

Sussex Partnership NHS Foundation Trust

Lindridge

Inspection report

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Date of inspection visit:
23 October 2018

Date of publication:
17 December 2018

Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Lindridge on 23 October 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 22 May 2018 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and is the service safe? This is because the service was not meeting some legal requirements.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

When we completed our previous inspection on 22 May 2018 we found the provider had failed to ensure that people were receiving their medicines safely. A warning notice was issued for a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of management oversight and governance which meant that the service had failed to sustain improvements, risks had not always been identified and managed and records were not always accurate and complete. In July 2018 the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of regulations.

We undertook this focused inspection to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lindridge on our website at www.cqc.org.uk.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. The overall rating has improved to Good.

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. Lindridge accommodates up to 75 people across three units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia. On the day of this inspection there were 40 people living at the home.

Lindridge has a registered manager. 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

2008 and associated Regulations about how the service is run.

Improvements had been made in systems for managing the administration of people's medicines. People were receiving the medicines they needed safely and systems for ordering medicines had improved so that people had access to their prescribed medicines when they needed them. This meant that the provider had met the requirements of the warning notice.

Some new systems had been introduced but not all staff were confident and familiar with the new systems. This meant that improvements were not yet fully embedded and sustained. We identified this as an area of practice that needs to improve to ensure positive changes are sustained.

Risks to people were assessed and managed effectively. Care plans provided staff with clear guidance in how to support people safely whilst respecting their freedom. Staff understood their responsibilities with regard to safeguarding people.

Environmental risks were managed and staff understood their roles in relation to infection control and hygiene. There were enough suitable staff on duty to care for people and people told us they felt safe living at the home. One person said, "It couldn't be better."

Systems for monitoring incidents and accidents supported staff to learn from mistakes and reduce risks of further incidents. Governance arrangements had been strengthened and improved to support management oversight at the home. There was clear leadership and staff understood their roles. Staff had developed positive links with the local community and with partner agencies.

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.

People were receiving their medicines safely.

Staff understood their responsibilities for safeguarding people. Risks were identified and managed to support people to live safely.

There were enough suitable staff on duty.

Good ●

Is the service well-led?

The service was not consistently well- led.

Positive changes had been made but were not yet fully embedded and sustained.

There were clear governance systems in place and this supported management oversight.

Systems supported staff to learn from mistakes. There were positive links with the local community.

Requires Improvement ●

Lindridge

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 23 October 2018 and was unannounced. This inspection was done to check that improvements to meet legal requirements, planned by the provider after our comprehensive inspection on 22 May 2018, had been made. We inspected the service against two of the five questions we ask about services. Is the service well led and is the service safe. This was because the service was not meeting some legal requirements. Following the inspection on 22 May 2018 we issued a warning notice. The provider sent us an action plan in July 2018 explaining how they would meet their legal requirements.

The inspection team consisted of three inspectors. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health as part of our national review of oral health.

Before the inspection we reviewed information we held about the service including any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. On this occasion we had not asked the provider for a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with four people who use the service and one relative. We spent time observing how staff interacted with people. We spoke with three members of staff, the registered manager and the deputy chief nurse and clinical director. We looked at a range of documents including policies and procedures, care records for eight people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information which included recruitment, supervision and training.

At the last inspection on 22 May 2018 the home was rated as Requires Improvement overall.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 22 May 2018 when there was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not receiving their medicines safely. Systems and processes had failed to ensure that there were always sufficient quantities of prescribed medicines to meet people's needs. Records were not always clear and accurate and this meant that the provider could not be assured that medicines were managed safely. We issued a warning notice to the provider requiring them to become compliant with the regulations by 30 September 2018.

At this inspection on 23 October 2018 the provider had made improvements to comply with the legal requirements and the breach of regulations had been met. People were receiving their medicines safely.

The provider had reviewed and amended their systems to ensure that people's prescribed medicines were available to them when they needed them. Additional guidance had been developed for staff who were responsible for administering medicines. This provided clear instructions on how to request further supplies of medicines when stocks began to run low. Guidance included when to escalate concerns to a manager in the event that fresh stocks had not been received. This meant that immediate action could be taken to ensure people's medicines were always available to them. Staff who were responsible for administering medicines told us, "Things have improved a lot," and, "It's much better organised now, there is a clear system in place." People told us they received their medicines on time. One person said, "There's never a problem, they always check if I need a pain killer."

We observed people receiving their medicines in two areas of the home. Medicines were stored safely and only staff who had received training were able to administer medicines. Records confirmed that staff had regular training updates and had been assessed as competent to administer medicines. Staff were knowledgeable about people and the medicines that they were taking. We observed staff checking with people before offering them their medicines. For example, one staff member said, "I've got your tablets here for your back pain, would you like a cold drink with them?" Another staff member explained that they would wait for the person to finish their meal before offering them their medicines saying, "They will stop eating their meal if I interrupt them so I will come back when they have finished."

Medication Administration Record (MAR) charts were completed consistently and accurately. Some people had been prescribed adhesive patches containing medicines that were released through the skin. Good practice requires the position of the patch to be alternated to reduce the risk of skin sensitivity. Records included body map diagrams to indicate where each patch had been placed. This meant that when a patch was replaced, the new patch could be applied to a different place to reduce risks of skin sensitivity.

Some people were prescribed PRN (as required) medicines. There were clear protocols in place to guide staff as to when these medicines should be given. People at risk of experiencing pain were frequently assessed and their care plans described how staff would recognise signs of pain for each person. We observed a staff member checking if someone was in pain before administering their medicine. This was in

line with the guidance in the PRN protocol and their care plan.

Staff understood the need for people to consent to having their medicines and told us that people had the right to refuse to take their medicines if they chose to. Staff demonstrated a clear understanding of the process for making decisions in people's best interests when they lacked capacity to consent to having their medicines. Some people who were living with dementia were receiving their medicines covertly, that is, without their knowledge and consent. The decision making process to administer their medicines covertly was clearly documented and had been regularly reviewed in line with the provider's policy.

Risks to people were assessed and managed. For example, assessments had been undertaken to determine if people were at risk of developing a pressure sore. A person was assessed as being at high risk. A skin integrity care plan was in place and this included regular checks to make sure their skin remained healthy and intact. Where staff had noted changes in another person's skin integrity, a body map had been completed to identify the affected area. An air mattress was provided along with pressure relieving cushions for use during the day to prevent further damage. We observed that staff were encouraging the person to move regularly in line with their care plan to assist their skin to heal.

Risks associated with people's mobility had been assessed. Some people needed support to move around and manual movement care plans guided staff in how to support them safely. Some people needed equipment to support them to move, such as a hoist and sling. We observed staff supporting one person to move using a hoist. Staff were confident and treated the person with respect during the process. We heard them explaining what they were doing and reassuring the person in a kind and gentle way throughout the procedure.

People were supported to take positive risks. One person was assessed as being at risk of choking. Advice had been sought from a Speech and Language Therapist (SALT). They had recommended that the person needed a soft diet. However the person had declined to accept this recommendation and wished to remain on a normal diet. Staff told us that the person had capacity to make this decision and they had respected their views. With the person's consent, staff had continued to monitor the person discreetly at meal times to ensure their safety when eating. This was clearly documented within the person's care records.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks on equipment and the fire detection system were undertaken to ensure they remained safe. Personal Emergency Evacuation Plans (PEEPs) were in place for each person to identify the support they would need to evacuate the building in the event of a fire or other emergency.

Staff demonstrated a good understanding of infection control procedures and we observed that personal protective equipment was used appropriately. Cleaning schedules were in place to ensure that a daily cleaning regime was maintained to reduce risks of infection. Staff had received regular training and updates in the area of infection prevention and control.

There were enough suitable staff on duty to care for people safely. Staff said that there were enough staff on duty. One staff member said, "Yes, I think we have enough to provide good care. I get time to spend with the residents and that's what counts". Our observations on the day confirmed this and we did not see people having to wait for their care needs to be met. Call bells were not frequently being used but when they were, staff responded promptly. Records of staff rotas confirmed that staffing levels were maintained.

The deputy chief nurse and clinical director told us that the use of agency staff had decreased significantly since the last inspection. They explained that one area of the home had been providing a short- term

rehabilitation service for people who had been transferred from hospital. This service was no longer operating and the use of agency staff had decreased as a result. Recruitment in other areas of the home had continued and the registered manager told us that some posts had been filled since the last inspection. Records of staff rotas confirmed that use of agency staff had reduced since the last inspection. Regular agency staff were still being used to cover for the remaining vacancies.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. The provider had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form

Staff we spoke with demonstrated a clear understanding of their responsibilities with regard to safeguarding people from abuse. They were able to describe signs that might indicate abuse and knew what action to take if they had concerns. The staff members we spoke with had all undertaken adult safeguarding training within the last year. One staff member said, "The training is there and I know the managers would act if there was poor care". People told us they felt safe living at the home. One person said, "It couldn't be better." Another said, "The staff are very good and that makes me feel safe." A relative said, "I have a great deal of confidence that people are cared for well. Yes I feel it is safe here."

The provider kept an electronic record of any incidents and accidents. Systems were in place to ensure that incidents were monitored and that appropriate actions were taken to reduce the risk of a similar occurrence. For example, a system of peer checking medicine records had been introduced as part of handover arrangements between staff. This had been successful in reducing the number of errors and increasing the accuracy of MAR charts.

Is the service well-led?

Our findings

At the last inspection on 22 May 2018 there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of management oversight and governance which meant that the provider had failed to sustain improvements, risks had not always been identified and managed and records were not always accurate and complete. The provider sent us an action plan in July 2018 describing how they would become compliant with the regulations. At this inspection on 23 October 2018 improvements had been made but it remained that not all systems were fully embedded. This remains an area of practice that needs to improve to ensure that governance systems are embedded and improvements are sustained.

Systems had been changed to ensure that people had their medicines when they needed them. However not all staff were familiar with the new system. For example, a clear process had been implemented for identifying when medicine stocks were low and for requesting further supplies. This involved completing a request for people's medicines in a diary. Some staff were not following the revised process and had been requesting medicines using a different system. This meant that there was a risk that some requests for medicines were overlooked which could leave people without access to their prescribed medicines. Staff told us that they were still getting used to the new system. One staff member said, "It's definitely a better system, it's tighter and more efficient." Another staff member said, "Once we all get used to it I think it will be good. It has already improved things a lot."

Governance and management oversight had improved. Staff told us about a number of improvements including, the introduction of additional audits and a daily meeting called the "safety huddle." The deputy chief nurse and clinical director told us that the purpose of this meeting was to improve communication between staff and to ensure that necessary actions had taken place. We observed the safety hub meeting during the inspection. Staff based in different areas of the home discussed any problems or concerns that they had. For example, one person had recently moved to the home and the pharmacist had delivered their medicines to their previous address. A staff member described the actions that had been taken to ensure the person's medicines were available to them and to check that the pharmacy had the updated information to avoid this situation happening again. This meant that all the staff attending the safety huddle were aware of the issue and knew what action had been taken.

Any issues arising from peer checks of MAR charts were also discussed at the daily safety huddle. This included identifying any omissions or inconsistencies in recording. A staff member told us that this had benefitted staff understanding and there had been a noticeable improvement in the standard of record keeping with fewer omissions and better consistency. Records that we looked at were accurate and complete.

Changes in monitoring incidents and accidents had improved and the provider was learning from mistakes. For example, a system for monitoring errors in administering medicines had been introduced. This provided a visual map of any errors that had occurred during each month. Staff told us that having a visual reminder had helped them to focus on making the necessary improvements and errors had reduced as a result. The

provider's electronic system was used to identify trends and patterns in accidents and incidents and this provided clear evidence that medication errors had reduced since the previous inspection.

The home had a registered manager. The deputy chief nurse and clinical director explained that governance arrangements had been reviewed by the provider's leadership board and that they would be submitting an application to become the registered manager to ensure full oversight of the home.

People and staff were clear about the management structure at the home. A photo board was on display in the main reception area which identified all the senior staff at the home and provided their contact details. Staff told us they understood the management arrangements at the home and knew who they should report to. One staff member said, "There is better communication between staff and managers now. Things have been tightened up a lot."

Staff described positive links with the community including with a local nursery, church and GP surgery. Staff attended a local provider's forum run by the local authority to keep up to date with industry information and local initiatives. One staff member told us that there had been improvements in communication between local hospitals and staff at the home. They said, "Before someone is discharged the hospital will let us know the medicines they are on so that we can be prepared and this avoids any confusion." Another staff member told us about improved communication with a pharmacy and how this had resulted in positive changes to arrangements for delivering medicines.