Akari Care Limited

Lindsay House

Inspection report

Parbold Hill
Parbold
Wigan
Tel: 01257 464177
Website: www.akaricare.co.uk

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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

Overall summary

This comprehensive inspection was unannounced and was conducted on 13 July 2014.

Lindsay House is located on Parbold Hill within the county of Lancashire. It is a two storey building, which was previously used as a vicarage. All rooms are of single occupancy. However, shared accommodation can be arranged, if required. Some bedrooms have en-suite facilities, although communal toilets and bathrooms are available. There is dedicated access for wheelchair users and a passenger lift is installed. Support is provided for up to 31 people, who require help with personal care needs. At the time of our inspection 21 people were living at Lindsay House.

We last inspected this location on 23 April 2014, when we found the service to be compliant with all regulations we assessed at that time.

The registered manager was on duty when we visited Lindsay House. She had worked at the home for 15 years, but had managed the day-to-day operation of the service for nine years. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated regulations about how the service is run.

During this inspection we found that the premises were not safe throughout. During a tour of the home we identified a number of hazards including a number that could have been avoided. In addition, improvements to some areas of the home were needed.

The planning of people's care was based on an assessment of their needs, with information being gathered from a variety of sources. Although a range of assessments had been conducted people's needs had not always been included in the risk assessment process and some contradictory information was provided for the staff team.

We found that the registered person had not protected people against the risk of unsafe care or treatment, because records provided some conflicting information and areas of potential health risks were not always well recorded.

We found that arrangements to control the spread of infection were not always effective and that good infection control practice was not consistently followed.

We found that the quality monitoring systems were not always thorough enough to identify and address potential risks to the health, safety and welfare of those who lived at Lindsay House.

Because of additional responsibilities, such as laundry and domestic duties, which care staff were expected to complete each day, the safety and well being of people who lived at the home was being potentially compromised.

Staff members were well trained and those we spoke with told us they received a broad range of training programmes and provided us with some good examples of modules they had completed. They confirmed that regular supervision sessions were conducted, as well as annual appraisals.

They were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at the home. The recruitment practices adopted by the home were robust. This helped to ensure only suitable people were appointed to work with this vulnerable client group.

Equipment and systems had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. This helped to promote people's safety.

People were helped to maintain their independence. Staff were kind and caring towards those they supported. Assistance was provided for those who needed it in a dignified manner and people were enabled to complete activities of daily living in their own time, without being rushed.

The management of medications, in general promoted people's safety. Medication records were well maintained and detailed policies and procedures were in place.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for person-centred care, safe care and treatment, staffing and good governance.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

This service was not consistently safe.

Some areas of the premises were not safe and infection control practices needed to be improved.

Additional responsibilities, such as laundry and domestic duties, which care staff were expected to complete on a daily basis, could have potentially impacted on maintaining people's safety and well being.

Recruitment practices were thorough enough to help to ensure only suitable people were appointed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Lindsay house. Everyone we spoke with told us they felt very safe living at the home and had every confidence in the staff team. Medicines were managed well.

Is the service effective?

Requires improvement

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules, regular supervision and annual appraisals.

People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not unnecessarily deprived of their liberty because legal requirements and best practice guidelines were followed.

The management of meals was, in general satisfactory and those who needed assistance with eating and drinking were provided with help in a discreet and caring manner.

Is the service caring?

Good

This service was caring.

Staff interacted well with those who lived at the home. People were provided with the same opportunities, irrespective of age or disability. Their privacy and dignity was consistently promoted.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

Summary of findings

People were treated in a kind, caring and respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated clearly with those they supported and were mindful of their needs.

Is the service responsive?

Requires improvement

This service was not consistently responsive.

An assessment of needs was done before a placement was arranged. Plans of care were well written and person centred. However, some documents within the care files were undated and not fully completed. Risk assessments did not always cover people's needs accurately.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

The provision of activities could have been better.

Is the service well-led?

Requires improvement

This service was well-led.

The registered manager had been in post for many years and the turnover of staff was very low. This helped to provided continuity in the management structure of the home and consistency in the staff team.

There were a wide range of systems in place for assessing and monitoring the quality of service provided. However, we found these were not always thorough enough to identify and address potential risks to the health, safety and welfare of those who lived at Lindsay House.

The home worked in partnership with other agencies, such as a variety of community professionals, who were involved in the care and treatment of the people who lived at Lindsay House.

Lindsay House

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 unannounced inspection was carried out on 13 July 2015 by two adult social care inspectors from the Care Quality Commission, who were accompanied by an expert by experience. An Expert by Experience is a person who has experience of the type of service being inspected. Their role is to find out what it is like to use the service. At this inspection this was achieved through discussions with those who lived at Lindsay House, their relatives and staff members, as well as observation of the day-to-day activity within the home. This expert by experience had a nursing background and experience of a relative receiving residential care.

At the time of this inspection there were 21 people who lived at Lindsay House. We spoke with six of them and four of their relatives. We asked people for their views about the services and facilities provided. In general, we received positive comments from everyone. We spoke with four staff members and the registered manager of the home. We looked at a wide range of records, including the care files of four people, whose care we 'pathway tracked'. This is a method we use to establish if people are receiving the care and support they need and if any risks to people's health and wellbeing are being appropriately managed.

We spoke with four staff members and the registered manager of the home. We also looked at the policies and procedures of the home, medication records, the systems for monitoring the quality of service provided and the personnel records of four staff members. We observed the activity within the home, looked at how staff interacted with people they supported and we toured the premises, viewing a selection of private accommodation and all communal areas.

The provider sent us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection and we asked local commissioners for their views about the service provided. We also requested feedback from six community professionals, such as GPs, community nurses, an optician and a chiropodist. We received one response and these comments are included within the body of this report.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at Lindsay House. Their comments included, "It's easy here. There's no shouting" and "There's locks on the doors." When asked if they felt people were safe at the home relatives told us, "Absolutely, I've never had any qualms. It feels more like a family than an institution and if you have a query it's dealt with immediately." "As soon as I came here the atmosphere felt right. There was no smell. The size was right and the way I was greeted" and, "He's (the resident) clean, comfortable and well fed."

We asked those who lived at the home if there were enough staff on duty to maintain their safety. One person just replied, "Yes." Another said, "I would say yes, but sometimes they (the staff) are extremely busy." We asked some relatives about the complement of staff at the home. We were informed that the turnover of staff was very low and records we saw confirmed this information to be accurate. A relative of one person, who had lived at the home for several years told us, "Since Dad's been here there have been no new members of staff." Another commented, "I would say they don't use agency staff."

On our tour of the premises we noted that the door of the hairdressing salon did not have a mechanism for keeping it open. It was wedged in the open position by a door stop. We were told this door was very heavy and if it was not wedged securely then the door would close very quickly and bang in to passing residents, which could result in serious injury. This created a potential risk for those who lived at the home and some alternative arrangement needed to be sourced, so that fire safety was maintained and the safety of those who were mobile around the home was promoted.

Whilst we were touring the premises we noted one member of staff ironing in the corridor, which did not help to promote people's safety. This was brought to the attention of the registered manager at the time of our inspection, who assured us she would address the situation. We also noted that one person who lived at the home was wearing poor fitting footwear, which could have been hazardous when walking, although this individual's plan of care showed appropriate footwear to be worn and a specific risk assessment reinforced the need for correct footwear to be worn. We noted that in the downstairs bathroom the bath was covered with a hardboard sheet and therefore could not be used. On top of the hardboard were two pedal operated waste bins, which were approximately 60 centimetres off the ground and therefore unsafe for people to use.

The call bells in some bedrooms were away from the beds. A person who lived in one of these rooms was mobile and if the call bell lead was stretched across the room at night for easier access, then this created a potential hazard for trips and falls. We asked one person what she would do if she needed the help of staff during the night. She said, "I would scream." We were told that staff had rearranged the furniture in order to make the rooms appear bigger, but they had not taken in to consideration the needs and safety of those who lived in these rooms. We observed that when a call bell was operated, staff responded in approximately four minutes. However, we were told if a member of staff was doing the laundry, they could not hear the call bell sound.

We viewed the maintenance records, which showed several entries where certain work was needed and these had been repeatedly recorded for many months, without any action being taken. For example, one bedroom had needed a new hand wash basin for seven months and two others for four months. A hole in the carpet of one bedroom had been reported six months prior to our inspection and this still needed attention. Therefore, systems for reporting work required were ineffective.

We found that the registered person had not protected people against the risk of harm, because potential risks had not always been appropriately managed. This was in breach of regulation 12(1)(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Infection control policies were in place. However, on touring the premises we noted that the paint in several bathrooms was flaking off and the bath in one of the bathrooms was in need of a thorough clean. The clinical waste bin in a bathroom on the first floor could not be opened by the foot pedal, as it was too near the wash hand basin. This clinical waste bin was very malodourous and did not promote a pleasant atmosphere for those who used this facility. Another clinical waste bin was not operated by a foot lever and therefore staff needed to open the lid with their hands. This did not promote good infection control practices.

Requires improvement

Is the service safe?

We looked at the cleaning records, which showed that each area of the home was cleaned on a regular basis. However, we noted two bedrooms were malodourous, which did not promote robust infection control practices for the people who lived in these rooms. The carpet leading off the entrance hall up to the first floor was dirty and in need of a thorough clean.

The plan of care for one of the people who lived in one of the malodourous bedrooms indicated they were continent. Therefore, this suggested the room had not been thoroughly cleaned and the unpleasant smell had not been eliminated prior to the current resident being admitted. One member of staff told us that linoleum flooring had been suggested instead of carpet, so that the floor could be more easily cleaned, but this suggestion had been ignored.

We noted that in the kitchen there was a black bin liner, which was hooked on to a shelving unit within the food storage area. We were told this was for recycling items, but that all rubbish was then disposed of in the same waste bins. This open black bin liner adjacent to the food store did not promote good infection control practices.

When asked about the control of infection one relative told us, “They’ve (the home) had three outbreaks of Norovirus this year. After the second outbreak they did a serious deep clean and then there was another outbreak within the last six weeks.”

We noted that the laundry facility was small and not ideal for hanging clothing in need of drying. It was also in need of refurbishment, as the sink unit was dirty and in need of replacement. The paintwork was flaking and the doors on the units did not close properly. This area could not be cleaned effectively. It was also used to store domestic items, such as mops and buckets. We were told that there was no separate washing machine for laundering the dirty mop heads.

We were told that care staff were responsible for completing laundry duties, which did not promote good infection control practices and which detracted them from their caring duties. We also established that there was no domestic staff appointed for three days of the week. Therefore, care staff were also responsible for maintaining cleanliness during these days, as well as some cleaning duties every day.

We found that the registered person had not ensured systems were in place for controlling the spread of infections. This was in breach of regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We established that care staff were also responsible for some domestic duties, such as laundry and cleaning. It was evident that this had an impact on the safety and wellbeing of those who lived at the home. For example, we observed that at times during the day people were left in the lounge without supervision and without any means of attracting staff attention if help was required. Also after lunch we saw one person was slipping down in her chair. It was only after we alerted staff that two care workers came to sit her up. Members of care staff we spoke with felt there were not enough staff on duty in the morning to always ensure people’s safety and well being, as they had to continuously rush to complete their duties.

Staff members we spoke with told us that what was needed were designated laundry staff with a proper laundry system implemented for organising personal clothing. One member of staff told us, “We do keep on top of it (the laundry), but there are times when we do forget.” We observed the care workers to be continuously busy, having to fit in additional duties, such as laundry and cleaning. One member of staff commented, “We feel over worked and under paid. Today has been exceptionally busy.” All relatives we spoke with felt there were enough staff on duty, but one commented, “There are times when care staff are visibly more busy.”

We were told that the additional laundry and domestic duties impacted on the time care staff could spend with people who lived at the home. We were told this had been highlighted at staff meetings, but ‘nothing ever changed’. One member of staff told us that at weekends it was particularly busy, because there were no management staff or administration staff on duty and therefore care staff had to attend to those who lived at the home and their relatives, answer the door and telephone, clean and do the laundry. One member of staff commented, “They’re (the residents) not neglected, but you’re not giving your best because you’re so busy. You can’t even give them your time to sit and have some one to one time.”

We found that the registered person had not ensured sufficient numbers of suitably qualified, competent, skilled

Requires improvement

Is the service safe?

and experienced persons were deployed in order to protect the safety of those who lived at the home. This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that window restrictors were in place in each room, which helped to promote the safety of those who lived at Lindsay House. Clear protocols were in place, which outlined action that needed to be taken in the event of various emergency situations. Fire procedures and a wide range of risk assessments had all been implemented and internal equipment checks had been conducted regularly, in order to safeguard those who lived at the home, visitors and staff members. Records showed that systems and equipment had been serviced in accordance with manufacturer's recommendations. This helped to ensure it was safe for use and therefore protected those who used the service from harm.

A contingency plan outlined action that needed to be taken in emergency situations, such as a power failure, flood, loss of water or adverse weather conditions. Detailed and easily accessible individual Personal Emergency Evacuation Plans (PEEPS) had been developed, which showed the level of assistance people would need to be evacuated from the building, should the need arise.

During our inspection we looked at the personnel records of four people who worked at Lindsay House. Prospective employees had completed application forms and medical questionnaires. They had also undergone structured interviews. This helped the management team to determine if applicants met the required criteria, in accordance with company policy. We found all necessary checks had been conducted before people were employed, which demonstrated robust recruitment practices had been adopted by the home. This meant those who were appointed were deemed fit to work with this vulnerable client group and therefore people's health, safety and welfare was sufficiently safeguarded.

No safeguarding referrals had been made during the last twelve months. However, a system was in place for recording such incidents and the policies of the home clearly outlined action staff needed to take, should they be concerned about the welfare or safety of anyone who lived at Lindsay House. Staff spoken with were fully aware of what to do should they be concerned about someone's safety or well being. They were confident in following the correct reporting procedures.

Staff we spoke with felt that training was good in relation to caring for people with complex needs. One of them told us that the senior care staff and deputy manager responded to any concerns well. She told us that training in relation to safeguarding adults had been provided recently and that if she had any concerns about the welfare or safety of someone who lived at the home then she would report these appropriately. This member of staff was fully aware of the types of abuse and the whistleblowing policy.

We observed staff moving and handling people in a safe manner, throughout our visit. This was conducted with dignity and respect and in accordance with the standard procedures of the home. During our tour of the premises we noted that moving and handling equipment was provided for those who lived at the home. However, the paint was flaking off one of the hoists.

We noted that extensive work had gone in to repairing and making safe the external parking facilities, since our last inspection, which was pleasing to see. Accident records had been completed appropriately and were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept in a confidential manner. Any serious injuries were reported to the appropriate authorities, including the Care Quality Commission (CQC).

A recent medication audit had been conducted and records showed these were done on a regular basis, so that any shortfalls could be promptly rectified. Good processes were in place for ordering, receiving medications in to the home and disposal of medicines. Medication training for staff had been periodically updated.

We observed medicines being administered appropriately. A medicines policy was in place and national guidance was available to support staff with the management of medications. Medicines were stored securely and good records were maintained. A drug fridge was used to store some medicines that required cold storage. Controlled medicines were stored and recorded appropriately. Tablet counts were accurate.

Requires improvement

Is the service effective?

Our findings

One person who lived at Lindsay House told us she was very happy to be at the home. She stated, "I chat to all the staff. They talk to me too. The food is marvellous."

New employees were supplied with a wide range of relevant information, such as codes of conduct, job descriptions specific to their roles, terms and conditions of employment and numerous policies, including discipline and grievance procedures. They were also supported through a detailed induction programme, which included the completion of a workbook and covered areas, such as fire awareness, health and safety, safeguarding vulnerable adults, the core values, complaints and confidentiality. Together this helped them to understand the policies, procedures and practices of both the organisation and the care home, which meant all new staff, were equipped to do the job expected of them. The probationary period for new employees lasted a minimum period of three months. However, this could be extended, as deemed necessary. Following the initial probationary period, a formal interview was held between the manager and employee, when specific areas were discussed, such as work performance, progress, attendance and conduct.

Computerised records and certificates of training showed that a wide range of learning modules were provided, which all staff had completed. These included areas such as, basic life support, confidentiality and data protection, equality and diversity, fire safety, infection control, health and safety, the Mental Capacity Act, Deprivation of Liberty Safeguards and restrictive practice, nutrition and hydration and moving and handling. A recent training update had been provided in relation to safeguarding vulnerable adults and staff had also completed additional learning in relation to the specific needs of those who lived at the home. For example, challenging behaviour, dementia awareness and end of life care were topics built into training programmes. The staff we spoke with presented in a positive and enthusiastic way. It was evident that the company considered training for staff to be an important aspect of their personal development programmes.

Records showed that regular formal supervision was provided for all staff and appraisals were conducted twice a year. These meetings between staff and managers, encouraged discussions about an individual's work performance, achievements, strengths, weaknesses and training needs.

Staff we spoke with confirmed annual appraisals and regular supervisions were conducted. All relatives we spoke with said they thought staff were confident and competent to provide the care and support people needed.

All the relatives we spoke with told us that people had access to health care and that the GP visited on a weekly basis. Two people we spoke with knew the name of the visiting GP. One member of staff told us that the staff team were made aware of people's needs through 'handovers' at the beginning of each shift, which was given to senior carers and then passed on to the team. One relative we spoke with told us, "(Name removed) has complex medical needs which they look after." Another relative said, "They've done everything they possibly could for (name removed), including moving him to the ground floor when a room became available."

We asked some visitors if they were kept up to date about their relative's health care. One of them said, They always tell me." Another told us, "The deputy manager is particularly good in that direction. When Mum had a fall they didn't call me, but I was visiting that day anyway." And a third commented, "Definitely. On more than one occasion they (the staff) have called the paramedics and he sees the GP every week."

We toured the premises, viewing all communal areas of the home and a selection of private accommodation. We noted that many of the toilets had raised seats for comfort. However, we saw that there were not many toilet roll holders; the toilet rolls were placed on the cistern boxes behind the toilet. This would make them difficult for an older person to access.

We noted that several bedroom doors did not display numbers and therefore did not promote good orientation for those who lived in these rooms, as all the bedroom doors were alike. We were told new numbers had been on order since January 2015. The signage of some rooms could have been improved. For example, the hairdresser's room was unmarked and therefore people could have difficulty in locating this facility.

As we viewed a selection of private accommodation we noted that there was not always a waste bin in the

Is the service effective?

bedrooms for paper towels after hand washing. One hand wash basin did not have a plug and in the cupboard under one sink, was an odd shoe. Care should be taken to ensure that attention to detail throughout the home is taken in to account.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was aware of the requirements of the MCA and associated DoLS procedures. Policies were in place in relation to the DoLS and the MCA. People's rights were protected, in accordance with the MCA. People were not unnecessarily deprived of their freedom because legal requirements would be followed, as required. No-one who lived at the home had a DoLS in place, at the time of our inspection. We were told that no-one lacked capacity and although some people lived with dementia, this was in the early stages. The care records we looked at showed that advance care planning decisions had been recorded and that mental capacity assessments had been conducted. Three of the four people who we 'pathway tracked' had the capacity to make decisions about various aspects of their care and support. Records showed that one person lacked the capacity to make decisions about their treatment. However, their liberty was, at this stage not being restricted in any way, as they were fully co-operative with the care and support being provided.

The home had achieved a level 5 rating following the food hygiene inspection conducted by the Environmental Health Officer on behalf of the local authority. This is a standard of 'very good', which is the highest level possible.

The care records for one person who had a poor dietary intake demonstrated that external professionals had been involved in their care and support, so that their appetite and weight was recorded and closely monitored, with additional dietary supplements being given to ensure an adequate nutritional intake.

One member of the inspection team ate lunch with those who lived at the home. Everyone we spoke with said they enjoyed the food and there was always enough of it. We noted that people could choose what they wanted from the menu immediately being before being served. The cook told us she had a good idea of people's preferences, but there was always enough for everyone, no matter what they chose to eat. People were offered a drink of orange, blackcurrant juice or tea with their meal. However, the meal on offer did not correspond with the planned menu. We were told this was because the chicken ordered was not delivered and the cook was not able to get food from other suppliers. We noted that where people wished to have a sandwich, only one filling was offered. We were told the situation about deliveries and choices had been brought up at a staff meeting, but no action had been taken. We asked about the availability of cooked breakfasts, as these were not on the menu. We were told people could have one if they wanted it, but they would have to ask.

We observed drinks being served at lunch time in cups without saucers. One relative told us that they had brought this to the attention of staff at a residents meeting and the following week saucers were provided. However, after a week they disappeared again.

People dining in the privacy of their own bedrooms were taken trays, containing their choice of meal, after those eating in the dining room had been served. We saw one person being assisted with her meal in an appropriate manner. This individual was given time to eat at her own pace, which was pleasing to see.

The dining tables were not pleasantly prepared. There were no table cloths or condiments. We did not observe staff asking anyone if they would like condiments. The tables were set with just a knife, fork, spoon and paper napkin. All the dinner plates were white, which was not the most suitable crockery for anyone living with dementia.

The menu of the day was displayed on a blackboard in the dining room, which showed a choice of two main courses. However, there were no picture menus available to assist those who had difficulty in deciphering the words to make choices. People were offered either steak and kidney pie or soup and sandwiches. The soup was homemade and the food we sampled was very tasty. We observed people being able to change their choice of meal, if they wished to do so.

Requires improvement

Is the service effective?

We asked about the provision of fresh fruit. We were told, “They (Those who lived at the home) get fresh fruit at 2pm every day. Today it is melon.” We were told that only one type of fruit was served with afternoon tea each day. One of the inspection team was visiting a person in their bedroom when afternoon tea was being served. This individual was automatically given a bar of chocolate. He was not offered a choice of fruit or chocolate.

We recommend that the management of meals is thoroughly assessed and systems are introduced to provide those who live at Lindsay House with a more fulfilling dining experience.

We were told that there were no plug sockets installed in the hair dressing salon for the use of electrical equipment, such as hairdryers. We recommend that this is rectified, so that those attending the hairdressing salon may participate in an enjoyable experience, without having to move from the salon to have their hair finished off.

We recommend that toilet roll holders are installed, so that people can access the toilet paper easily.

Good

Is the service caring?

Our findings

People felt they were being well looked after. They told us that staff were kind and caring. We asked family members if they were happy with the way staff approached their relatives. One said, "Yes, very much so" and another commented, "They (the staff) show a high degree of patience and caring." However, one relative did tell us that there had been an incident when a member of staff had spoken inappropriately to her father, but this had been reported and resolved in a satisfactory way.

We observed care workers talking with people in a calm and pleasant manner, whilst assisting them with activities of daily living. People looked happy and were evidently comfortable in the presence of staff members.

Good information was provided for people who were interested in moving in to the home. The service users' guide and statement of purpose outlined the services and facilities available, as well as the aims and objectives of Lindsay House. This enabled people to make an informed decision about accepting a place at the home.

The plans of care we saw incorporated the importance of dignity and independence, particularly when providing personal care. Records showed that a wide range of community professionals were involved in the care and support of those who lived at Lindsay House. Although at the time of our inspection no-one was using the services of an advocate, there was plenty information displayed on the notice board to provide guidance about the use of an advocate. An advocate is an independent person, who helps people to make decisions, which are in their best interests.

The home had introduced the National Early Warning Score (NEWS) for recognising very sick people whose condition was deteriorating. This helped to ensure people were provided with more intensive care and treatment quickly and by the relevant medical practitioners.

We observed one person who lived at the home was walking around with their jumper on inside out and back to front. The manager told us that the night staff dressed this person and then she may change her clothes several times and not let the staff change her. We appreciate that some people liked to dress themselves and this promoted independence. However, we did not see any member of staff attempt to encourage this person to put the jumper on the correct way, in order to promote dignity.

We asked family members if staff appeared to have time and patience with their relatives. One of them said, "Some more than others. He (the resident) has his favourites. A little while ago we had an issue with one of the girls, who expected him to do things he couldn't. He had an accident and she said what do you want me to do about it? However, it has been sorted out now." Another relative told us, "Sometimes they (the staff) raise their voices, but that is because some people are deaf."

We asked relatives if staff spent time talking with those who lived at the home. One said, "They do. They've sat and done crosswords with her." Another commented, "The activity coordinator does. The only time you see the girls (care staff) sitting down is when they're having lunch." The only person we saw sitting and chatting with people was the activities coordinator.

One person who lived at the home told us that the staff listened to her and treated her with respect and dignity. This person and her relative told us that life had changed for the better since her admission to Lindsay House, which was pleasing to note. We saw staff on the day of our inspection treating people in a kind and respectful manner.

People we spoke with told us their privacy and dignity were respected. However, we asked them if staff knocked on their bedroom doors before entering and although one replied, "Yes", the other told us, "No they just come in." One person said they could go to bed when they chose to do so, but another told us, "I go to bed at 9 'o clock', because we have to. Breakfast is between 8am and 9am, so we have to get up to go to breakfast. If I have been unwell they (the staff) come up to see why I haven't gone down for breakfast and then they bring it to my room."

Staff evidently knew people well and responded appropriately to meet individual preferences. Some people clearly preferred a quieter approach, whilst others enjoyed a jovial laugh and joke with staff members.

Records showed that the home was in the process of achieving 'Six Steps' training. This involved demonstrating that the service met a number of specific standards including enhanced training for all care staff.

Good

Is the service caring?

The community professional who provided written feedback stated, 'I have had the pleasure of working at Lindsay House for a few years and I have found the home to have many great qualities.

The staff are always warm and welcoming. On arrival you are made to feel welcome. I have noticed the care the clients receive is excellent, always kind and considerate. I always receive help and assistance when required. The staff make time to help me with clients, especially those who find it difficult to move. Also, before I start they always let me know who needs to be treated and if I have any problems they are always there to help. I currently work in over 20 homes in the north west and Lindsay house is one of my favourite homes. I would recommend anyone to stay there, as the staff make the home an excellent place to stay and the surrounding area is beautiful. All in all a great home.'

Requires improvement

Is the service responsive?

Our findings

When asked if people had been offered the opportunity to give feedback about the quality of service provided, one person who lived at Lindsay House said, "My key worker did ask some questions" and a relative commented, "Yes, last month." Another relative told us, "I've been to residents' meetings, where I raised some issues, but I've not received any feedback." And a third relative told us, "I've filled in a questionnaire but I've not been to a residents' meeting." The activity coordinator told us she chaired the residents' meetings. She said, "I've asked for someone from the company to be there, but this hadn't happened."

We asked people if they knew how to make a complaint. One person replied, "I wouldn't, I don't like complaining" and another stated, "Yes I would think so." One relative replied to the same question, "Yes, there's a booklet in her room with the information in." Another told us, "I suppose I would write to head office after speaking to them first."

We found the plans of care to be well written and person centred. However, some paper work within the care files was undated and was not fully completed and some records provided conflicting information. The plan of care and nutritional risk assessment for one person showed different levels of risk and the nutritional risk assessment did not refer to them having diabetes.

We found that the registered person had not protected people against the risk of unsafe care or treatment, because records provided some conflicting information and areas of potential health risks were not always well recorded. This was in breach of regulation 9(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We examined the care files of four people, who lived at Lindsay House. We saw that needs assessments had been conducted before a placement was arranged. This helped to ensure the staff team were confident they could provide the care and support people required. All three family members we spoke with confirmed they had been involved in the care planning process and reviews of their relatives' needs. One said, "The care plan was reviewed a week ago." Another commented, "It is reviewed every six months." And a third told us, "The care plan is reviewed, but I don't know when it was last done."

People's social interests, likes and dislikes were, in general recorded, which helped the staff team to familiarise themselves with people's history, their preferred lifestyle and their individual choices. However, we established that one person liked to have her personal belongings in her bedroom set in a particular way and did not like them being moved, but the plan of care made no reference to this individual wish. The plans of care and risk assessments had been developed with the involvement of the person who used the service, or their relative and they had been reviewed at regular intervals, with any changes in needs being recorded well.

We spoke with a care worker about the assessed needs of one person. She explained to us how the staff team supported the individual to ensure their needs were being met. We saw that the plan of care for this person accurately reflected what the carer had told us.

A care worker told us that each person who lived at the home was assigned a keyworker, who updated assessments and plans of care. All care staff had access to the care files and they completed progress notes of daily events. We saw that the home had received positive feedback from families.

We looked at the care records for one person who had poor skin integrity and was therefore prone to developing pressure sores. This individual's plan of care was very detailed and person centred, providing staff with clear guidance of how to support them with pressure relieving methods. Clear assessments had been conducted within a risk management framework and specific pressure relieving equipment had been provided, which was recorded within the relevant plan of care.

Some people had an advanced care plan in place, which described how and where they wished to receive care and support, should they become unable to make such decisions. This was considered to be good practice. However, the advanced care plan for one person had not been signed by the person who lived at the home, their relative or a healthcare professional. Therefore, this information was invalid at the time of our inspection.

A complaints policy was clearly displayed within the home, which identified the procedure to follow in order to make a complaint. This was also included in the service users' guide provided to people when they first moved in to Lindsay House. Staff we spoke with were fully aware of

Requires improvement

Is the service responsive?

what to do should someone wish to make a complaint. A system was in place for recording complaints received. However, none had been documented within the last twelve months. We noted an abundance of thank you notes had been received by the home. The PIR showed that 27 written compliments had been received during the previous year.

People who lived at the home told us they were confident in raising any concerns. All relatives we spoke with told us they had been asked for their opinion about the quality of service provided and would feel comfortable to raise a complaint, should it be necessary. One relative told us she was given a booklet on her mother's admission to the home, which told her how to make a complaint and that people were encouraged to approach the office, should they have any concerns.

We asked relatives if they would feel comfortable to make a complaint. One said, "Yes, but I don't think it would get to a complaint." Another told us, "Yes if I felt it was justified. They (the staff) are always approachable." And a third commented, "I'd be a little embarrassed, but I'd do it."

All relatives we spoke with told us that staff responded in a timely manner to requests for assistance and when we activated a call bell in a bedroom two staff members arrived reasonably quickly.

One relative told us that her mother's key worker was very supportive when her mum was low in mood and experienced a degree of paranoia. She said the staff were very open about their limited experience in this area, but that they took the appropriate steps and involved the relevant community professionals for additional support.

When we discussed the provision of activities with some members of the staff team, we were told, "The organisation is not interested in activities. The budget is only £38 per month, which is not enough. There is little support from the company for fund raising." We were told that one member of staff helped the hairdresser once a week, so that the hairdresser will donate £20 to the activity fund. We were told the home did not have a mini bus to take people out and we noted this had been suggested in the minutes of a residents' and relatives' meeting. Some staff felt the activity coordinators hours could be better organised, so that those who lived at the home could benefit from activities being provided at times more suitable to individuals. One member of staff commented, "Who wants to play bingo straight after breakfast?"

We were told that outings were planned well in advance, such as shopping trips and pub lunches. However, we established that excursions had to be paid for through fund raising events, which was difficult. We were told the home was struggling to get a minibus, because the money had to be raised by fundraising. A recent sponsored walk had raised some funds.

We asked if there was garden furniture available for those who lived at the home to use. We were told by a member of staff, "It's in the pipeline." We looked at the activity records for two people, which showed activities centred around one to one chats in their bedrooms or sitting in the garden. We spoke with one of these people and their relative. We were told that it had been a massive move for one person being able to go outside in the garden, as she had not been outdoors for four years. However, there were significant gaps in the activity records where no entries of participation had been recorded. In a four month period no entries had been recorded for a total of 31 days for one of these people.

The only activities we saw during our inspection were Bingo in the morning and knitting in the afternoon. We established that the activity coordinator had not received any training specific to her role. We asked about activities suitable for older people, such as gentle chair exercises or movement to music. We were told such training had been requested, but had not been delivered.

We asked the activity coordinator about activities for those who chose to stay in their bedrooms. She told us, "I go in and have a chat and try to persuade them to come down. I'll help them with a crossword or a jigsaw. The girls (the staff) bring the wool and knitting needles in." We were told that skittles were available for those who lived at the home and there was a ball for people to throw to each other, but a new ball was needed. Staff told us that people were taken outside in the garden, but that the floor was uneven.

We recommend that the provision of activities be assessed and those who live at Lindsay House be involved in the choice of activities provided, in accordance with their individual preferences.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection the registered manager was on duty. We asked staff about the management of the home. One person said, "We are a good team, who all just get on with it." Another told us that the manager is 'fine', but felt that she was not consistent in her approach; "There's one rule for one and another rule for others. Carers are put on for everything." She added that she felt more comfortable approaching the deputy manager. We were told that the registered manager would help the care workers, when they were short of staff or particularly busy. One member of staff told us, "She (the manager) doesn't sit with residents, but she goes round checking what we've done. That's what she does."

A wide range of internal audits were conducted regularly in order to monitor the quality of service provided. The Quality Manager arrived at the home during our inspection in order to conduct the monthly quality audit on behalf of the organisation. This included an audit of people's personal allowances, which on the day of our inspection was accurate, accidents and incidents, health and safety checks, fire safety and hand hygiene. However, the internal quality monitoring system had failed to identify some of the safety concerns recognized at the time of our inspection and reported on within the relevant section of this report.

We found that the registered person had not ensured systems were in place for effectively assessing, monitoring and improving the quality and safety of the services provided, including the risks relating to the health, safety and welfare of service users. This was in breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On arrival at Lindsay House we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all records we looked at to be well maintained and organised in a structured way. This made information easy to find.

Records showed that meetings were held for those who lived at the home and their relatives. This allowed people to talk about things they felt were important to them in an open forum and to make suggestions, as well as provide feedback about the services and facilities available.

We saw the minutes of staff meetings, which had been held at six monthly intervals. This enabled staff to meet in order to discuss various topics of interest and enabled any relevant information to be disseminated amongst the entire workforce.

The home had been accredited with an external quality award, which meant that a professional organisation visited the service periodically to conduct detailed audits, in order to ensure the quality of service was maintained to an acceptable standard. The registered manager had notified the Care Quality Commission of any reportable events, such as deaths, safeguarding concerns or serious injuries. This demonstrated an open and transparent service.

Feedback about the quality of service provided was actively sought from those who lived at the home, their relatives and staff members, in the form of surveys. These covered all areas provided by the service. The results were subsequently produced in a bar chart format, for easy reference. Any suggestions or areas for improvement were identified and action plans were developed, so that shortfalls were appropriately addressed.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These included areas, such as health and safety, equal opportunities, infection control, fire safety, medication administration, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA).

It was evident that the home had close links with the local community, by the number of external professionals who visited Lindsay House and through attendance at community events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not protected people against the risk of harm, because potential risks had not always been appropriately managed. Regulation 12(1)(2)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not ensured systems were in place for controlling the spread of infections. Regulation 12(1)(2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care We found that the registered person had not protected people against the risk of unsafe care or treatment, because records provided some conflicting information and areas of potential health risks were not always well recorded. Regulation 9(1)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the registered person had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to protect the safety of those who lived at the home. Regulation 18(1)
	We found that the registered person had not ensured systems were in place for effectively assessing, monitoring and improving the quality and safety of the services provided, including the risks relating to the health, safety and welfare of service users. Regulation 17(1)(2)(a)(b)