

Linthorpe Private Nursing Home

Linthorpe Nursing Home

Inspection report

32-36, Eastbourne Road
Linthorpe
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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 ●

Summary of findings

Overall summary

About the service

Linthorpe Nursing Home is a care home which provides nursing and residential care for up to 28 older people. At the time of inspection 17 people were using the service. Linthorpe Nursing Home is set out over two floors.

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

At the last inspection the provider failed to have effective systems in place to monitor the quality of the service. At this inspection we found some improvements had been made in this area. The registered manager and provider had started to carry out a range of audits and checks. However, the changes made did not identify the issues we found on inspection. The changes made to the service's auditing processes needed embedding into practice.

At our last inspection the provider failed to assess and reduce health and safety risks to people. At this inspection we found that improvements had been made in this area but some further work was required to assess and mitigate risks.

People told us they felt safe living at Linthorpe Nursing Home. People and relatives told us staff were very caring.

Staff knew how to safeguard people from abuse. Recruitment processes reduced the risk of unsuitable candidates being employed. Medicines were managed safely. People told us call bells were answered promptly.

Staff had the skills and knowledge to deliver care and support in a person-centred way. They were supported through induction, training and supervision. People's care needs were assessed and the support needs identified for people were provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We found however, some additional recording was required in this area.

Limited activities were available to people at the time of inspection due to the absence of the activities coordinator. We have made a recommendation about activities.

People's health needs were met. The service worked with other professionals to best meet people's needs.

A complaints system was in place. Lessons were learnt from adverse incidents.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 September 2018). There were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had not been made and the provider was still in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of regulation in relation to the governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Linthorpe Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector, a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Linthorpe Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We requested feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, care workers and the chef. 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 a range of records. This included five people's care records and two people's medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider and registered manager had addressed a number of safety issues identified at the last inspection of the service. However, further work was required in this area.
- At our last inspection we found the service did not have a risk assessment in place to reduce the risk of legionnaires disease. At this inspection we found the provider had arranged for water samples to be taken which had come back as clear of the bacteria. However, audits had failed to identify the need for a risk assessment to mitigate the risk of the bacteria developing on an ongoing basis.
- A fire risk assessment for the building had been carried out by a qualified professional in May 2017 but this had not been reviewed since despite a range of actions being identified. The registered manager had completed their own risk assessment but was unaware of the need to review the one completed by the fire safety professional.

We found no evidence that people had been harmed however the provider's governance systems and processes had failed to identify the need for improvements to risk assessment and management processes. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to ensure all risks to the safety of people receiving care and treatment were appropriately managed and mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found some risks related to people's health conditions, such as those relating to hand splints, diabetes and urinary catheters had not been risk assessed. At this inspection we found risk assessments in the areas identified had been put in place. However, we found one person had a health condition which required a care plan and risk assessment. These were not in place at the time of inspection. The registered manager sent us information after this inspection to show they had addressed this issue.
- General risk assessments for tasks undertaken by staff such as moving people and taking them on outings had been completed following this being identified as a shortfall at our last inspection.
- At the last inspection we made a recommendation about window safety within the building. The provider had the potentially dangerous windows checked for safety and the registered manager had risk assessed window safety within the building.

Using medicines safely

- Medicines were managed safely and associated records were maintained correctly.
- Care staff were trained to administer medicines safely. They had their competency in this area assessed.
- Regular auditing of medicines had taken place. This helped ensure the system for medicine administration worked effectively and any issues could be identified and addressed.
- We identified the temperature in one medicine room was running too high. We discussed this with the registered manager who told us they would address the issue.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I just feel safe. I am happy. I always know there is someone around when I need something."
- Staff knew how to safeguard people from abuse. They told us they were confident that any concerns raised would be managed appropriately.

Staffing and recruitment

- Pre-employment checks were undertaken before new staff began work to ensure, wherever possible staff recruited were suitable and safe to carry out their role.
- People told us there were enough staff on duty to meet their needs. One person told us, "I am not afraid or frightened at night."
- We observed call bells were answered promptly during this inspection.

Preventing and controlling infection

- People were protected, where possible from the risk of infection.
- Staff received training in controlling infection and followed safe practices.
- Staff told us gloves and aprons were in plentiful supply. This helped reduce the risk of infection spreading.

Learning lessons when things go wrong

- The provider and registered manager reviewed incidents to identify if improvements were needed.
- The registered manager gave examples of how lessons had been learnt and shared across the team from adverse incidents.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we made a recommendation about the records maintained relating to the Mental Capacity Act 2005. Best interest decisions were not always fully recorded where people were unable to make their own decisions. At this inspection some improvements had been made in this area. Records were in place about people's capacity to consent to care and treatment but further work was required in this area.

- Consideration had been given to people's capacity. However, some specific best interest decisions made were still not recorded. We identified one person was receiving their medicine covertly without a best interest decision recorded. Another person was receiving personal care when they would not always agree to this but staff felt it was in their best interest. The registered manager sent us information following this inspection to say best interest decisions made on behalf of people would be fully recorded.
- DoLS applications were made and managed appropriately.
- Staff were observed seeking permission before they carried out day to day tasks with people.
- Conversations with staff showed they understood the importance of enabling people to make their own decisions wherever possible.
- Some people had chosen to have 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms completed, so staff knew what action to take in an emergency.

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

- People's needs were assessed prior to admission. These were recorded, regularly reviewed and updated.
- Nationally recognised tools were used for pressure ulcer risk assessment and for weight monitoring. This

helped staff identify and reduce the level of risk.

Staff support: induction, training, skills and experience

- People told us staff had the skills needed to support people safely. One person said, "I think they are well trained."
- Staff were trained in key areas such as health and safety and people movement. Where there were gaps in staff training dates had been scheduled.
- Staff received support through regular supervision meetings and an annual appraisal.
- The provider's induction training incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.
- New staff worked alongside more experienced staff until they felt confident enough to work unsupervised.

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

- People were supported to maintain a healthy balanced diet.
- The cook was fully aware of people's nutritional needs and knew how to prepare specialist diets. The menu was adapted to meet people's individual needs.
- The lunchtime experience was pleasant for people. People told us they enjoyed the food.
- We observed staff could be more proactive encouraging people to drink at lunchtime. We discussed this with the registered manager who told us they would immediately address this with the staff team.
- Staff had received Focus on Undernutrition training and were using the paperwork associated with this.
- Pictorial menus were not in place to help people chose their meals easily. We discussed this with the registered manager who told us they would look into developing this.

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

- The provider worked in partnership with other organisations to provide consistent, timely care for people. This included GP's, occupational therapists and physiotherapists.
- Staff ensured people had access to healthcare services when needed.
- People and relatives told us that the service supports people with their healthcare appointments including arranging for health professionals to visit the service.

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

- The building met the current needs of people supported.
- We saw bedrooms were personalised. They contained items such as personal photographs and soft furnishings. People told us they were happy with their bedrooms.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and caring towards people. One person told us, "You couldn't fault them really. We have a good laugh."
- We observed staff were respectful when interacting with people. Staff clearly knew people and their visitors well and chatted about common interests.
- Where people were anxious staff offered people reassurance and support. One relative told us staff had "the patience of saints".
- When staff were carrying out tasks with people they ensured people understood what was being asked and gave them time to decide what they wanted to do.
- Families told us they were made welcome when they visited.

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

- People were supported to make day to day decisions about their care and support.
- Staff knew people's communication needs well. Communication care plans were in place.
- Meetings took place where people could talk about the issues that were important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity.
- We observed staff knocked and asked for permission to enter people's bedrooms. Offers of personal care were made discreetly to people.
- People and relatives told us people's dignity was respected by staff. One person told us, "They always respect you. The lady that puts me in the bath is lovely, she is so gentle with you. She always makes sure I am covered up. "
- People's independence was promoted. People were encouraged to carry out tasks for themselves where they could.
- People's confidential information was stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care files covered a range of areas important to the person.
- We identified care files did not always show the involvement of people and significant others. The registered manager told us people's care plans were being re-written and would be more person centred. They showed us an example of a person's care plan completed in the new, more personalised format.
- Relatives told us they were involved in verbal discussions about people's care.
- People's cultural and spiritual needs were considered as part of their initial assessment.
- People told us the service was flexible. For example, they could get up and go to bed when they wished.
- Handovers between different staff teams coming on duty took place. This meant staff had the up to date information they needed to support people safely.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us people did not currently need information providing in an alternative format however information would be made accessible on a bespoke basis as and when required.

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

- People told us they were able to take part in activities and outings. However, we found limited activities were taking place during the days of our visits. The registered manager told us this was due to the activities coordinator being absent.
- Records showed that the range of activities available to people unable or unwilling to join in with group activities was limited at times.

We recommend the service review their activities programme, the resources available to provide activities and best practice in this area to ensure people's needs are met.

- The service had links with the local community. One person went out daily to local shops and a pub.

End-of-life care and support

- At the time of this inspection the service was not providing any end-of-life care to people.

- Policies were in place for staff to follow in the event this was needed.
- End-of-life care plans were put in place for people, with terminal and life limiting illnesses.
- Staff described to us how they had supported people and their loved ones sensitively at the person's end of life.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively.
- The provider had an appropriate complaints policy. Where complaints had been received these had a documented outcome. People and relatives told us that they knew how to make a complaint.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the provider failed to have effective systems in place to monitor the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At the time of inspection the service was being monitored closely by the local authority. This was due to concerns being raised about quality audit processes. We identified the service had worked with the local authority and improvements had been made. However, further work was required and the changes made required embedding into service delivery.
- At the last inspection provider level audits were not being documented. At this inspection we found regular audits were carried out by the management team to assess and monitor the quality of the service. The provider was documenting their quality assurance visits to the service and one audit had taken place by a representative of the provider. However, audits undertaken did not identify the issues we found.

The provider had continued to fail to assess, monitor and improve the quality and safety of the services. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where shortfalls had been identified the registered manager had devised action plans to bring about improvements to the service.
- Notifications about incidents that affected people's safety or welfare were sent to CQC appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff told us the management team listened to them and their concerns.
- We received very positive feedback about the registered manager from people, relatives and staff. One person told us, "She is lovely. Very caring." A relative told us the atmosphere at the service was, "Friendly and very positive."
- Team meetings were held to keep the staff team updated with changes. Staff said they could raise any

concerns they might have at these meetings.

- Only one meeting had taken place for people and relatives in the last 12 months. We discussed this with the registered manager who told us they had struggled to get people and relatives to attend. They told us they would look at increasing the scheduling of these meeting with the aim of gathering more feedback.
- Surveys had been sent out to people, relatives and staff to gather their feedback. The results of these had been analysed and actions taken in response to issues raised.

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

- The management team understood their duty of candour responsibilities.

Continuous learning and improving care

- The registered manager was keen to continue improving service delivery and shared their plans in this area.

Working in partnership with others

- The service had worked with a range of other professionals and agencies to improve the quality of service available to people. This included commissioners, the local authority safeguarding team and healthcare professionals.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure governance systems were sufficiently robust to identify and address issues of concern.