

Galleon Care Homes Limited

Lindsay Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Lindsay Hall Nursing Home on 10 and 11 April 2017. This was an unannounced comprehensive inspection. Lindsay Hall Nursing Home provides accommodation and nursing care for up to 38 people living with differing stages of dementia who also have nursing needs, such as diabetes and strokes. There were 25 people living at the home during the inspection. Lindsay Hall Nursing Home is owned by Galleon Care Homes Limited. Accommodation was provided over three floors with a lift that provided level access to all parts of the home.

There was no registered manager in post. An appointed manager was in post and had submitted their application to register with the CQC. We have confirmed that this is in progress. 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 and associated regulations about how the service is run.

At a comprehensive inspection in March 2015 the overall rating for this service was Inadequate. At this time we took enforcement action. During a further inspection in August 2015 improvements had been made, breaches in regulation had been met and the overall rating was Requires Improvement.

Due to a high number of concerns raised with us we undertook a comprehensive inspection in July 2016, so we could ensure that people were safe. We found that people's safety was being compromised in a number of areas. The service was placed into special measures and we served warning notices for Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities).

We undertook a focussed inspection on the 01 and 03 November to look at the safe domain. We found improvements had been made, the breaches of Regulation 12 and 18 were not fully met.

At this inspection we found the breaches of Regulations 11, 12 and 17 were not fully met. There was a clear commitment from the manager and staff to continue with the improvements, developments and learning that had already taken place. The provider's leadership team acknowledged that this would take some time. They told us they wanted improvements to be fully embedded and would take their time to ensure this was done properly. Staff were now aware of their roles and responsibilities, they had a clear understanding of the vision and direction of the home. This was regularly discussed with them at interview, staff meetings and supervision.

Although there was a quality assurance system and a range of audits and checks took place this had not identified all the shortfalls we found. However, the manager had a good oversight of what was required to ensure the service continued to improve and meet the regulations.

Staff told us they felt supported by the new manager, they could talk to her and raise issues at any time. They felt listened to and knew any concerns would be taken seriously and acted on appropriately. Staff were committed to helping the service improve and develop.

There were a range of risk assessments in place. However, not all risks had been identified in relation to pressure damage. There was lack of information to show that appropriate steps had been taken to ensure people's risks had been safely managed.

There were systems in place to manage people's medicines. However, improvements were required to ensure people received their 'as required' medicines consistently. Improvements were also required to ensure people received their body creams as prescribed.

Although some activities took place at times, there was a lack of meaningful activities for people to participate in as groups or individually throughout the day. People's care plans did not include all the information about the care people needed or received. However, people were supported by staff who knew them well and they had a good understanding of people's individual needs, choices and preferences. Staff were kind and compassionate and worked hard to improve people's quality of life and provided them with the person-centred care and support they required.

Recruitment had taken place to ensure there were enough suitably qualified and experienced staff to meet people's needs. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work at the home. There was an ongoing training and supervision programme in place. This included observations of staff in practice and assessment of their competencies.

Staff were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk. Staff were confident they would raise any concerns to the senior person on duty or if appropriate to the local safeguarding team or CQC.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) had been submitted when required. However, there was limited information about how people who lacked capacity were able to make decisions.

The mealtime experience for people had improved and this was ongoing to ensure changes were fully embedded into practice. Nutritional assessments were in place and action was taken when people were identified as being at risk. People were offered choices and supported to eat and drink throughout the day. Staff were also encouraged to eat with people to help people identify it was a mealtime.

People were supported to have access to healthcare services and referrals were made appropriately. This included the GP, mental health team and tissue viability nurses.

The manager had worked hard to develop an open and positive culture. This was focussed on ensuring people received good person-centred care that met their individual needs.

We found a number of breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Lindsay Hall was not consistently safe. Improvements had been made; however the provider was not fully meeting the legal requirements that were previously in breach.

Risk assessments were in place. However, not all risks had been identified. There was lack of information to demonstrate people's risks had been safely managed.

There were enough suitably qualified and experienced staff to meet people's needs.

There were systems in place to manage people's medicines. However, further improvements were required.

Staff were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work at the home.

Requires Improvement ●

Is the service effective?

Lindsay Hall was not consistently effective. Improvements had been made; however the provider was not fully meeting the legal requirements that were previously in breach.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) had been submitted when required. However, there was no information about how people who lacked capacity were able to make decisions.

There was a training and supervision programme in place. This included observations of staff in practice and assessment of their competencies.

People were given choices about what they wanted to eat and drink. They were supported to eat and drink a variety of food that met their individual needs and preferences.

Requires Improvement ●

People were supported to have access to healthcare services when they were needed them.

Is the service caring?

Good 

Lindsay Hall was caring.

Staff communicated clearly with people in a caring and supportive manner. They knew people well and had good relationships with them.

People were treated as individuals and staff respected people's dignity and right to privacy.

Staff were committed to ensuring people were supported to make their own decisions and choices.

Visitors were welcomed and could visit the home whenever they wished.

Is the service responsive?

Requires Improvement 

Lindsay Hall was not consistently responsive. Improvements had been made and the provider was meeting the legal requirements that were previously in breach. However, these improvements need time to ensure changes are fully embedded into everyday care delivery.

People received the care and support they needed because staff knew them well and had a good understanding of their needs.

People who were able were supported to engage in activities of their choice. However, at times, there was a lack of meaningful activities for people to participate in as groups or individually.

A complaints policy was in place and complaints were handled appropriately.

Is the service well-led?

Requires Improvement 

Lindsay Hall was not consistently well-led. Improvements had been made; however the provider was not fully meeting the legal requirements that were previously in breach.

There was a quality assurance system in place however this had not identified all the shortfalls we found. People's care plans did not include all the information about the care people needed or received.

The manager had worked hard to develop an open and positive culture at the home. This was focussed on ensuring people received good person-centred care that met their individual needs.

The staff told us they felt supported and listened to by the manager. They had a clear understanding of the vision and direction of the home.

Lindsay Hall Nursing Home

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 checked 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 the 10 and 11 April 2017. This visit was unannounced, which meant the provider and staff did not know we were coming. It was undertaken by two inspectors 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 service.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Before the inspection we spoke with the Local Authority to ask them about their experiences of the service provided to people. We observed care in the communal areas and over the three floors of the home. We spoke with people and staff, and observed how people were supported during their meals. We spent time looking at records, five staff recruitment files, training programmes and other records relating to the risk management of the home, such as complaints and accident / incident recording and medicine audits.

We looked at five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people living at the service, three visiting relatives, seven care staff the chef, a

housekeeper, maintenance staff, two nurses, the manager and two senior managers from the provider.

Is the service safe?

Our findings

At our inspection in July 2016 we found that people's health safety and welfare were not always safeguarded. The provider had not taken appropriate steps to ensure that there were measures in place to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had also found there were not sufficient, experienced staff deployed to keep people safe or assist them to receive appropriate care and support. The service had not assessed the skills of agency staff working in the service. This was a breach of Regulation 18. The provider submitted an action plan detailing how they would meet the legal requirements by 30 October 2016. At our inspection in November 2016 we found that improvements had been made and risk to people's health and well-being had been mitigated. However, the provider was still not fully meeting all of the requirements of Regulation 12 and 18. The provider submitted an action plan detailing how they would meet the legal requirements by the end of February 2017.

At this inspection we found improvements had been made and the provider is now meeting the requirements of Regulation 18. However these improvements were not, as yet, fully embedded in practice and needed further time to be fully established in to everyday care delivery. Although improvements had been made we found the provider was still not fully meeting all of the requirements of Regulation 12.

People and their visitors told us they felt safe at the home. People were comfortable in the presence of staff and reacted to them positively. One visitor told us they felt reassured that staff ensured their relative was well looked after. Another visitor told us their relative was "Completely safe."

There were a range of environmental and individual risk assessments in place these included mobility, continence care, behaviour, health needs and pressure damage. Staff generally had a good understanding of the risks associated with supporting people. However, care plans associated to the risk assessments did not always include the complete information about how to provide care. We found risks to people's skin integrity had not always been identified or addressed. People's risks associated with pressure damage were not consistently managed and needed to be improved. Two people in the lounge who had not had their position changed for five hours. Staff told us these people required support to manage their continence however had not been assessed at risk of developing pressure damage because they were able to alter their own positions. During this time their continence aids had not been checked or changed. Good skin care involves good management of continence and regular change of position. Staff had failed to identify the increased risk to these people due to their continence issues. We raised this with the manager who took immediate action.

Staff knew people well which helped to mitigate the risks associated with the lack of guidance. However, there were staff who were new to the service and there was still some reliance on agency nurses which could leave people at risk of not receiving the care they required.

Some people were living with health related conditions such as diabetes. Their care plans did not consistently contain all the information required to help them maintain good health. For example there was

information for staff to observe for signs of high and low blood sugar levels but there was no information about how the person may present or what actions to take. There was no information about when blood sugar levels should be monitored and for one person there was no information to show what the normal blood sugar levels should be for that individual.

Some aspects of the medicine systems needed to be improved. Some people had been prescribed 'as required' (PRN) medicines. These needed a protocol in place so that staff knew when people may need these medicines for example for pain. There were some protocols in place but not for every PRN medicine, others did not include all the information required. Where people had been prescribed PRN pain relief there was not always guidance about how people, who were unable to express themselves verbally, may demonstrate they were in pain. There was an inconsistent approach of how PRN medicines were recorded on the Medicine administration record (MAR). Some staff had recorded 'offered not required' others had recorded 'refused.' In the absence of PRN protocols it was not clear if people had the capacity to refuse.

Some people had been prescribed body creams. These were applied by the care staff and records were in people's rooms for staff to complete to show these had been applied. These were not consistently completed and did not demonstrate creams had been applied as prescribed. There were some body charts for guidance to show where to apply creams. These were not all filled in, and some stated to apply "as directed on prescription" rather than inform staff of actual directions or where to apply. Staff told us they did apply creams as prescribed but may not always complete the record.

Not everybody had a photograph in their MAR to help staff identify them. Other photographs were not clear. The lack of consistent guidance and the use of agency staff means people were at risk of receiving medicines inappropriately or not receiving medicines to meet their needs.

These above issues are a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people required medicines through an injection or medicated patch which was applied to the skin. There was information about which site to use to ensure medicines were absorbed appropriately and people's skin did not become sore. MAR's were well completed.

There was a system in place for ordering, storing and administering medicines. Due to previous reliance on agency nurses medicines had not been ordered appropriately. This was currently the responsibility of senior care staff to ensure an efficient and robust system was in place. Senior care staff had a good understanding of the system and their responsibilities. All medicines were administered by the nurses and this was observed as being done appropriately.

There were enough staff deployed to meet people's needs. The organisation had continued to work hard recruiting new staff to ensure there were enough regular staff, who knew people well, deployed each shift. The amount of agency care staff had decreased and the permanent care staff team increased. There had been recruitment of nurses and a clinical lead started work on the first day of our inspection. There was one nurse and six care staff each day plus a chef, kitchen assistant, housekeeping and maintenance staff. An activity co-ordinator worked three days a week and recruitment was underway for a second activity co-ordinator. At night there was one nurse and three care staff.

Staff were busy throughout the inspection however, people were attended to in a timely way and staff were observed spending time talking and engaging with people. Staff told us they would like to have more staff on each shift. One staff member said, "Sometimes it's quite pushed." Dependency assessments were in

place to identify how much support each person needed and help determine the amount of staff that were needed each shift. However, this had not been analysed to identify the overall staffing need. The manager told us she was aware of this and it would be addressed to help identify if there was the appropriate number of staff working each shift. The manager understood people's needs and told us staffing levels would be increased when required to ensure people received the care and support they needed.

As far as possible, regular agency staff were used when needed to ensure people received care from staff they knew. The provider had introduced the role of assistant practitioner. This was a staff member who had considerable experience of working as a senior care worker and had a great understanding of their own role and responsibilities. Their remit was to support the nurses and provide guidance and direction for the care staff. The manager told us the recent employment of the clinical lead and a second assistant practitioner would help to ensure there was improved support and oversight of staff on each shift. Further time is needed to ensure these roles are effective and become fully embedded into the day to day running of the home.

There were a number of fire checks and a fire risk assessment had taken place. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs and the assistance required in the event of an emergency evacuation. There were floor plans in each room which showed the nearest escape route in case of emergency. These plans were also available to agency staff and visitors. Regular fire drills were undertaken, the most recent had been during a night shift which the manager reported as very successful.

Accident and incident records were in place and there was ongoing analysis to identify any themes or trends. There was information about what actions had been taken to prevent a recurrence and help keep people safe.

Following previous concerns there had been a safeguarding plan by the local authority in place. The provider was working with the local safeguarding team to address issues and ensure people were protected. Staff were able to identify different types of abuse and were aware of their responsibilities to ensure all concerns were reported. They told us they would report any concerns to the senior person on duty, if this was not appropriate staff were aware of reporting to external agencies such as the local Adult Services Safeguarding Team or CQC. Staff were confident the manager would act on any concerns they raised and they were able to share any concerns they may have in confidence. The manager was aware of her responsibilities in reporting any concerns that may be considered safeguarding. Where concerns had been identified these had been referred appropriately to the safeguarding team for review.

Staff followed good infection control procedures. There was access to protective gloves, aprons and handwashing facilities throughout the home. The home was clean and tidy throughout with no unpleasant odours. The manager had recently appointed a member of the care staff as an infection control lead. This staff member was currently completing appropriate training to support them in their role. The home was well maintained throughout with evidence of on-going work as required. Regular health and safety checks took place. These included environmental and maintenance checks, regular servicing for gas and electrical installations and lift and hoist servicing. The home was staffed 24 hours a day with an on-call system for management support and advice.

The manager told us she had worked hard to ensure appropriate staff had been recruited. This included a discussion about the history of Lindsay Hall, its CQC rating and the need to improve the service. The manager told us this had meant some prospective candidates had chosen not to work at the service. This helped ensure staff were aware of what was required of them if they worked at the home. Staff told us they

had discussed concerns related to the home prior to and during their interview.

People were protected, as far as possible, by a safe recruitment system. Appropriate checks were undertaken, including references and criminal records checks with the Disclosure and Barring Service (DBS). Staff did not start working until satisfactory checks had taken place. There were copies of other relevant documentation including references, interview notes and Nursing and Midwifery Council (NMC) registration documentation in staff files. Interview questions were aimed at prospective staff's understanding and expectations of person-centred care. This helped to ensure appropriate staff were employed. There were regular checks in place to ensure nurses had maintained their registration with the NMC which allowed them to work as a nurse.

Is the service effective?

Our findings

At our inspection in July 2016 we found that people did not receive care that was effective. The provider had not ensured that people received suitable and nutritious food and hydration which is adequate to sustain life and good health. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not have individual mental capacity assessments in place and certain decisions about where people spent their time had not been asked, considered or referred for a best interest meeting. This was a breach of Regulation 11.

Staff had not received appropriate training, professional development and supervision to meet the needs of the people they cared for and this was a breach of Regulation 18. The provider submitted an action plan detailing how they would meet the legal requirements.

At this inspection improvements had been made and the provider is now meeting the requirements of Regulations 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However these improvements were not, as yet, fully embedded in practice and needed further time to be fully established in to everyday care delivery. Although improvements had been made we found the provider was still not fully meeting all of the requirements of Regulation 11.

Mental capacity care plans did not reflect the individual and did not contain detailed information about how people could make decisions. 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.

The MCA says that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. One person who lacked capacity had been recently admitted to the home. There was no information about how this decision had been made. Their relative told us the person had been moved into the home but were unsure how the decision had been made. They said, "As it happens I'm very pleased with the home, but not the way it happened." This person had bedrails in place and had given verbal consent for this. There was no information about how this consent had been obtained or how the person had been assessed as having capacity to make this decision. The relative of another person who lacked capacity had signed consent to agree photographs being taken. However, there was no evidence this relative had the legal right to consent on the person's behalf. Other people had consent forms in place related to care and the use of photographs for identification in records, which had been signed by staff. There was no rationale as to why this had been done or whether staff had that authority. This is a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was however evidence of best interest decisions having been taken and therefore some improvement in this area. One person required covert medicines on occasions. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. There was evidence which demonstrated the GP and family members had

been involved in a best interests meeting to make this decision. There was detailed information about another person showing how they had been assessed as having capacity to make the decision to move into the home. Throughout the inspection we observed staff offering people choices and obtaining consent before they provided care or support.

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). 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. DoLS applications had been submitted for people who did not have capacity and were under constant supervision by staff.

The manager told us they were working to ensure staff had received training updates and regular supervision. People spoke positively about staff knowledge. One person said, "Staff are definitely qualified to know what they are doing." Visitors told us staff were good and supported their relatives appropriately. One visitor told us, "The staff are trained well." There was a training programme in place and this included moving and handling, safeguarding, dementia and infection control. The manager told us following her appointment she aimed for all staff to receive training updates. This was to ensure she was aware what training was being delivered and that it was reflective of the needs of people and staff at the home. There was a training matrix in place but this did not reflect all the training staff had received. The manager told us the person responsible for updating the matrix had left just before our inspection. Following our inspection the manager told us all staff had now received moving and handling updates. For those staff who had not received safeguarding or infection control updates these had been booked over the next two months. The upkeep of training records needs to be improved.

When staff started work at the home there was an induction programme. This included orientation to home and company, safeguarding information and fire safety training and moving and handling training. Staff also shadowed more experienced colleagues for three day shifts. This included night staff, who then also shadowed a colleague at night before starting to work independently. All new staff were given the provider's code of conduct, dignity and respect policy, safeguarding and whistle blowing guidance. Staff who were new to care were required to undertake care certificate, for which there was an arrangement with an external training provider. Care Certificate training which familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life.

The nurses received ongoing clinical training, this included catheter and wound care. We saw further training had been booked for nurses in line with identified needs. At the time of interview nurses were asked about their clinical skills which included catheterisation, venepuncture and syringe drivers. They were given written tests about clinical decision planning and drugs administration, including calculations. This helped ensure staff with the appropriate knowledge and skills were employed and also helped the provider identify staff training needs. Before the inspection there had been no clinical lead at the home. Therefore clinical competencies were assessed by a competent nurse from a nearby sister home.

The manager completed a daily walk round which included observations of staff in practice. Where areas of concern were identified this was addressed at the time and further discussed with the staff member at supervision. There was evidence of reflection within the supervision which demonstrated staff had understood and learnt from the experience. The manager told us there was a supervision programme in place and she was working to ensure that all staff received this regularly. She said once the clinical lead and undergone their induction they would support her with the supervision programme. Staff told us they found supervision useful it gave them an opportunity to discuss any issues and identify any training needs. They

said they could discuss any concerns with the manager or senior staff at any time.

The mealtime experience had changed and improved since our last inspection. Meals were now prepared and cooked in the kitchen at Lindsay Hall. People told us they enjoyed their food. One visitor told us their relative had gained weight and added, "That to me means the food has really improved." The manager had introduced changes to mealtimes and as a result people were eating and drinking more.

People were offered a choice of meals and alternatives were provided if people did not like what was provided. Although choices were offered these were done through discussion. There were no picture menus which may help people who were living with dementia to make choices. The manager told us there were plans to offer meal choices by showing people two plated meal options at each meal. This was seen in the provider's action plan.

Meals were well presented and appeared appetising. The chef had a good understanding of people's dietary needs, likes and dislikes. Pureed foods were prepared in moulds which, when served, looked the same as other meals. This meant people were able to identify what they were eating. People were supported to eat their meals where they chose this included the lounge with a small table, their bedrooms or dining room. The manager told us she had worked hard to improve the mealtime experience for people. This included ensuring people ate at the same time and were not waiting for their meal while others were eating. Staff were also encouraged to eat with people to help people identify it was a mealtime. This worked well on the ground floor where lunchtime appeared to be a social occasion and people received the support they required. However, on the first floor we found not everybody in the communal area was eating at the same time. We discussed this with the manager who acknowledged some improvements were still needed to make mealtimes a good experience for everybody.

People had nutritional assessments and they were weighed regularly and action taken if they were identified at risk of malnutrition. There was guidance about how people were supported to eat their meals. Some people were at risk of choking or had difficulty swallowing and required soft or pureed diet. There was information to guide staff, for example the position people should sit to eat their meals, the consistency of their food and the pace at which they should be supported to eat. Where people required thickener for their drinks there was guidance in place. We observed people received food and were supported in line with the guidance.

People were offered regular snacks and supported to drink adequately throughout the day. Staff were constantly reminding and encouraging people to have a drink and supporting them when required. There were records of what people had eaten and drunk throughout the day. These were well completed. There was guidance in people's care plans about how much people should drink each day however this was generic and did not reflect people as individuals. The manager told us she was aware of this and as care plans developed these would be personalised. She explained it was important for staff to have some guidance in place to show how much people should be drinking each day. As a result the amount people drunk each day had increased. Staff demonstrated an understanding of the importance of food and drink as a social occasion as much as a nutritional need. One staff member said, "I hate the thought of not being able to have a cup of tea when I want it. That's why I'm always offering them to people and then I'll sit and have one with them."

People were supported to maintain their health and received on-going healthcare support. Records confirmed that staff regularly liaised with a wide variety of health care professionals to ensure people received appropriate the healthcare. This included the tissue viability nurses, speech and language therapists, GP and chiropodist. The nurses maintained contact with the GP's and liaised with them regularly

for advice for example if people's health needs changed. A visiting healthcare professional told us staff knew people well, they referred people to them appropriately and acted on the advice given.

Is the service caring?

Our findings

At our inspection in July 2016 we found that people were not consistently treated with dignity and respect and they were not encouraged to be independent or to live a life of their choice. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider submitted an action plan detailing how they would meet the legal requirements.

At this inspection we found improvements had been made and the provider is now meeting the requirements of Regulation 10. People were treated with dignity and respect.

Feedback from people and visitors was positive. They acknowledged there had been concerns at the home but improvements had been made. One visitor described the staff as "Wonderful." Another visitor told us, "Staff can't do enough for my mother." A further visitor said, "This is the happiest I've seen my friend in any care home." All staff demonstrated a kind and caring attitude towards people with an emphasis on providing the best care possible in a caring environment. One staff member explained, "I don't like the thought of an institution, I want to make sure this is a proper homely home. Just because someone has their belongings in their room it doesn't make it their home."

There was a warm and friendly atmosphere at the home. The SOFI and general observations showed interactions between all staff and people were caring and professional. Staff were observant and attentive to people's needs. Some people spent time sitting in the lounges, there was always a member of staff present to ensure people were attended to as they needed.

When staff approached people they did so respectfully and spoke to them using their chosen name. They maintained eye contact when supporting them at mealtimes and when they were sitting and chatting with them. We saw interactions between staff and people were positive and there was friendly chat and good humour between them. People were genuinely pleased to see staff and staff greeted people with smiles. One staff member said, "When people can't answer you the odd smile means you've got it right." Some people who were living with dementia became disorientated as to where they were. We heard one person ask if they were in France. Staff responded kindly and respectfully, "Not today, we are in England."

We observed numerous acts of affection between staff and residents such as gentle hugs and holding hands whilst chatting with people. One staff member gently stroked a person's face whilst they offered them reassurance as they were distressed. Another staff member put a comforting arm around a person who was distressed and spent time chatting with them. Staff made time to speak with them throughout the day. One person chose to spend a lot of time walking around the home. Staff spoke with the person as they passed and always had time to answer their questions appropriately.

Staff knew people well and were able to tell us about people's individual care needs and preferences. People were familiar with staff and happy to approach them if they had concerns or worries. Staff were able to communicate with people who were less able to express themselves verbally due to their dementia. Staff sat with people and engaged in conversations with them. On the top floor people were less able to

communicate verbally. On the first morning of the inspection people were watching an old movie on the television. Staff remained with people and spoke to them about the movie. This demonstrated staff showed an interest in what people were doing and supported them to enjoy the experience.

People were supported to make their own choices about when to get up and go to bed or where to spend their day. People were well presented in clean well laundered clothes. Staff respected people's privacy, they knocked on doors and waited for a reply, where appropriate, before entering. Where people were less able to respond they knocked and introduced themselves explaining why they were there.

Visitors told us they were always welcomed at the home. One visitor said, "It's my first time here, staff were so welcoming, they took me to my friend, offered me a cup of tea and they've never met me before."

Is the service responsive?

Our findings

At our inspection in July 2016 we found people did not receive care that was person centred or that reflected their individual needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider submitted an action plan detailing how they would meet the legal requirements.

At this inspection we found significant improvements had been made and the provider is now meeting the requirements of Regulation 9. However these improvements were not, as yet, fully embedded in practice and needed further time to be fully established in to everyday care delivery.

The manager explained to us about changes that had taken place to help ensure people received the support they required and chose and that care provided was person centred. She told us she had worked with staff, observing them and supporting them to look at different ways of working with people. She encouraged staff to engage with people continually but was aware staff had different levels of confidence and ability to do this. Again, she was working to support staff to embed this into their everyday practice.

Previously, care had been task based and a high number of people remained in bed or in their bedrooms during the day. The manager had addressed this and identified rationales for why people did not get up. Some people who had not got up for 18 months were now getting up, even if this was for short periods of time. One of these people had also been out to the nearby town. Staff told us how people who now got up were better able to engage with staff. One person who was unable to communicate verbally was actively observing staff as they went about their work. When staff spent time with the person they were observed to engage with them. Staff also explained how some people who had displayed behaviours that may challenge were now calmer and appeared more stimulated.

Although care plans were in place these were not always person-centred and did not contain all the information staff needed to support people but staff knew people well and were able to tell us about the care and support people required. For example, one person displayed behaviours that may challenge. There was reference in the care plans that certain factors, such as infection could cause the person to display increased challenging behaviour. However, there was no information about what this may be or detailed guidance about how to support and distract the person. Staff told us how they supported and distracted this person and we observed this during our inspection. Staff had a good understanding of people, their needs and choices. This helped to ensure they received care that was responsive to their needs.

Some people remained in bed or in their bedrooms. Some were unwell and needed to be nursed in bed for their own comfort. One person chose to remain in bed. The manager was aware of this and told us she had worked with the person to build their confidence to enable them to get up if they chose to. However, their individual choices and preferences would always be respected.

Before moving into the home the manager or senior manager from the provider completed a detailed assessment. This was to ensure the person's needs could be met at Lindsay Hall. Care plans and risk

assessments were developed from this assessment. These were regularly reviewed. From our discussions with people, visitors and staff we saw people and their families were now involved in planning their own care however this was not always recorded.

Staff were working to ensure people received the care and support they needed. We observed one member of care staff talking to a senior care staff about a person who wanted to get up. The staff member said, "I think it's really important to help her do it, but I don't know what chair to use or how to make sure she is comfortable." The senior care staff saw this as a priority and supported her colleague to ensure the person was able to spend the day as they wished.

The manager told us work had started to ensure people were able to enjoy meaningful activities. There was currently recruitment taking place for a second activity co-ordinator and two staff had been nominated to complete 'meaningful activity' training. The manager had identified this as an area that needed more development and changes needed to be embedded into practice. She had also identified staff who had particular interests which could be used to engage with people. For example a member of maintenance staff played chess with one person. Some care staff viewed activities as the role of the activity co-ordinator and did not always value their own interactions, such as sitting and talking with people, as meaningful activities. We observed staff sitting and talking with people whilst they completed their room notes but this was not consistently recorded.

Some people told us they were happy with what they did each day. One person said, "I like to watch television or just do my own thing." Other people told us they would like to do more. There was an activity programme displayed but these activities were not provided on the day of inspection. On the first afternoon of the inspection a number of people were engaged in an arts and craft with activity staff. They were supported to work at their own pace and staff did not take over. Later we observed staff supporting another person with crafts as this person did not enjoy being part of a group. The manager had started to develop individual activity plans for some people who remained in their rooms. These included a different activity each day. However, there were no records to confirm whether these one to one activities took place. We observed some people in their rooms had music playing and care plans confirmed this was what they liked. One visitor told us whenever they visited their relative's radio was always playing.

These above are areas that need to be improved and continue to be developed to ensure they are embedded into practice.

There was a complaints policy and procedure and complaints were recorded and responded to appropriately. We saw complaints had been investigated and the person responded to appropriately. People and visitors told us they did not have any complaints but if they did they would talk to the manager. Visitors told us, with the change of manager they felt confident any concerns would be dealt with promptly and appropriately. One visitor said, "The new manager seems very anxious to respond to any concerns." The manager had commenced an audit of complaints to identify any themes or trends.

Is the service well-led?

Our findings

At our inspection in July 2016 we found quality assurance systems were not fully completed and had not identified the shortfalls we found. People's records were not accurate and placed people at risk from inappropriate care. This was a breach of Regulation 17 of the Health and Social Care Act 2014. The provider submitted an action plan detailing how they would meet the legal requirements.

Although improvements had been made we found the provider was still not fully meeting all of the requirements of Regulation 17. There was no registered manager in post. At our inspection in November 2016 there was a manager in post who had applied for their registration with CQC. This person no longer worked at the home and a new manager had been appointed. This manager told us they had applied for their registration and we saw an application form had been received.

People, visitors and staff told us leadership at the home had improved since the manager had been appointed. Visitors told us the home had improved considerably. They said the manager encouraged them to contact her with any concerns or if they wished to discuss anything. Another visitor told us, "The manager and staff are working as a team." People spoke positively about staff and visitors acknowledged the improvements that had taken place within the staff team. Staff told us there had been real improvements since she had started in post. They told us about their previous concerns and the shortfalls that had occurred. We asked what had made a difference and they all said, "The new manager." We observed people were comfortable around the manager, they responded to her warmly and clearly knew who she was. The previous concerns were still present in people's minds. This included poor food and the lack of staff, or lack of staff that they knew. However, on discussion people acknowledged that improvements had been made.

There was a quality assurance system in place. Through this system, CQC reports and audits from the local authority, the provider had developed an action plan and we saw from this, work was in place to address identified issues. However, not all identified issues had been addressed or the action plan had been incorrectly completed. The action plan stated all photographs on the MAR charts had been updated. We found most of them were unidentifiable or missing. The quality assurance system had not identified all the shortfalls we found, for example in relation to the lack of best interest decisions. The history of the service since 2015 has demonstrated that the management team has not been able to sustain improvements in monitoring the delivery of care. Whilst the quality assurance systems were now improved we need to be assured that this can be sustained over time.

People's records that did not contain all the information staff needed to support people for example in relation to their behaviour that may challenge. Room records were not always well completed, and for other people the appropriate records were not in place. Some people had been identified as being unable to use their call bells and needed to be checked hourly. However, there was no evidence of how often people were checked and staff told us they could not be sure when people were last seen. However, one staff member said, "Although I can't prove it I am pretty sure I know where people I am looking after are throughout my shift." Fluid charts were in place but these had not been totalled to allow staff to see at a glance if people were having enough to drink. People's output or continence pad changes had not been recorded. Risk

assessments were not always personalised. For example, creams were used for pampering sessions and risk assessments stated 'ensure knowledge of allergies' but no information about people's allergies was included in the assessment. Although staff knew people well the lack of clear guidance leaves people at risk of receiving care that is inconsistent or inappropriate.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had a good oversight of the service, and was aware of the improvements needed to ensure the service was continually providing good quality care. She knew people well and had a good understanding of their care and support needs as well as what was important to them. The manager worked at the home most days and was a visible presence when on duty. The manager was working hard to re-build relationships with external health and social care services.

The manager had introduced 'resident of the day.' This meant each day one person had all their needs reassessed. This included health needs, care, medicines and weight. The chef, maintenance and housekeeping staff visited the person to ensure all their requirements were being met.

The manager was looking at new ways to capture feedback and this was included on her daily 'walk round' form. She responded promptly and appropriately to any feedback received. Feedback surveys had been sent out however there had been a low response. We were told these were due to be sent out again. There were currently no resident or relative meetings however these were due to be introduced. These are both areas that need time to improved and be fully embedded into practice.

The manager had worked hard to improve the culture of the service and ensure the values were embedded into everyday practice. During supervision sessions she had discussed the vision for the home, the shortfalls and what was required of them to drive improvements across the service. The manager completed a daily 'walk round' which was recorded. This included observations in people's bedrooms, looking at cleanliness and room charts. It also included observations in communal areas and of people's appearances, their cleanliness, clothes and nails. She would also speak with people, staff and visitors. If any issues were identified these would be addressed. Where issues with staff practice had been identified; these had been addressed and later followed up in supervision to ensure staff had the appropriate understanding and support in place to look after people.

Staff told us they felt supported by the manager and were able to discuss any concerns with her and know they would be dealt with appropriately and in confidence. This meant staff understood their roles and responsibilities and what they needed to do to ensure the regulations were met and people received the appropriate care and support. We observed staff were able to challenge others if they observed anything of concern. This included colleagues not offering people a choice or not attending to their needs in a timely way. One staff member said, "We have a duty to make sure people are clean, well fed and safe but it's more than that, it's about the whole picture. If what we do doesn't respect people that tells us things are not right."

There were regular staff meetings where staff were updated about changes at the home. Staff told us they were able to bring ideas to the manager and know they would be listened to. For example each bedroom had information about an escape plan and this had been an idea from the maintenance staff.

The manager and senior manager from the provider told us about future initiatives to drive the service forward. This included, The Social Care Commitment which is the promise to provide people who need care

and support with high quality services. It is made up of seven 'I will' statements, with associated tasks. Each commitment will focus on the minimum standards required when working in care. It aims to increase public confidence in the care sector and raise workforce quality in adult social care. There was also a commitment to introduce values based recruitment to find and keep staff with the right values, behaviours and attitudes to work in adult social care and know what it means to provide quality care.

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 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	Where people did not have the capacity to consent, the registered person had not acted in accordance with legal requirements.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had not ensured the safety of service users by assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. 12 (1) (a) (b) (g)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to ensure that service users were protected from unsafe care and treatment by the quality assurance systems in place. The provider had failed to ensure people's records were accurate and complete. 17 (1)(2) (a)(b)(c)
Treatment of disease, disorder or injury	