care plan found the actions had been met and the recurrent falls had stopped.

In a positive culture, the ethos of care remains person-centred, relationship-centred, evidence-based and continually effective within a changing health and social care context. The provider and manager had spent time working with staff to improve the culture of Lindsay hall. At the last inspection we found the values and culture of the provider were not embedded into every day care practice. Staff had not consistently worked as a team and lacked leadership from senior staff. Throughout that inspection we observed that staff morale was low. At this inspection staff commented on improvements that had been made and they felt they worked more as a team now. They commented on nurse leadership and support whilst delivering care and felt that care and communication had improved considerably. One care staff member said, "Nurses are working with us and we feel that we all work together. I look forward to coming to work because it's better now and we all talk. I feel supported and can be honest when things are not right."

The manager confirmed as an organisation they had been open and honest with staff and kept staff informed of the last inspection and the failings identified. Staff confirmed they been kept updated and involved in discussions on how improvements could be made. The staff felt they were important to the running of the home. One staff member said, "I read the last report, we all discussed it and agreed we need to do better, we were not working well."

Throughout the inspection it was clear significant time had been spent making improvements and improving staff morale. Relatives commented that they had seen improvements and felt they had no concerns with how care was being delivered. The manager and area manager were open and responsive to the concerns previously identified and had already identified the areas of practice that required improvement. It was clear the provider, registered

Is the service well-led?

manager and staff were committed to the continued on-going improvement of the home. We discussed the importance of sustaining the improvements made and that whilst the improvements were obvious, they needed to be embedded in to practice by all staff.