

Broadoak Group of Care Homes

Lingdale Lodge

Inspection report

Lingdale
East Goscote
Leicestershire
LE7 3XW

Tel: 01162603738

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 1 and 2 February 2016. The first day of the inspection was unannounced. We told the provider that we would be returning for a second day.

Lingdale Lodge provides accommodation, care and support for up to 48 people who require personal care. On the day of our inspection there were 47 people using the service.

There is a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe at the service. Staff had a good understanding of the various types of abuse and knew how to report any concerns.

We found a number of areas around the premises that presented risks to people that used the service. Those risks had not been appropriately addressed.

People's risk assessments and care plans had not always been reviewed to ensure that they continue to meet people needs and protect them from harm.

There were enough staff on duty to meet people's needs. Staff commenced employment before pre-employment checks had been carried out. Staff had not always received sufficient training to enable them to carry out their roles.

People generally received their medicines as prescribed. People were supported to access healthcare professionals when they required them.

The information relating to the people's mental capacity was not decision specific and therefore did not fully meet the requirements of the Mental Capacity Act (MCA) 2005 legislation.

People were supported with drinks, snacks and meals throughout the day. There were limited opportunities relating to the dining experience for people to help themselves.

People and relatives told us that they felt involved in the decisions about their care and support.

People told us that staff showed concern for their well-being. However staff did not always respond appropriately to the needs of people with dementia. Staff had not identified that a person had sustained an injury.

People felt able to discuss any of their concerns. There was a complaints policy in place however it required updating.

People enjoyed the activities that were provided. Regular activity sessions took place.

Quality monitoring systems that were in place had failed to identify and address the concerns that we found. The provider had failed to act on feedback from the Fire Service. The provider had failed to ensure that people's records were securely maintained.

We identified that the provider was in breach of three of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risks had not been identified and managed effectively to keep people safe from harm.

Safe recruitment procedures had not been followed.

People generally received their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Not all staff had received sufficient training to enable them to meet people's needs.

Assessments of people's mental capacity did not fully meet the requirements of the Mental Capacity Act 2005.

People were supported to access healthcare services as required.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People felt that staff were kind and caring and showed concern for people's wellbeing.

People told us that staff respected their privacy and dignity. Staff had a good understanding of how they could do this and they supported people to maintain their independence.

Staff did not always identify and take practical action to relieve people's distress.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People and their relatives contributed to an assessment of their needs. People and their relatives were not involved in reviews of

their care.

People were happy with the activities that were on offer.

People felt able to raise any concerns. Information relating to complaints needed updating and reviewing.

Is the service well-led?

The service was not consistently well led.

People and staff spoke highly of the registered manager and felt satisfied that they received feedback about anything they raised.

Audits had failed to identify environmental risks to people using the service.

Requires Improvement 

Lingdale Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 1 and 2 February 2016 and was unannounced. The inspection was carried out by two inspectors.

We looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority and who had funding responsibility for people who were using the service. We looked at information that we had received about the service and used this to inform our inspection planning. We spoke with a healthcare professional who was visiting the service on the day of our inspection.

We spoke with seven people that used the service and six relatives of people that used the service. We spoke with the registered manager, two senior care workers and four care assistants about the service and the care that they provided. We also spoke with the cook that was on duty.

We observed the care that was being provided. We reviewed the records of 14 people that used the service. We looked at the incident and accident forms that had been completed for the past two months. We looked at documentation about how the service was managed. This included policies and procedures, 18 staff records and records associated with quality assurance processes.

Is the service safe?

Our findings

We looked around the premises. We were concerned as we found a number of areas that presented risks to people that used the service that had not been appropriately addressed. For example, the electrical fuse box and electrical shut off point were located in cupboards that clearly stated keep locked but these were found to be open and accessible to people that used the service on the first day of our inspection. These had been locked during the second day of our inspection. We also found the garage was piled high and over flowing with old equipment that was no longer in use. This was within the grounds of the service and accessible to people. This had been cleared after we raised it on the second day of our inspection.

Around the service we identified areas that had not been sufficiently cleaned and maintained. We found a toilet seat in a person's room was broken and two other toilet seats that were loose. These could cause harm or injury to people with fragile skin if they sat on the toilet seats or put the person at risk of a fall if the seat moved.

We found radiators in three people's bedrooms that were painfully hot to touch and weren't protected in anyway. We found two people had portable storage heaters that had not been risk assessed and became very hot to touch when turned on. We also found heated towel rails in communal bathroom areas that were hot to touch and weren't protected in anyway. There was a risk that people may come into contact with the hot surface and be unable to either summons assistance or move away from it.

We saw that there were a number of taps and shower heads that had scale on them. We asked about the descaling and checking of them. We were told that water temperature checks were carried out but the descaling of the showerheads was not taking place. This was a concern as there was no legionella risk assessment in place. Legionella bacteria are commonly found in water. Health and Safety Executive guidance states that health and social care providers should carry out a full risk assessment of their hot and cold water systems and ensure adequate measures are in place to control the risks. This was not taking place and so people were not sufficiently protected from the risks of developing Legionnaires' disease of which the elderly are at a higher risk.

Risk assessments relating to people's care had not always been appropriately updated. For example, one person that went out alone had a diagnosis of dementia. The risk assessment that was in place in relation to this had not been updated for 12 months. It was possible that within the 12 month period that the person's condition could have changed and the risk assessment no longer meet their needs. This had not been identified by staff and people may have been out at risk as assessments may not have met their needs.

We also found a risk assessment in place relating to behaviours that a person displayed that challenged others. This had not been reviewed since December 2014 and the risk assessment identified that there was a high risk as the current management strategies in place were not always effective. We saw that this person had obtained a skin tear during an incident that had been recorded as 'fighting with staff'. There had been no further investigation into this and the registered manager confirmed that they had not conducted an investigation into this.

We found a number of toiletries in communal bathrooms and people's rooms that were not locked away. This included talcum powder, shower gels and creams. We saw one person had a risk assessment relating to them eating no food items had been carried out, they were identified as at risk of eating non-food items. It detailed that non-food items should be kept out of the persons reach. We saw that this control measure was not being implemented to ensure that the person was kept safe. People that lived with dementia regularly walked around the service and entered communal bathrooms and other people's rooms. There was a risk that people may ingest these as they may not have been able to identify them as non-food objects.

These issues constituted a breach of Regulation 12 (1) (2) (a) (b) & (d): Safe care and treatment. Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3).

We looked at the recruitment records of 18 staff that were employed by the service. We found that 15 staff members had started work prior to the service completing relevant pre-employment checks on them. Fourteen people had not had Disclosure and Barring Service (DBS) checks carried out until after they had commenced work. One person had a DBS check carried out but the service did not have references for the person. This was a concern and put people at the service at risk of receiving care from people that were not suitable to work with vulnerable adults. It is a requirement of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 under schedule 3 that these checks are carried out to ensure that fit and proper persons employed. We discussed this with the registered manager who advised us that staff commenced employment and worked alongside another staff member until their DBS check had been received. There was no risk assessment in place to demonstrate that the risks relating to this had been assessed in anyway and for one person we found that their DBS check had not been carried out until 11 months after their start date.

We found that one staff member had seven criminal convictions on their DBS check. They had only declared one of these on their application form. This service had failed to assess if this person was of good character. They had failed to assess what risks this posed to people that used the service. We discussed this with the registered manager who advised us that they had no concerns about the person's employment.

We found that another staff member's residency visa expired in November 2015 and the service was still employing this person. There was no procedure in place to ensure that where people required work permits and residency permits to live and work in the United Kingdom that this remained valid. We discussed this with the registered manager who told us that they would take action to ensure that staff had documents as required.

These issues constituted a breach of Regulation 19 (1) (a), (2) (a) & (b): Fit and proper persons employed. Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3).

People told us that they felt safe at the service. One person told us, "I feel safe." Another person told us, "I'm safe." Relatives told us that they felt that people were safe. One relative told us, "I visit every week and I've not seen any problems. [My relative] is comfortable."

Staff members had a good understanding of the various types of abuse and knew how to report any concerns both internally and externally. Staff members were aware of the whistleblowing policy and knew how to report and escalate any concerns. The provider had policies and procedures for protecting people from abuse and staff were aware of these.

We saw that incidents and accidents were recorded and body maps that provided details of any injuries that people had sustained were also in place. However, we found that follow up information about people's

injuries had not always been recorded. For example, we saw that one person had attended hospital after a fall where they had sustained a head injury. The manager was able to tell us about the treatment they had received at the hospital but this was not recorded.

People told us that there were generally enough staff to meet their needs. One person told us, "Yes there are enough staff, I don't have to wait, they're good workers." A relative told us, "There is always staff around." Staff members told us that the majority of the time the staff levels were sufficient to meet people's needs. However, they told us there were times when they struggled in one specific area of the service dependent on people's behaviours. We spoke with the registered manager about the staffing levels. They advised us that they had core staffing hours in place to meet people's needs. They told us that they allocated staff to areas of the service and that they adjusted where staff were based dependent on people's needs on a daily basis. The registered manager told us that they regularly worked shifts alongside care staff so they were aware of the demands on staff and they regularly kept this under review. At the time of our inspection staffing levels were sufficient to meet people's needs.

People told us that they received their medicines when they needed them. One person told us, "I'm a diabetic and I definitely get my tablets on time." A relative told us, "I've never had any concerns around [my relatives] medicines." Staff told us they felt that people's medicines were managed safely.

People generally received their medicines as prescribed. We found that where people required time critical medicines these were clearly marked on people's medication administration record (MAR) charts. We also found that where doses of medicines such as warfarin changed frequently people's MAR charts clearly reflected this. However, where people required medication on an 'as required' basis there was no guidance in place for staff to follow around this. We also found that where people had been prescribed medicines as 'take one or two tablets' there was no guidance in place for staff to follow. The quantities of medicines that staff were administering to people on these occasions were not being recorded. Records relating to the administration of prescribed creams were not always being completed by staff.

There were appropriate procedures in place to ensure that people received controlled drugs safely and as required. However, we discussed the security of the controlled drugs cabinet. Although it was secured to the wall the door to the room was regularly left open and it was not in a secure location. We also had concerns about the location of where the key to the medication room was kept. We discussed this with the registered manager who was going to look into alternative solutions to ensure that medicines were stored securely.

Is the service effective?

Our findings

People told us that staff they felt that staff had the right training and knowledge to meet their needs. One person told us, "They seem to know what they are doing." Another person told us, "I do think the staff know what they are doing." Staff confirmed that they received training that enabled them to meet people's needs. One staff member told us, "I receive regular training." Another staff member told us, "I've just been put forward for my QCF level 3." We spoke with the registered manager who confirmed this. The Qualifications and Credit Framework (QCF) is the national credit transfer system for education qualification.

We looked at a training matrix that summarised the training staff received. We found that the staff training matrix was inconsistent with the training certificates in people's files and we found that some staff had not received the training that they required to carry out their role. For example, two care staff who started work in April 2015 and October 2015 respectively had not carried out manual handling training at the time of our inspection. Moving and handling was something that was expected of these staff within their roles and the provider had failed to supply training to support staff to do this. We discussed this with the registered manager who advised that they would arrange some training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw that people had mental capacity care plans in place that referred to them having restricted mental capacity. However, decision specific mental capacity assessments had not been carried out. There was no evidence of any best interest decisions that had been made. The information relating to the people's mental capacity was not decision specific and therefore did not fully meet the requirements of the MCA legislation.

We saw that the service had three people with standard DoLS authorisations in place and the registered manager told us that they were reviewing people's needs and considering making further referrals. This demonstrated that the service had taken appropriate steps where they had identified that people were being deprived of their liberty in any way.

People told us that they were supported to have plenty to eat and drink. One person told us, "The food is good and we get a choice." Another person told us "I'm happy with the food and we get plenty." A relative told us, "The food is excellent." We saw that people were offered choices of main meals at lunchtime with one choice of dessert. We spoke with kitchen staff about no choice of desert and they told us that people

could have yoghurt instead. Cooked breakfasts were available twice a week. One person told us, "About every other day you can have a cooked breakfast and that's enough for me." We saw that tea time options were limited with sandwiches being available every evening and a hot option every other night. People we spoke with were happy with the food choices available.

The cook did not have detailed knowledge about people's dietary needs. They told us that were aware that a couple of people had allergies but they were unsure of their names. We discussed our concerns re the staff's knowledge with the registered manager who told us they would address these.

We saw that people were supported drinks and snacks throughout the day. We saw that people were provided with plated meals at lunchtimes and there were limited opportunities for people to help themselves. We also saw that one meal option was served first to people who had chosen it, then the second meal option was served. This led to people on some tables getting impatient as other people seated with them had their food for a period of time before theirs arrived.

People told us that staff supported them to access healthcare professionals as they required. One person told us, "I tell them if I want the doctor and they contact them." A relative told us, "They always call the doctor if needed." Another relative told us, "I can't fault them, they always make sure that [my relative] attends her hospital appointments." We saw from records that health professional visits were documented. These included GP's, opticians and chiropodists. A visiting health care professional told us, "Any action required is implemented."

Is the service caring?

Our findings

People told us that staff were caring. One person told us, "All of them are so kind." Another person told us, "They [the staff] are so lovely." A relative told us, "They [the staff] are very caring, they really care about the people here." Another relative told, "The staff are brilliant they always have lots of friendly banter." A visiting health professional told us, "The staff are caring, I have no concerns." Staff appeared to know people and their relatives well. They were able to tell us about people's likes, dislikes and life histories.

People told us and relatives told us that staff showed concern for people's wellbeing. For example, one person told us, "They always check that I'm okay." A relative told us, "They [the staff] always talk to everyone, they make sure that everyone's okay and they make sure there is always a staff member in the main lounge, they never leave it unattended." We saw that when people who were unsteady on their feet attempted to stand up staff showed concern for their wellbeing.

We saw positive interactions between staff and people that used the service. For example, we saw that when one person became anxious a staff member responded to this and encouraged them to go for a walk. However, we were concerned that on the second day of our inspection we found that one person that used the service had a cut on their finger and a large bruise with dried blood that staff had failed to notice. We immediately reported this to the registered manager who took action but we were concerned that this had not been identified by staff members throughout the day. We also saw that staff did not always respond appropriately to people that lived at the service with dementia. Their responses on occasions had a negative impact on people rather than supporting people in a more positive way. We discussed this with the registered manager who told us they were aware that some staff members required further support in understanding dementia.

People and relatives told us that they felt involved in the decisions about their care and support. One person told us that they had a key worker and they only liked their key worker to assist them with a shower. They told us that they had discussed this with their key worker and was now what took place.

People told us that staff respected their privacy and dignity. One person told us, "They always knock on the door and I say come in." Another person told us, "I feel okay about the way they [the staff] wash me." Staff had a good understanding of how they were able to respect people's privacy and dignity while assisting them with personal care. For example, they explained to us how they waited just outside people's bathroom doors to ensure that they were nearby in case they were needed but to allow people private time while completing their personal care. Other staff gave us examples of how they ensured that people's bedroom door and curtains were closed while they assisted them with their personal care.

People told us that they able to maintain their independence. One person told us, "I have a shower myself, I have my buzzer if I need them [the staff]." Another person told us how they were able to visit the shops when they wanted to." During our visit we saw two people visited the shops independently.

Is the service responsive?

Our findings

People told us they contributed to decisions about their day to day care and support. One person told us, "You can get up and go to bed when you feel like it." Another person told us, "You can go to bed when you want, you just let them know." Staff confirmed this was the case.

Relatives of people that used the service told us that they had contributed to an assessment of their needs. One relative told us, "[My relative] came for a two week assessment initially, but I couldn't be happier with the care." They went on to tell us that this was a two way thing, to ensure that the service could meet their needs and to ensure that their relative liked the service. They also told us, "Before [my relative] moved in we went through everything with them." Another relative told us that they'd had a meeting and discussed their relative's needs when they first moved in. Relatives told us that they had not been involved with people's care plans.

People had care plans in place that aimed to ensure that their needs would be met. There was some information within people's care plans about their life histories and medical conditions but they had not always been reviewed and updated to ensure they continued to meet people's needs. People and relatives told us they had not been involved in any reviews. Records that we looked at confirmed this.

People were happy with the activities that were on offer. One person told us, "They take me over to the shops about twice a week, I choose to stay in my room, and I have a hairdresser coming today." Another person told us, "Something goes on most days, I'm happy with it." A relative told us, "They [the staff] do ball games, exercises, jigsaws and puzzles." Another relative told us, "There is always a lovely atmosphere and always something going on." Staff confirmed that there was always plenty of activities for people to participate in and that people also received one to one support in their rooms with activities such as reading papers. During our inspection we saw group activity sessions taking place and there were outings planned as well.

We saw that meetings were held with people that used the service approximately twice a year. We saw that during the last meeting people had requested that visitors didn't go into the dining area during mealtimes. This was discussed and agreed by all of the people at the meeting. We saw that a notice requesting this had been placed on the dining room door. This showed that people felt able to voice to their views and that the service responded to their requests.

People told us that they felt able to discuss any concerns. One person told us, "If I was unhappy with something I'd talk to one of the carers and they'd know who to approach. Oh yes, I'd feel okay to do that." Another person told us, "I'd speak to [the registered manager], she's very good." Relatives told us that they felt able to talk to staff about any concerns. One relative told us, "I can always talk to staff about anything, they just deal with things, there's no fuss."

The registered manager told us they had not received any complaints within the last 12 months. There was a complaints policy and procedure in place that provided people with details of how their complaint would be

investigated, however it required updating. The complaints procedure was not provided in an accessible format to make it easier to read for people that used the service.

Is the service well-led?

Our findings

Audits were carried out on the cleaning rotas on a monthly basis to ensure that staff were completing tasks allocated to them. These showed no concerns and it was recorded that staff had completed the cleaning tasks around the service as required. This was a concern because we found a number of areas around the service in communal areas and in people's rooms that had not been cleaned and well maintained. These audits had failed to identify areas of cleaning and maintenance that had not been carried out.

We found that monthly audits were carried out of different areas of the service to ensure that they were clean and in a good condition. These audits had not identified any of the concerns that we found. Audits had not identified that showerheads had not been descaled.

There was no system in place to ensure that the service monitored and reviewed staff records to ensure they held relevant information about them. For example where the staff members residency visa had expired this had not been identified by the service. This meant that they were putting people at risk of receiving support from staff that may not have been suitable to carry out their role.

We saw a Fire and Rescue Service report from 2003 where the fire service had agreed to trolleys being stored in the corridor as an interim measure. The service were asked to find a long term solution to this problem in 2003. However at the time of our inspection we still found that the trolleys were stored in the same corridor. The service had failed to act upon feedback that they had been provided with.

We found a small room within a communal area that contained confidential information relating to people that had previously used the service. The information included details of people's medical information and plans of care. The room was unlocked and was accessible. This showed that the provider had failed to ensure that people's records were securely stored.

These issues constituted a breach of Regulation 17 (1) (2) (b) (c) & (e): Good Governance Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3).

People knew who the manager of the service was and spoke highly of her. One person told us, "She's [the manager's] very good." Another person told us, "Of course I could talk to her [the manager], she's very friendly and makes sure things are right." A relative told us, "They have some strict routines, they are very friendly though." Staff all told us that the registered manager was approachable and that they felt valued and listened to. One staff member told us, "I can talk to any staff member or the manager, we work as a team."

Relatives told us that they were sent quality assurance questionnaires on an annual basis. However, they told us that they did not receive any formal feedback about these. Relatives told us that they were able to contact the service at any time and they were always provided feedback about anything that they discussed.

The registered manager worked a number of shifts each week providing hands on care at the service. They told us that they enjoyed doing this as it enabled them to maintain a good oversight of the service. This had impacted on them keeping up to date with management responsibilities such as care plan and risk assessment reviews.

The registered manager understood their responsibilities under the terms of their registration with CQC. They told us that they understood their responsibilities to report incidents, accidents and other occurrences to CQC. However, we had not received all of the notifications that we should have done. We discussed this with the registered manager who told us they would ensure that we received them as required in the future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to the health and safety of people had not always been assessed. Where risks relating to people's care had been identified appropriate action had not always been taken to mitigate the risks. Appropriate measures had not been taken to ensure that the premises were safe. Regulation 12 (1) (2) (a) (b) & (d).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to monitor and mitigate risks to the health, safety and welfare of people that used the service were not effective. They had failed to identify the concerns that we found. The provider had failed to ensure that people's records were securely maintained. The provider had failed to act upon feedback that they had been provided with. Regulation 17 (1) (2) (b) (d) & (e).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People that used the service had been put at risk as the provider had failed to ensure and assess that staff were of good character and suitable to carry out their roles. Recruitment procedures</p>

were not effective to protect people from harm.
Regulation 19 (1) (2) (a) & (b).