

# Broadoak Group of Care Homes

## Lingdale Lodge

### Inspection report

Lingdale  
East Goscote  
Leicestershire  
LE7 3XW

Tel: 01162603738

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04 May 2017

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### 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

We inspected the service on 4 May 2017 and the inspection was unannounced. Lingdale Lodge is a care home without nursing and provides care and support for up to 48 older people including people living with dementia. At the time of the inspection there were 44 people using the service.

There was a registered manager in post. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

At our previous inspection on 1 & 2 February we found that improvements were required in all areas and the provider was not meeting three of our regulations. At this inspection we found that improvements had been made.

Staff understood their responsibilities about protecting people from abuse and avoidable harm. Risk was assessed and management plans were put in place. Staffing numbers and skill mix were sufficient to meet the needs of people who used the service. The provider followed recruitment procedures to minimise risks because they carried out checks before employment was offered.

People received the right medicine at the right time because medicines were managed, stored and administered in line with current professional guidance.

Staff had received training and were supported to carry out their roles, and knew how to meet people's individual needs.

Consent was sought before the delivery of care and support. People had their capacity to make decisions assessed and staff were working within the principles of the Mental Capacity Act.

People were supported to eat and drink a varied and nutritious diet. They had access to the healthcare services they required.

Staff were caring and had developed positive relationships with people. People had their privacy and dignity respected and were involved in making decisions about their care and support.

Staff knew people well and understood their needs. Care and support was delivered in the ways that people preferred. People felt comfortable making a complaint and confident they would be listened to.

The culture of the service was open and inclusive. There was a clear organisational structure and staff understood their responsibilities. The quality of the service was monitored and changes were made to

improve.

## 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.

Risks were assessed and staff followed risk management plans to reduce the assessed risks to people.

Staff understood their responsibilities to protect people from abuse and avoidable harm.

People received their medicines at the right time and in a safe way.

There were enough staff to meet people's needs. The service followed safe recruitment practices when employing new staff.

### Is the service effective?

Good ●

The service was effective.

Staff asked for consent before they carried out any care or support and followed the Mental Capacity Act requirements.

Staff received the training and support they required to meet people's needs.

People enjoyed a varied and nutritious diet.

Advice and guidance was sought from relevant professionals to meet people's healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and compassionate.

Staff knew people very well and showed concern for their wellbeing.

People and their families were involved in making decisions

### Is the service responsive?

Good 

The service was responsive.

People's needs were assessed. Care and support was delivered in the way people preferred.

People knew how to raise concerns or make a complaint.

### Is the service well-led?

Good 

The service was well-led.

People and staff spoke positively about the registered manager and said they were supported.

People, relatives and staff views and feedback were taken into account to improve the service.

The quality of the service was monitored and safety checks were carried out.

# 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. The inspection visit took place on 4 May 2017 and was unannounced.

The inspection team consisted of one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed information that we held about the service to plan and inform our inspection. This included information that we had received from people who used the service and from other interested parties such as the local authority. We also reviewed statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us.

We spoke with five people who used the service and one relative. We spoke with the registered manager and four care staff. We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines; health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the registered manager had undertaken. We looked at two staff files to look at how the provider had recruited and supported staff members.

# Is the service safe?

## Our findings

At our previous inspection on 1 and 2 February 2016 we found that some risks were not properly identified or managed. Some areas of the service had not been properly maintained and not all equipment was being stored correctly. The provider was not always following health and safety guidance about the management of hot and cold water systems. These matters posed a risk to people who used the service and 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). The provider sent us an action plan and at this inspection we found that improvements had been made.

We saw that the premises were maintained to a safe standard and equipment was stored correctly. Records showed that the premises and equipment had been checked and the guidance for the management of hot and cold water systems was followed.

Risks were assessed and management plans were in place. For example, people had their risk of falling assessed and any equipment they required such as mobility aids were recorded in their care plan. We observed staff using a hoist to transfer a person from chair to wheelchair. They did this in a safe way. Some people had pressure mats in place so that staff were alerted when they stood up and were at risk of falling. People's freedom to take risks was supported and respected. For example, one person did not want staff to check on them over night and this was respected. We saw that one person enjoyed walking around the communal areas and staff supported them to do this. The staff member went with them and chatted to them while they were walking.

Staff told us that there was a member of staff in the communal areas at all times in order to keep people safe. We saw that this was the case during our inspection.

People had emergency evacuation plans in place so that staff knew the safest and most efficient way to evacuate each person should they need to. Staff were able to describe what action they would take in the event of an accident. They knew when to seek medical advice and records showed that they had taken appropriate action in response to an accident.

At our previous inspection 1 and 2 February 2016 we found that staff recruitment procedures were not safe because the provider had not carried out checks to assess whether staff were of suitable character and experience to work at the service. These matters 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). The provider sent us an action plan and at this inspection we saw that improvements had been made. Records showed that all of the necessary checks had been carried out to assess the suitability of staff before employment was offered.

People told us they felt safe. One person said "I feel safe, you can talk to the staff about anything." Staff knew how to recognise the signs of abuse and what action to taken if they suspected abuse. They told us the registered manager would listen to any concerns and would take action. Staff had access to contact

numbers for other organisations such as the local authority safeguarding team.

People told us there were enough staff to meet their needs. One person said, "Staff come quickly when I use my call bell, occasionally I have to wait". We saw that during our inspection staff responded to people promptly. We looked at the staff rota and saw that there was always at least one experienced senior carer on duty. This meant that staffing was planned with the right mix of skills to meet people's needs. During our inspection we saw that staff were available to people and responded to their needs promptly. Staff also told us there were enough staff to meet people's needs. They told us they had time to spend with people and did not have to rush.

People's medicines were managed in a safe way. People told us they received their medicines at the right time. Staff had received training about managing people's medicines and had their competency assessed frequently. Clear and accurate records were maintained regarding medicines received, administered and returned. This meant there was a clear audit trail and staff could check that people had received the right medicine and at the right time. Where medicines were prescribed on an 'as required' basis there were protocols in place so that staff knew when to administer the medicine.



# Is the service effective?

## Our findings

At our previous inspection on 1 and 2 February 2016 we found that staff had not undertaken all the training they required to meet people's needs and keep them safe. At this inspection people told us they had confidence in the staff that supported them. One person said "The staff know what they are doing". We saw that staff communicated with people effectively and knew people well. We observed two staff using a hoist to assist a person move from their chair. We saw that this was done correctly and staff spoke with the person and explained what they were doing at all times.

Staff told us about all the training they had attended. They told us they were regularly asked about their training and development needs by their line manager. Staff told us they and received regular supervision and support. A staff member described their learning from a training session they had attended about supporting people living with dementia. They told us this training had improved their communication skills.

We looked at staff training records and saw that the majority of training was up to date. All new staff had received induction training when they first began using the service. We discussed the 'care certificate' with the registered manager and the provider. The care certificate provides new staff with nationally recognised sector specific training. The registered manager and the provider said they would look into this.

People said they were asked for their consent when staff offered care and support and we saw that this was the case.

Staff assessed people's capacity to make specific decisions. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that care plans included mental capacity assessments and where the person lacked capacity a best interest decision was made.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

Care plans set out how staff should meet people's needs and apply any deprivation of liberty in the least restrictive way. For example, a person's care plan stated that staff should approach the person in a certain way and respect their personal space. Staff were able to describe their understanding of the MCA and knew why DoLS authorisations were in place and how to apply them.

People said they liked the meals provided. One person said "The food is cooked well". Another person said

"The food is good and there is always a choice". We observed the lunch time meal and saw that meals were well presented and appetizing. Staff assisted people in a sensitive way and explained to people what was on the plate where this was required. Menu records showed that there was a choice of meal and a varied and nutritious range of meals.

The cook told us they spoke with people every day to get feedback about the meals provided. They had tried provided meals such as pork chops and braising steak in response to requests from people who used the service. The kitchen was well stocked and people had access to fruit, snacks and hot and cold drinks at all times. People's dietary needs were understood by catering and care staff and these were met.

People had their risk of malnutrition assessed and this was reviewed at least monthly. The registered manager told us there was no one at risk of malnutrition at the time of our inspection.

People had access to the healthcare services they required. People told us they could see a doctor as soon as this was required. Records confirmed that this was the case. A relative gave us examples of staff contacting a person's doctor as soon as a problem was identified.

We spoke with a community nurse during our inspection. They told us that staff referred people to them appropriately and were always helpful when they visited.

# Is the service caring?

## Our findings

At our previous inspection on 1 and 2 February 2016 we found that not all staff were responding appropriately to people living with dementia. This had a negative effect on people. At this inspection we found that improvements had been made.

People were treated with kindness and respect and interactions between people and staff were positive. We saw that staff spent time sitting and chatting to people. People told us that staff were kind and caring. One person described the staff as 'gentle'. Staff knew people well and spoke with people about the things that were important to them and the things they were interested in. We heard a staff member showing concern about a person's wellbeing because they had a bad cough, action was taken to make the person more comfortable.

People and relatives told us that they felt involved in the decisions about their care and support. One person told us they were able to choose and make decisions about all aspects of their care and support. They told us about their 'keyworker' and how positive this relationship was. They said "My keyworker looks after me and will do odd jobs for me". (A key worker is a member of staff allocated to provide additional support). Another person told us they preferred to spend time in their room. They told us that staff had encouraged them to have some meals in the communal dining room and that they found this a positive experience.

We saw that people were offered choices and staff respected and supported people to do this. People had access to advocacy services and paid representatives where this was required.

Staff were proud of the service. A staff member said "We are here for the residents to make them feel happy and secure". Another staff member said "It's like a family here". A community nurse at the home at the time of our inspection said that staff were kind and people had their privacy and dignity protected.

People said they could be as independent as possible. Staff gave us examples of how people's independence was promoted. They supported to retain their independence with washing, dressing and mobility.

People had their privacy and dignity protected. People told us that staff protected their privacy and dignity during personal care. Staff had received training about this and told us how they made sure that people were covered up as much as possible when receiving personal care. We saw that staff knocked on people's doors before entering and spoke with people in a respectful way. Staff understood their responsibilities to keep information about people secure and confidential.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs. One person said "I can do whatever I like". People had their needs assessed before they moved into the service. Care plans were developed and these set out people's preferences and the way they preferred to receive care and support. For example, people's preferred bedtime was recorded. One person's care plan informed staff about what action to take should the person become distressed and the things that may trigger distress. This meant that staff knew the best way to approach the person and how to offer reassurance.

The registered manager told us that staff reviewed people's care plans at least once a month to ensure they were reflective of people's current and changing needs. Records showed that this was the case.

People confirmed that staff were flexible and responsive to their needs. One person told us how staff took them to the local shop. Another person said that staff supported them to go for a walk and sit in the garden. Staff knew about people's unique backgrounds and the things that were important to them. They used this information to engage people in conversation and activity. There were pet cats and pet rabbits at the home. We saw people holding the pet rabbits and enjoying this experience. One person living with dementia enjoyed walking around the communal areas and staff supported them to do this and stayed with them to keep them company and keep them safe.

There was a range of activities on offer and people were supported to access the local community and garden. People told us their relatives and friends were made welcome and could visit them in private. A relative confirmed that they were made to feel welcome when they visited.

People were given a choice regarding their preference of male or female care staff. People's religious and cultural needs were recorded and respected by staff. We spoke with the registered manager about meeting people's equality and human rights needs and were assured that people would be treated equally regardless of their race, sexuality, religion or gender.

People told us they would feel comfortable and confident making a complaint should they need to. They felt sure they would be listened to and action would be taken. The registered manager told us they had not received any formal complaints since our last inspection.

Residents meetings were held twice a year. The minutes from the last meeting held in April 2017 recorded that people had been asked for their feedback about the care and support provided. People were also asked if they had any complaints or concerns.

## Is the service well-led?

### Our findings

At our previous inspection on 1 and 2 February 2016 we found that systems and processes to monitor and mitigate risks to the health, safety and welfare of people were not effective. The provider had failed to ensure that people's records were securely stored. The provider had failed to act upon feedback that they had been provided with. 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).

The provider sent us an action plan and at this inspection we found that improvements had been made. The registered manager or senior carer carried out daily audits to check that the premises, the environment were safe and suitable for people's needs. The audit included a visual inspection of every room including communal areas and equipment such as hoists, slings and wheelchairs. Where risk was identified action was taken and this was recorded.

All accidents were recorded and these were audited monthly to check for any evidence of patterns or trends. Appropriate action was taken to reduce further risk. Records showed that routine safety and maintenance checks were carried out and certificates of safety were up to date.

People and staff told us that the registered manager was approachable and supportive. One person said "I would talk them [registered manager] if I had any problems, they are approachable and so are the staff. "A member of staff told us they could speak with the registered manager about anything and they would listen and take action. They told us how they had been supported during a period of illness. A relative told us staff always let them know of any changes and felt that communication was good. Many of the staff including the registered manager had been employed at the service more than 10 years. Staff told us they worked as a team and felt supported.

Meetings were held for residents and for staff so that changes could be communicated and people could give their feedback. We saw a notice for relatives reminding them to avoid visiting at meal times on the request of people who used the service. Staff were reminded at their last meeting about the providers whistle blowing policy and the importance of raising concerns. Spot checks were carried out to ensure that staff were working in the right way and these included night staff checks.

The registered manager understood their responsibilities with regards to their registration with CQC. They told us about incidents and sent us notifications as they were required to.