

# Sussex Partnership NHS Foundation Trust

## Lindridge

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Lindridge is a care home providing personal and nursing care to up to 70 people with a variety of needs related to their mobility and long term medical conditions, some people at the service were living with dementia. One area of the home was dedicated to providing people with short term support to help them return to their own homes. At the time of this inspection there were 49 people living at the service.

People received care in one purpose built building across four communities. People lived on communities suited to their needs and rehabilitation goals. One area was unoccupied at the time of this inspection.

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

People told us they felt safe and our observations and findings supported this. Staff took action in response to risk and there were systems to ensure incidents and concerns were monitored and responded to. People's medicines were managed safely with a variety of checks and audits in place to ensure good practice was sustained. The home environment was clean and people were supported by sufficient numbers of staff.

People were satisfied with the food and told us their healthcare needs were met. There had been recent refurbishment works and we saw recent improvements to the environment for people living with dementia. Staff had the right training and support for their roles, including clinical support for nursing staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring and we observed interactions that supported this. We observed people being supported in a way that encouraged them to maintain independence or develop skills. People's dignity and privacy were promoted by staff who provided care in a respectful and personalised manner.

People had access to a range of activities and they told us they liked the variety and had input into these. Care plans were personalised and staff had gathered important information about people's preferences for end of life care. People knew how to complain and complaints had been responded to appropriately.

People told us they had seen improvements in leadership at the service and we found an increased number of audits and checks. We saw improvements to record keeping but identified instances where records didn't reflect care delivery. There was a plan to improve documentation, as well as plans to improve the environment. People, relatives and staff had regular meetings and these had been used to involve them in improvements as well as to gather feedback and suggestions to improve their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (Report published on 15 December 2018)

Why we inspected

This was a planned inspection based on the previous rating.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### 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 ●

# Lindridge

## 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

The inspection was carried out by one inspector, two assistant inspectors a specialist advisor 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

Lindridge 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 was in the process of registering 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 the inspection

We reviewed information we held about the service, including feedback we had received and information sent to us through statutory notifications. Statutory notifications are reports of events providers are required by law to notify CQC of.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with ten people and two relatives. We also spoke with the Trust deputy chief nurse for physical health and safeguarding, the clinical lead, the relationship co-ordinator, a lead pharmacist, three nurses, three care staff and the chef.

We reviewed care plans for seven people and looked at records relating to medicines, incidents and safeguarding. We looked at three staff files and checked records of meetings for people, relatives and staff. We reviewed records of complaints and surveys as well as a variety of audits and actions plans.

After the inspection

We reviewed evidence sent to us through email by the provider.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely; Learning lessons when things go wrong

- People told us they received their medicines as expected. One person said, "I get my medicines brought four times a day, always by a trained nurse. I like the certainty of it as I might forget."
- People's medicines were managed and administered safely. They were stored in secure environments that were checked to ensure they were stored safely. Records of people's medicines were accurate and up to date and informed staff about how and why people were prescribed their medicines.
- Where previous inspections had identified shortfalls in management of medicines, the provider had introduced increased checks and audits as well as staff training. This showed an open response to shortfalls that encouraged learning. Our findings showed these improvements had been sustained and built upon.
- The provider analysed and monitored incidents to identify patterns and trends and learn from them. Where a person had suffered a recent fall this prompted additional training for staff on falls and a review of equipment used to manage this risk.

Assessing risk, safety monitoring and management

- People told us they felt safe at Lindridge. One person said, "It's all safety first here, they don't take chances with anything so you are ready when it comes time to go home." A relative told us, "There is a general feeling of safety, of peoples' wellbeing being put first."
- Risks to people were safely mitigated. Care records contained assessments of risk relating to people's mobility, skin and nutrition. There were detailed plans in place to keep people safe and staff were knowledgeable about these.
- Risks were regularly reviewed and discussed at handover meetings on a daily basis, as well as monthly clinical governance meetings. These were used by management to discuss clinical risks and review actions taken in response to them.

Staffing and recruitment

- People told us there were enough staff at the service to support them safely. One person said, "There are enough staff. They always come quickly when I need them and I see it's the same for others."
- During the inspection we observed staff were available to people, responding promptly to requests for support. In communal areas, people had consistent staff supervision with people and staff talking and interacting with each other throughout the day.
- Staff files contained evidence of robust checks when new staff came to work at the service. The provider undertook a variety of checks on the background of staff to ensure they were appropriate to work in a social care setting.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained in safeguarding and were able to describe to us how they would identify and respond to suspected abuse.
- Information was on display in the service, in accessible formats, to inform people and staff about how to raise any concerns they had. Safeguarding was also regularly discussed at staff meetings and staff supervision.
- Where there had been concerns, we saw evidence of staff escalated them promptly and the provider regularly shared information with the local authority safeguarding team.

#### Preventing and controlling infection

- People lived in a clean home environment, communal areas and people's rooms were cleaned regularly by housekeeping staff who followed a schedule each day to ensure all areas of the home were clean.
- Staff managed people's laundry in a way that followed best practice in infection prevention and control. Laundry was processed in an orderly manner with robust systems in place to reduce the risk of cross contamination.
- People told us staff washed their hands before and after supporting them and this matched our observations on the day. There were hand washing stations around the service and staff had access to liquid soap and hot water. Staff also had access to personal protective equipment, such as gloves and aprons to ensure they could provide personal care safely.

# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us their healthcare needs were planned for and met. One person said, "I've got my confidence back by being here, it has made such a difference and been homely, unlike staying in hospital."
- One area of the service was designated for short term rehabilitation for people who had been discharged from hospital. People spoke positively about this support and records showed their goals were identified and frequently reviewed. People had regular input from community physiotherapists, occupational therapists and social workers who we observed working with people and staff throughout the day.
- People's healthcare needs were met. Where people had clinical needs, there were detailed care plans in place to inform staff about the support they required. Records showed people had regular check-ups with their GP, dentist, chiroprapist and optician.

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

- People received a thorough assessment before moving into the service and this was used to inform care planning.
- One person had recently moved into the service and their assessment captured information about clinical procedures they required, as well as their preferences and routine. Their care plan was drawn up with this information and records showed trained nurses regularly supported them.
- Assessments in areas such as mobility, nutrition and skin integrity followed nationally recognised formats. We saw evidence of these having input from external healthcare professionals, who had used assessment scores to track people's progress and rehabilitation.

Staff support: induction, training, skills and experience

- People and relatives told us staff were competent in their roles. A relative told us, "I can see the staff have clearly been trained in working with dementia and they are very capable."
- Staff had received training in areas such as documentation, infection control and health and safety. The provider kept a record of staff training which they monitored to ensure refresher courses took place regularly.
- Training was tailored to the needs of the people staff supported. Staff had received training in dementia care and we observed them supporting a person living with dementia in line with best practice, with gentle prompts and engaging the person in music that they liked.
- When a person came to the service with a medical condition staff hadn't worked with before, staff were given training to ensure they could support this person in a way that was sensitive to the needs of their condition.
- Staff received regular supervision and appraisals which were used to discuss their work and raise any

training or support needs they had.

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

- People said they were satisfied with the food. One person said, "I like the meals, they've been trying to build me up. They've been really emphasising drinking in the heatwave." Another person told us, "The food is good enough I suppose."
- People were asked about their food preferences and care plans contained detailed information about them. Kitchen staff told us they used this to ensure menus reflected people's preferred meals. We observed kitchen staff engaging with people about their food to get feedback.
- Where people had specific dietary needs, these were met. One person was at risk of choking and required pureed foods and thickened fluids. This was recorded in their care plan and staff gave them food in line with this guidance.
- The kitchen had recently implemented improvements to pureed foods and we saw examples of these. Food was piped onto plates in a way that looked appetising and aesthetically pleasing. People had given positive feedback on this.

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

- The service was purpose built and communal areas and doors were spacious which enabled people who used walking aids and wheelchairs to move around the service.
- A programme of refurbishment and redecoration was underway, communal lounges had been recently decorated with input from people. These areas had been decorated to make them feel more homely and people told us they liked the changes. People had access to large garden spaces where we observed them spending time during the inspection.
- An area of the home was designed for people living with dementia. This area had recently been refurbished and it reflected best practice in dementia friendly environments. It had a 'street' theme and included personalised doors and pictures to help people orientate themselves.
- This area had an enclosed garden area people could access safely as well as a kitchen refitted to a 1970s style, various items from the past and an old style television which could play a variety of television programmes from different eras. We observed people using this space and facilities throughout the day.

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.

- People's mental capacity to make specific decisions had been assessed in line with legislation. Where

people were assessed as unable to make a decision, a best interest decision had been documented. When restrictions had been placed upon people in their best interest, applications had been made to the local authority DoLS team.

- One person was living with dementia and had consented to their care at the time they were admitted to the service. Where staff had noticed changes to the person's mental health, a mental capacity assessment was carried out about their decision to consent to restrictions to keep them safe. The person had been assessed as lacking the mental capacity to consent so a best interest decision was recorded and a DoLS application had been submitted to the local authority.

# 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

- People told us they were supported by kind and caring staff. One person said, "The staff all have a nice way with them. They have time to talk about what's important to me, they are very understanding." Another person said, "The staff are simply wonderful, they are all very friendly. It doesn't feel like an institution, which was what I was expecting."
- We observed pleasant interactions between people and staff during the day. Staff spent time with people and there was conversation in communal areas, creating a pleasant environment. We overheard staff singing to a person in their room and observed staff taking time to support a person living with dementia orientate themselves and decide on an activity.
- Care plans and assessment captured people's culture, religion, gender and sexuality. Where a person had specific dietary needs for their religion, these were met. There was a welcoming environment for people of all sexualities and gender identities, staff were trained in this area and a notice board displayed posters for upcoming Pride events, where the service would be represented.
- Relatives told us they were made welcome when visiting the service. We observed relatives and staff interacting, when a relative arrived in the morning they received a warm welcome from staff who asked how they were. One relative said, "It has always been very welcoming. Staff remember you and always make a point of speaking."

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

- People told us staff involved them in their care. One person said, "I feel I'm in control of my life and the staff fit with that."
- People were involved in decisions about their care and their home. Care plans documented people's preferences and interests which were used to inform menus and activity planning. People regularly provided feedback on these at meetings.
- People had been involved in recent decoration and chosen colours and patterns. We observed staff offering people day to day choices such as what they would like to drink, where they would like to spend their time and what songs they would like to sing during a church service.

Respecting and promoting people's privacy, dignity and independence

- People said staff were respectful of their privacy. A person told us, "Whenever it needs to be private they make sure it is."
- Staff were observed knocking on people's doors and waiting for permission before entering. Staff had received training in privacy and dignity and were able to describe ways they promoted this through their work.
- People's received dignified care, staff provided care to people in line with their preferences and we

observed people with their hair styled and make up when they wished, as documented in care plans.

- People were encouraged to maintain independence. Where people were admitted to the service for rehabilitation, there was a focus on their goals and spaces where they could do exercises and a kitchen where they prepared for returning home.
- In other parts of the service, people had facilities to enable them to make drinks and care plans reflected people's strengths, documenting tasks they were able to do themselves. One person said, "They [staff] make sure I still do whatever I can for myself."

# 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 told us they received personalised care. One person said, "They [staff] look after me very well, how I have agreed and asked for."
- Care plans reflected what was important to people and staff provided care in line with this. For example, one person liked to follow current affairs on TV and we observed staff supporting them to find a news channel to follow a major news event.
- Care plans provided detail on how to meet people's needs such as times they liked to receive care as well as how to care for them based on their care needs.
- Care plans had been reviewed regularly and changes were made where staff found changes in need. Where one person's mobility had changed their care plan had been updated to reflect increased support when moving or receiving personal care.

End of life care and support

- People received sensitive and dignified end of life care. Staff gathered information about what was important to people and documented any advanced wishes. For example, one person had made choices about who should be with them and the music they'd like to listen to at that time.
- There were numerous compliments from relatives whose loved ones had passed away at the service. Compliments praised the caring nature of staff and how they had provided support to people and families at these times.
- We spoke with a relative whose family member had recently passed away. They said, "We were with [person] when they created her end of life plan, which they followed when the time came."

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 were happy with the activities on offer. One person said, "It's very good for activities, there is always something going on. We do exercises. One afternoon a week we have children coming in to play."
- There was a timetable of activities that included entertainment, exercise, hobbies and outings. There were links with local schools and nurseries which meant people benefitted from children visiting for events and activities.
- The service employed staff who led on activities and planned them based on people's interests and feedback. People provided feedback on activities at meetings and through surveys.

Improving care quality in response to complaints or concerns

- Complaints were documented and responded to appropriately. The provider kept a record of complaints and these showed people's concerns had been taken seriously and investigated, with action taken and

responses sent to them within an appropriate time.

- There had been four formal complaints since our last inspection and we saw evidence of issues or concerns raised verbally in reviews or meetings being investigated and responded to by staff.
- Information about how to complain was available to people, the complaints policy was displayed in an accessible format in communal areas and people were told about how to raise issues at meetings.

#### 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.

- Information was provided to people in accessible formats. Signs showing people how to complain and or share concerns were in a format with pictures and large print.
- Signage in the unit for people living with dementia followed accepted best practice in this area. Signs were clear on plain colour background with pictures.

# 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 not yet consistent. Some areas of record keeping were not up to date.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our inspection in October 2018, we found improvements to record keeping and auditing which were in the process of becoming embedded. At this inspection we found continued improvements, however we identified inconsistencies in some records which meant the service did not yet meet the characteristics of a 'Good' rating in Well-led.
- The majority of care records seen were accurate and up to date. However, for one person we found areas of their care plan had not been updated following a change in need and staff had continued completing charts that were no longer required. We also found a lack of clarity in two people's protocols for topical creams, but charts showed staff were administering these correctly.
- In each instance, people were receiving the right care but their records were inconsistent. We provided feedback on this and these issues were addressed promptly.
- There were plans to introduce a new electronic system for care plans, daily notes and charts. A potential system had been identified and planning was underway to procure and implement this. We will follow up on the impact of this change at the next inspection.
- Aside from the issues above, we saw increased checks of documentation had been introduced. People's charts and daily records being checked regularly and any changes identified and responded to.
- Regular audits of areas such as the environment, medicines and care quality took place regularly with actions identified and implemented to improve care. For example, a recent audit had identified a need for changes to the way the laundry was organised which had been implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they were involved in the running of the service. One person said, "They've got it all properly organised. I get asked if I'm happy with the service."
- There was a new manager who was registering was CQC at the time of this inspection. People and relatives told us they had seen improvements to leadership with more management presence at the service. There were plans to introduce a deputy manager after the inspection and there was a clinical lead in post, as well as a relationship manager.
- A relationship manager was employed who worked closely with people and relatives and we saw examples of them achieving positive outcomes for them. They acted as a link and regularly took up any concerns or issues people or relatives raised. For example, we saw they had supported a relative with accessing services to support them in understanding their loved one's medical condition.

- There were regular meetings for people and relatives and these showed they were used to give people opportunities to make suggestions and give feedback.
- Staff told us they felt supported by management and we saw they had regular meetings, as well as daily handovers, where important messages were passed on and staff could make suggestions or raise any issues.

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 provider had notified CQC of events they were required by law to do so. Records showed information was shared with relatives and healthcare professionals openly when incidents occurred.
- Following a recent safeguarding concern, the provider had notified CQC and informed relatives. Healthcare professionals had been involved in a review of the person's care to ensure they were safe.

Working in partnership with others

- We saw evidence of work with the local community and organisations that had improved people's care.
- For activities there were links with local schools and nurseries that people spoke positively of. There were links with charities and people and staff had participated in events
- Where people were admitted to the service for rehabilitation, there were links with community healthcare organisations and we saw this was operating in a way that ensured important information was shared with records reflecting this.