

Mrs L Penfold

Linda Lodge

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?	Good 

Summary of findings

Overall summary

This was an unannounced inspection which took place on 1 November 2017. When we last visited the home in September 2015 the service was meeting the regulations we looked at and was rated Good overall and in all five key questions.

Linda Lodge 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.

Linda Lodge accommodates up to 25 older people in one adapted building. Some of whom have mental health needs. At the time of this inspection there were 23 people living at the home with two vacancies.

The service has a registered manager in place. 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 the associated Regulations about how a service is run.

People told us they felt they were safe living at Linda Lodge and this was also the view of the relatives we spoke with.

People were at risk of not receiving sufficient levels of support that was appropriate to meet their needs. The care plan reviews we inspected did not reflect people's personal preferences or any progress made with care plan objectives set out in earlier care plans. The deputy manager confirmed with us they would ensure all people's care plans would be reviewed immediately together with people living in the home or their relatives. This is in line with the provider's own policies and procedures. The deputy manager also told us that staff will receive additional training with this to ensure they fully understand their responsibilities and carry them out as required. The example above showed the provider was not assessing or mitigating risks to people's safety effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they thought there were enough staff to meet people's needs. We looked at staff rotas and observed care being provided for people and we found there were sufficient levels of staff available to meet people's needs. Relatives told us staff kept them well informed about people's needs and preferences about their care.

People received their medicines as prescribed and staff knew how to manage medicines safely. Those people who were able to, took their medicines themselves with minimal assistance from staff.

Staff were suitably trained and supported to carry out their work effectively. The deputy manager told us that the provider's training schedule helped to ensure all staff received appropriate training and support for

their roles and their work in the home. We saw evidence of this. Staff told us they were well supported with appropriate training and were able to discuss any concerns or issues with the managers whenever they needed to do so.

People had a varied and nutritious diet and choice of meals. Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing.

During our inspection we saw people were treated with kindness and compassion. Our observations and discussions showed staff to have a good knowledge and understanding of the people they were supporting. Staff told us they enjoyed working with the people they cared for.

On a day to day basis people told us they were able to express their views and make decisions about their care and support. Staff told us people's likes, dislikes and their preferences were seen by them as an important part of people's care but this was not recorded in the care plans we inspected and there was no evidence this was a part of the care plan reviews.

Relatives of people were involved in developing their family member's initial care plans and we saw people were supported to make decisions about their care and support.

People told us that there was a good range of activities provided for them. Relatives said they were always made welcome when visiting the service.

People using the service and their relatives were encouraged to give feedback to help to improve the service for people. The complaints system in place meant people's complaints were dealt with effectively and people were satisfied with the outcomes.

Staff told us they were clear about their roles and responsibilities. They understood the ethos of the service which meant people living at Linda Lodge received a good quality service.

Systems were in place to monitor the safety and quality of the service and to get the views of people about the service. Where there were concerns about quality or safety, appropriate action was taken to address the issues identified.

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. Risks to people's safety and welfare were not reviewed regularly to ensure any changes or new risks were identified so these were appropriately reflected in risk management plans to promote their safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew how to safeguard people from abuse because they recognised the signs of abuse and they knew the policies and procedures the provider had put in place to safeguard people.

The provider operated safe recruitment procedures. They had an effective system in place to ensure that there were enough staff deployed in the home to meet people's needs.

People's medicines were stored and administered safely to make sure people received the medicines they needed.

Requires Improvement ●

Is the service effective?

The service was effective. Staff received all the essential and specific training and updates they needed to help them fulfil their roles. They received support through supervision and appraisal of their work with the managers.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and they sought permission before they provided care to people. The deputy manager told us that all the people at Linda Lodge had the capacity to make decisions about their care and support at the time of this inspection.

People were being supported with eating and drinking appropriately. People had access to a GP and other health care professionals when they needed it.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated in a caring and positive way by staff who understood their needs.

Staff worked with people and their relatives to understand

Good ●

people's individual needs so that they could be actively involved in their care and support.

Staff treated people with respect, dignity and compassion, and were friendly, patient and discreet. People and their families were included in making decisions about their care and relatives told us they were made welcome when they visited their relatives living at Linda Lodge.

Is the service responsive?

Good ●

The service was responsive. Staff demonstrated a good understanding of people's individual needs and choices.

People, their relatives and friends were encouraged to give feedback about the service they received. There was an appropriate complaints procedure in place which people and relatives were familiar with.

Is the service well-led?

Good ●

The service was well-led. Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service and they provided good quality care for people.

Systems were in place to monitor the safety and quality of the service and to get the views of people about the service.

Linda 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 November 2017 and was unannounced.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send us by law. We visited the home on 1 November 2017. Our inspection was unannounced and carried out by one inspector.

We gathered information by speaking with eight of the people living at Linda Lodge, three relatives, a Vanguard nurse / district nurse, another health care professional, three staff and the deputy manager. The registered manager was away on annual leave on the day of this inspection. We observed the provision of care and support to people living in the home. We looked at four people's care records and three staff records and we reviewed records related to the management of the service.

Is the service safe?

Our findings

People said they felt safe living at Linda Lodge and relatives told us they thought their family members were safe and well looked after. One person said, "I feel quite safe here." A relative said, "My [family member] is safe, the staff do a good job of ensuring they are well looked after here." Another relative said, "People are quite safe there [Linda Lodge], they are well looked after."

Although relatives told us their family members were safe in the home, we found that risks to people were not always managed appropriately or reviewed in line with the provider's own policy. For those people's care files we inspected we found that in January 2016 people's risk assessments and care plans were revised together with people. However subsequent review reports did not evidence people's changing needs or any progress made with their care plan objectives that were set previously. The provider had care plan and risk assessment policies in place but they had not been implemented appropriately. For example when one person had a fall when they were out in the High Street, no subsequent or revised risk assessment or risk management plan was in place to ensure their safety if and when they went out again. The care plan was not reviewed and no comment was made as to whether the risks had changed or not or how any further risk was to be managed. This meant there was a risk that the person may not have received the appropriate level of care, treatment and support to ensure their safety. The deputy manager confirmed with us following this inspection they would ensure all people's care plans would be reviewed immediately as a priority in line with the provider's own policies and procedures. They told us that staff would receive additional training with this to ensure they fully understand their responsibilities and carry them out as required.

The example above showed the provider was not assessing or mitigating risks to people's safety effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There were policies and procedures in place for safeguarding adults from abuse to protect people using the service from the risks of abuse. We saw guidance for staff displayed in the office on how to respond and report any concerns. Staff demonstrated good knowledge on how to recognise the signs of abuse and how to report concerns appropriately. They understood the provider's policies and procedures regarding safeguarding adults from abuse and how to use the provider's whistle blowing policy. We saw records where staff were required by the provider to sign to say they had read the policies and understood them. Three staff members told us they had received training and information on safeguarding and whistle blowing. One person said, "I have done the safeguarding training, I found it very interesting and useful." Another member of staff told us they had done the training, they said, "If I came across any incidents of abuse I would report it immediately to the manager or if they were involved to the local authority Sutton."

The provider had risk assessments and risk management plans in place for the building that staff followed to ensure identified risks were minimised so that people were helped to keep safe and staff protected. We saw an up to date fire risk assessment, water temperature checks for each room, fridge and freezer checks for equipment in the kitchen, an environmental risk assessment and a monthly health and safety checklist to monitor the identified risks. We saw that the checklist was monitored by the registered manager and

appropriate actions taken where needed.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. We saw that pre-employment checks and criminal records checks were carried out before staff started work. This helped ensure people were cared for and supported by staff who were deemed as suitable by the provider for their roles in the home.

We observed there were enough staff on duty and deployed throughout the home at the time of our inspection to ensure people's needs were met. Staffing rota's showed there were sufficient numbers of staff available to supervise and support people at all times. We saw that staff had time to spend with people and to support them to carry out individual activities.

We found medicines were stored and managed safely and appropriately. We undertook a stock take check for three people to ensure that stored medicines matched recorded medicines stocks. Records matched the actual medicines stored. The deputy manager told us that they conducted weekly checks for the administration of medicines and all staff who administered medicines were assessed annually to check on their competency to do so safely.

We saw records that detailed appropriately daily medicines counts on medicine administration records (MARs). MAR sheets had been completed appropriately with no errors. Each person who lived in the home had an individual medicines profile. An appropriate risk management plan was in place that related to the administration of medicines to people by staff. Those people who were able took their medicines themselves with minimal assistance from staff.

The deputy manager told us they would always consult the pharmacy if they had any concerns about the medicines they received for people. We saw records to show that staff had received medicines training and that there were monthly audits of medicines to help to ensure the safe management of medicines.

People received care in premises and equipment which were well maintained by the provider. Our checks of the premises and equipment, and records premises management, showed the registered manager managed risks associated with of the premises and equipment well. Checks were in place including those relating to fire safety, gas safety, electrical installation, electrical equipment, water hygiene and hot water temperatures. A repair and maintenance person was available to carry out repairs when necessary so as to ensure the premises remained safe.

Risks to people relating to infection control were well managed by the provider. A relative told us, "The premises are safe and clean whenever I come here." The premises were clean and a cleaning schedule was in place with a range of audits for the provider to check the cleanliness. Processes were in place for staff to check food was stored safely, such as checks of the temperature.

Is the service effective?

Our findings

Staff received regular training and support to meet the needs of people using the service. Records showed the registered manager and senior staff met regularly with staff to discuss and appraise their work performance, their learning and development needs and any issues or concerns they had about their role. Staff told us they attended regular one to one supervision meetings.

One member of staff said, "I meet with the manager every three months and I find it helpful. We discuss resident's issues, my training needs and any other business relevant to the home." Another member of staff told us, "Access to training is good here and I find it useful for my job. I have done lots of training over the last year." We looked at staff records and found training information on all the staff files. There was a list of all training that had been completed, together with certificated evidence. The training provided covered the essential areas of knowledge, skills and competencies that the provider had assessed staff needed to do their jobs effectively. We noted that there was additional specific training that was accessed by staff such as that for the Mental Capacity Act and working with personality disorders, both additions to the training programme. The registered manager told us some of the training was provided in house, some by the L.B Sutton and some through e learning.

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 were cared for in line with the MCA. The provider carried out mental capacity assessments when there was reason to believe people lacked capacity to consent to particular areas of their care, such as managing their finances or medicines. The provider held meetings with people's relatives and others involved in their care to make decisions in people's best interests when they lacked capacity. Staff understood their responsibilities in line with the MCA as they received training on this each year. Staff told us they always asked people for consent before carrying out personal care

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff understood DoLS and the provider had submitted applications to the local authority to deprive people of their liberty when necessary, as part of keeping them safe.

People were able to make decisions about their everyday life and were asked for their consent. It was clear from speaking with people and their relatives that they were consulted about making decisions to do with their care and support needs. The deputy manager told us that all the people at Linda Lodge had the capacity to make decisions about their care and support at the time of this inspection. The deputy manager said that people's capacity to make important decisions was always discussed at their care plan reviews so

everybody was aware of the person's ability to decide on what was in their best interests.

Menus and meal plans were created in consultation with people to ensure that they reflected people's individual choices and preferences. One person told us they had a choice of meals and were involved in meal planning and menu options. They said, "We can choose what we would like to eat if we don't like the main menu choice. We have options." We spoke with the cook who told us they talked with people to discuss food options and plan menus in advance. We saw menu and nutritional guidance information was kept in a folder in the kitchen. This contained guidance for staff on safe meal preparation, portion sizes, food allergies, simple nutritious recipes and food monitoring charts to ensure people were receiving enough to eat and drink. We observed that people were offered a choice during meal times and were asked whether they wished to join others eating in the dining room.

The deputy manager and staff said that people had access to health care professionals when required. Staff showed us when people had a health care appointment by looking at the person's daily records. The deputy manager told us that to ensure it was immediately evident when people received their health care they had recently drawn up a health care appointments sheet that was maintained on people's care files. We saw this made it clear that people received appropriate healthcare to meet their needs. We found there was some information [called the hospital passport] that could accompany people to hospital but this was out of date on the care files we inspected. The deputy manager told us they would ensure each person's hospital passport was reviewed without delay and maintained up to date. This would accompany anybody admitted to hospital and contained all their important personal information including their medicines profile.

The premises met people's support needs and people had access to all communal areas. The premises had sufficient facilities and each person had a private bedroom. People were able to spend time alone in their bedrooms, take part in activities in communal areas and also spend time in the garden if they wished to do so.

Is the service caring?

Our findings

One person we spoke with told us they were happy with the care they received. They said, "I'm very happy here, the staff are kind and caring." A relative said, "The staff are always welcoming and really caring." Another relative said, "It is nice at Linda Lodge, the care staff provide for residents is good." Relative's told us they were provided with appropriate information about the home.

The deputy manager told us there had been some turnover of staff since the last inspection. However they said that the new staff had got to know people living at Linda Lodge well. Staff said, "It is good for the people living here and for staff because we know each other well and there is a very friendly atmosphere here." Relatives of people and people using the service told us they were helped to make decisions about their care and how they would like it to be delivered. They said they found staff had a caring approach in the consultation about their care and support needs.

A relative told us, "Staff talk to us about all of the aspects of my [family members] care." Another relative said, "The staff discussed my [family member's] care plan when they came here. They talked to us in detail about their needs." A friend told us at the inspection, "They always let me know if there are any changes, or if my friend needs to go for hospital appointments."

We observed staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. We saw that staff were familiar with people's needs and knew how best to support them and how to approach and respond to them respectfully. We observed that staff had good knowledge of people's behaviour and likes and dislikes and were able to communicate with them effectively. Staff took their time and gave people encouragement whilst supporting them. We saw staff sitting with people engaged in meaningful conversations. They were aware of the need for confidentiality and we saw them speak quietly with people about the support they needed.

People were well presented and looked clean and comfortable. They and the staff all appeared comfortable and relaxed in each other's company. People's privacy and dignity was respected. Where people needed support with personal care staff ensured their privacy by assisting the person into their individual bedrooms and shutting doors. One person said, "The staff knock on my door before coming into my room."

Staff addressed people by their preferred names, which we noted was recorded in people's records. Staff told us they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff said "We support people to do as much for themselves as they can. I enjoy helping and supporting them by playing games or reading with them."

We saw from our inspection of people's files that information had been provided about appropriate end of life care and support. Information had been signed and dated by the person or their relatives and by staff. All of the people using the service had end of life care plans.

Relatives said they were always made welcome when visiting. Staff told us, and records evidenced that

people were supported and encouraged to keep in contact with their relatives and friends. We heard how special events, such as birthdays, were celebrated, and families and friends were invited. We saw staff welcomed relatives who wanted to make a visit.

Is the service responsive?

Our findings

People told us they were aware they had a care plan. They said they were asked about their wishes and how they wanted their care to be provided. People told us that if they asked staff for help or assistance with something, staff usually helped them. People also told us they had not seen their care plan for some time. This was evidenced in our inspection of people's care files. Care plans were in place [drawn up in 2016] and at that time signed off by people to indicate their agreement with their plan. However subsequent reviews did not evidence progress made or not of people's care plan objectives. We spoke with the deputy manager about this and they agreed that action was needed to rectify the problem. They told us the matter would be addressed immediately following this inspection with all people's care plans to be fully reviewed and updated appropriately.

People told us they were happy with the care they received. They said staff were responsive to their needs and if they needed help with things that were not in their care plans such as going out for an unplanned walk, they got the assistance they needed. One person said, "The staff are friendly and kind and they help me with what I need." A relative agreed with this and said, "All the staff here are brilliant, they are so helpful to us all."

The nurse and the health care professional we spoke with told us that information from multi-disciplinary team reviews was taken into account in the care provided for people in the home. This has helped to ensure effective and more integrated care in meeting people's needs.

People told us that there was a good range of activities provided for them. One person said, "The activities we can join in with if we want to. They do quite a lot here. We have parties that our friends and families can come too and that's nice. We had one recently, it was a Halloween party." Relatives said there was a wide range of social activities that people could join in with if they wanted to. One relative said, "The staff here really put a lot into making these events good fun and enjoyable for people. It has helped to keep people happy and interested in life."

People told us they knew what to do if they were unhappy about something and they felt they were able to talk to the deputy manager or staff about anything. We were shown the provider's complaints policy and procedure. We inspected the home's policies and procedures and this included the complaints process and what people could do if they were not happy with the quality of service they received. From the complaint records that we inspected we saw that they had been resolved with the complainant satisfactorily and the process followed was within the policy and procedures for complaints. The deputy manager told us they reviewed any complaints or concerns made and this had provided them with the opportunity to improve the service appropriately.

Is the service well-led?

Our findings

Relatives told us that the registered manager and deputy were approachable and responsive. One relative said, "The manager and the staff provide good care for my [family member]. If ever we have had a problem the manager has responded positively." Another relative said, "I am really happy with this home and I'd recommend the home to anyone."

We saw that staff worked well as a team supporting people in the home. Staff were committed to providing good quality care for people. One member of staff told us, "I love my work here with people, you really have to care about people to do this work and we all do." Staff also said, "The manager is very approachable and supportive; I can go to her at any time". Another member of staff said, "We get good support from the managers and we work well as a team. That's because we really want people here to have the best care they can." The healthcare professionals we spoke with said staff worked well with them to provide good health care for people.

Staff understood their roles and responsibilities. When we spoke with them they were able to describe them well and were clear about their responsibilities with supporting people. The staffing and management structure ensured that staff knew who they were accountable to.

There were comprehensive policies and procedures in place. The deputy manager was aware of when statutory notifications had to be sent to CQC and there was evidence that we received them appropriately.

The provider and registered manager had quality assurance processes in place. We saw evidence that a regular audit was carried out by the registered and deputy managers that included checks on the general cleanliness of the premises, health and safety checks and an audit of medicines and the administration of medicines. We saw that all of this was part of the overall quality assurance process. Any concerns highlighted by these audit checks were actioned appropriately.

We saw evidence of the September 2017 feedback questionnaires that were sent to relatives, visiting professionals and staff. The feedback was positive with all the returns at the top end of the ratings scale. The deputy manager told us all the feedback they received was important as a part of their quality assurance process. They said the next step was to evaluate the feedback provided as it gave them valuable insight into where improvements could be made. We saw that evidence from a previous feedback survey was actioned where improvements were suggested. An example was where it was suggested the garden could become more accessible for people. The provider installed raised flower beds that now enabled people to use the garden more easily.

Some of the records we inspected in the home [as already identified under the "Safe" and "Responsive" sections of this report] were not well maintained or up to date. The deputy manager told us they would ensure all people's care plans would be reviewed as a matter of priority together with people's hospital passports and health action plans following this inspection.

We saw the provider worked in partnership with key organisations in an open and transparent way. For example we spoke with a Vanguard Nurse who said, "We have been working with people and the staff in this home now for four months. The managers and staff are very co-operative and we work well together caring for those people who need this support." The Vanguard Nurses Scheme is one where health professionals [such as Vanguard nurses/ district nurses] work closely with the registered manager and staff to co-ordinate the health and social care input for people living in the home. People are visited weekly by Vanguard nurses who monitor people's health and share information, working together with staff for the benefit of people's health. The aim being to ensure that their health care needs are met more effectively.

Another health care professional told us the provider worked positively with them and kept them informed of any incidents relating to people's changing health care needs in the home. They said that joint working for people in the home was effective.