

Yorkare Homes (Cleethorpes) Ltd

Lindsey Hall Care Home

Inspection report

Clee Road
Cleethorpes
DN35 8AF

Tel: 01472806333

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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?	Good ●

Summary of findings

Overall summary

About the service

Lindsey Hall Care Home is a residential care home providing accommodation and personal care for up to 79 people who may be living with dementia and/or physical disability. The home is a conversion of an old school building and has retained the front façade. All accommodation is provided on one floor and there are three units; the main residential unit and two further units (Haven and Thorpe), for people living with dementia. There are 69 single en-suite rooms and five suites which can be used as shared accommodation. The service has an extensive variety of communal areas and facilities. At the time of our inspection there were 68 people using the service.

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

Medicine were safely ordered, stored and administered, however 'as required' medicine guidance was not always clear.

We have made a recommendation in relation to 'as required' medicine guidance to support staff with the safe administration.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

We have made a recommendation in relation to the principles of the Mental Capacity Act 2005.

At this inspection we found evidence that demonstrated people received caring, kind and positive support. Everyone we spoke with provided positive feedback about how caring, professional and supportive the staff were and so often went the extra mile to ensure people were happy and felt well cared for.

People felt safe and supported at Lindsey Hall and had chosen to live there over other alternatives. People continued to receive care and support that was personalised and reflected their needs and preferences. People's communication needs were clearly documented in their care plans.

People and staff spoke positively about the management of the service. Staff continued to receive guidance and support from management readily. People's views were regularly sought to drive improvements. Records confirmed the registered manager worked in partnership with stakeholders.

Staff continued to receive training that enhanced their skills. People were supported to have access to healthcare services to monitor and maintain their health and well-being. People were encouraged to maintain a healthy diet, where people had specific dietary requirements, these were catered for.

People had support from safely recruited and appropriately trained staff. Staff also understood their role

and responsibilities to protect people from abuse. Staff and the senior management team advocated for people to promote their safety and human rights.

People and staff were proud of the home and its facilities. The home was well equipped, and staff said that if ever the need for equipment was identified all they had to do was report this to the registered manager and it was provided. Staff understood the importance of infection control. The home was clean and well maintained throughout.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 April 2021 under a new provider and this is the first inspection.

The last rating for the service under the previous provider was outstanding, published on 29 November 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led.

Details are in our well-led findings below.

Good ●

Lindsey Hall Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Lindsey Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Lindsey Hall Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who use the service about their experience of the care provided. We spoke with 15 members of staff including the nominated individual, area manager, registered manager, deputy manager, senior carer workers, care workers, activities co-ordinator, cook, housekeeper, receptionist and maintenance person.

We reviewed a range of records. This included nine people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and supervision. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

After the inspection

Following our visit, we spoke by telephone with the relatives of 10 people who used the service about their experience of the care provided. We also spoke with three health professionals. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Where people were prescribed medicines, on an 'as required' basis, clear guidance was not always in place to ensure staff had information about when these medicines should be given .

We recommend the provider reviews 'as required' protocols to ensure staff have clear and concise guidance for when these medicines are required.

- Medicines were safely received, stored and administered. Records seen were up to date and quantities of medicines stocked were correct.
- Staff received medicine management training and checks on their competency to administer people's medicines were completed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Policies and procedures were in place for fire safety, however we received mixed feedback from staff on the procedure to follow in the event of a fire. There was no evidence to support staff completing time simulated evacuations. The provider gave assurances this would be addressed immediately.
- There was a system in place to report and record incidents and accidents. However, there was minimal evidence to support the monitoring and analysing of accidents, incidents or falls. Information was not always collated to evidence any potential themes, trends or lessons learnt. The provider was responsive to our feedback during the inspection and began making improvements in this area.
- The premises were well maintained. Regular checks of the environment were completed to make sure it was safe. For example, checking the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs and maintenance.
- People continued to receive support from staff that had sound knowledge of risks posed to people, and how to keep them safe from harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from abuse.
- Referrals were sent to the local authority safeguarding team when required and outcomes followed up.
- All staff had completed safeguarding training and records confirmed this. Each staff member confirmed they knew what to do and who to tell if they had concerns about the welfare of anyone living at the home. One staff member commented, "We make sure people are safe here."
- People told us they felt safe and we saw they had formed trusting relationships with the staff supporting them. People were at ease when interacting with staff and were visibly reassured by their presence. People

told us, "I most definitely feel safe at Lindsey Hall."

Staffing and recruitment

- There were enough suitable staff to meet people's needs. Recruitment processes had been followed and new staff were monitored and assessed during their probationary period. When staff performance did not meet the provider's expected standards, their performance was managed to ensure only suitable and motivated staff were employed at the service.
- People were happy with the support they received. One person said the best thing about living at Lindsey Hall was the staff. Relatives told us, "We have 100% confidence in [person's] safety there." We saw staff were kind and respectful, they spoke about people with affection and treated them with kindness.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider supported visits to the home in accordance with government guidance. The provider had a visiting policy to support people to receive visits 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not always following the principles of the MCA. There was a lack of information in records to show mental capacity assessments and best interest meetings had been completed in accordance with the MCA.
- Assessment of people's capacity to make decisions where restrictions had been applied were not always completed. For example, COVID-19 testing and administration of medicines. Records showed that the decision for the restrictions had not always been discussed and recorded as in their best interest and as the least restrictive option for people.

We recommend the provider works in line with the principles of The Mental Capacity Act 2005 to ensure robust mental capacity assessments are in place and include multidisciplinary involvement.

- DoLS were in place for people, authorisations were correctly obtained, and any conditions complied with.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's individual needs were holistically assessed and associated care plans developed. The care records showed up-to-date assessments with individual care plans for each need identified, for example,

community access, daily living skills, activities, medicines and food and drink.

- Assessment of people's care needs included any protected characteristics under the Equality Act 2010 and these were considered in people's support plans. People's individual diverse needs were known and understood by staff. Staff had completed training in equality and diversity.
- Staff supported people to be healthy. People had specific care plans that showed their eating and drinking needs and preferences.
- People told us they enjoyed the choice of meals, they were involved in menu planning, and could have snacks and drinks as they wished. People praised the quality of the meals and food provided. One person said, "The food is amazing".

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction to prepare them for their role, ongoing training, and regular opportunities to discuss their work, training, and development needs.
- The provider's training matrix confirmed staff had received training to meet people's individual needs.
- Staff also received specific training in relation to people's individual assessed needs. For example, dementia and percutaneous endoscopic gastrostomy (PEG).
- Staff were positive about the support they received. A staff member said, "I get supervisions regularly, and these are very supportive and completed to a high quality. I have time to talk about my work and development."

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- Procedures were in place to share information with external healthcare professionals to support people with their ongoing care. Each person had a passport document, this shared useful information to support staff to meet the person's ongoing care and support needs.
- People's care records confirmed referrals to other external agencies were made in a timely manner.
- Relatives were confident staff had a positive approach to information sharing and working with external agencies.
- The service was adapted to meet people's needs. It provided a homely environment for people to relax and spend time with each other. People's rooms were individually furnished and provided space for personal possessions. The service had won a Healthcare Design Award, for best New Build Care Home in the UK with an emphasis on the design and facilities for people living with dementia.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible. People benefited from staff monitoring their wellbeing and health.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were well supported and treated with dignity and respect. Relatives, visitors and health and social care professionals spoke highly about how caring and supportive the service was. A relative said, 'I think that they are caring, helpful, concerned and attentive.'
- People were relaxed, confident and comfortable in the company of staff. There was a calm, relaxed, friendly atmosphere and we observed staff taking time to sit and chat with people. We observed several meaningful interactions shared between people and staff which resulted in people laughing and feeling valued. One person told us, "The staff are so kind and caring, I feel part of the home, they are worth their weight in gold."
- There was a person-centred culture. People received care from caring, compassionate and motivated staff who were proud to work for the service. Staff demonstrated a real empathy for people they worked with and nothing was too much trouble, whether that be completing additional tasks or coming in to work on their days off to support an activity. During the COVID-19 pandemic, staff came in on their days off work to provide 'pick me up' gifts for the staff and residents which had a positive outcome on emotional well-being.
- Staff were able to build positive, trusting relationships with people. Staff were considerate to people's holistic needs. For example, one person's grand piano was extremely important to them, the provider and staff took steps and worked towards facilitating this at Lindsey Hall.

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

- The provider sought feedback from health professionals and people's representatives. People were supported to express their experiences of the service through various methods of communication and formats such as individual and group meetings, surveys and feedback forms. One person told us, "I attend resident committee meetings and they act upon our suggestions quickly, nothing is too much trouble".
- The relationships staff developed with people helped to ensure people were confident in expressing their views. People told us they made their own choices around activities of daily living.
- The provider ensured people had access to advocacy services when needed. Personal circumstances were considered, and the provider advocated for people to ensure people's voice and wishes were recognised. Health professionals told us the registered manager was knowledgeable and always available to provide advice and support people to access other agencies.

Respecting and promoting people's privacy, dignity and independence

- Staff took pride in creating an atmosphere that welcomed people and promoted their independence whilst respecting their privacy and dignity. People's wishes were respected with the daily choices they made or were supported to make. One healthcare professional said, "I have been coming to Lindsey Hall for a long

time now, during all my visits people are always treated with dignity and respect."

- Staff recognised and understood the importance of empowering people to be as independent as possible. One staff member told us, "We continuously look at ways people can do as much for themselves as possible. Independence is important, we have made adaptations and found resource to support." The registered manager told us, "The committee meetings and one to one time is really important, going and speaking to residents helps us drive improvement."
- People's personal information was kept secure. Staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The service was responsive to meeting people's needs. Feedback from relatives, health and social care professionals, demonstrated this. A professional said, "The support offered to service users and collaborative working with professionals continues to remain at a high level to achieve the best outcome for each resident within the home."
- People and relatives commended staff's ability to respond with patience and knowledge especially when people were down or upset. People and those close to them praised staff's person-centred care and understanding, which put people at ease and enriched their lives.
- Care plans were detailed, and person centred so staff knew people well. As well as written details of extended life history, employment, family, holidays and hobbies they held photos of life events, holidays and weddings. A calendar held dates of special occasions and events so staff could be there for people to help them to remember key dates in their lives to either be celebrated or support them through difficult memories. This helped staff to provide person centred care and areas of interest to engage with people.
- The service reviewed people's needs and worked in close partnership with people and relatives to make changes. Family members found this involvement reassuring. Relatives told us, "They have constantly updated [relative's] care plan to cater for their needs, we are always invited to be involved."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff assessed people's communication needs and took them into account when planning care.
- Care plans included detailed guidance for staff to help them communicate with people.
- Staff produced accessible information that people could understand. There were a wide range of documents in easy-read and pictorial formats such as care plans, weekly schedules and service user guides. Staff also produced accessible information to support policies and procedures, for example, to describe the complaints procedure.

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

- Additional activities staff had been appointed and there was a large variety of stimulating and engaging activities on offer at the home. Activity staff were able to devote more time to support and encourage people

and the home had purchased new equipment to help engage people. An activity table was extremely popular and this fun, interactive technology had allowed people to communicate and improve their social engagement.

- Care staff had ensured that relationships important to people living at Lindsey Hall continued to be nurtured during the periods of local and national lockdown. Direct phonedlines were available in each bedroom for people to stay in contact with their loved ones. Relatives were grateful for this and we saw examples of their appreciation following visits during the COVID-19 pandemic. One relative said, "Please can you pass on my gratitude to the staff and tell them how they helped to make special memories during those difficult times."
- People were offered opportunities to engage in social activities. A list of upcoming events was given to people. People were supported to follow their interests and enjoy meaningful activities which had a positive impact on their well-being. The street scene within Lindsey Hall was well utilised and hosted an array of activities for people to engage in.
- People were encouraged to develop activities that interested them. For example, people had suggested they liked gardening through resident meetings, gardening club was introduced to support people's choices and engagement. Another example was one person had a keen interest in 'keeping fit', staff supported this person to organise and run a 'keep fit' class for people.

Improving care quality in response to complaints or concerns

- The service had a system in place for dealing with concerns and complaints. Information on how to raise a complaint was displayed at the service. An easy to read version was also included in the Service User Guide, which was given to people when they moved into the service.
- People and relatives knew how to make a complaint but generally told us they had no reason to. One relative we spoke with described their approach to resolving small problems as 'refreshing.'
- The service shared with the inspection team compliments they had received via emails, letters and in the form of thank you cards. These mirrored the positive feedback we received from people, their relatives, staff and professionals we spoke with.
- We observed during our inspection that managers were in daily contact with people who used the service and were available to discuss their care and any concerns they might have.
- Meetings were held for people to attend and share their views or raise concerns. People told us "I have attended resident committee meetings and they act upon our suggestions."

End of life care and support

- End of life care plans did not always guide staff on support required to ensure people's needs were met. The registered manager told us they would further develop people's end of life care plans.
- The provider had an end of life care policy in place, which staff were familiar with.
- Access to necessary medicines and additional health care support was available through the services' established relationship with the GP.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems and processes that monitored quality and safety. This included regular internal checks and audits. Where improvements to the service had been identified through quality auditing, action was not always evidenced on the action plan. The provider had identified improvements and modification were needed and was in the process of implementing a new quality auditing system to ensure a clearer overview was captured.
- Staff were clear about their roles and responsibilities. Staff had allocated areas of responsibility and systems were in place to make sure daily tasks and checks were completed on each shift.
- The provider supported the registered manager through regular visits and meetings with their area and regional operational managers to continuously develop their own knowledge and skills.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People experienced a positive and inclusive culture at the service. The provider promoted a positive culture focused on person-centred care. Staff described an open and honest culture where people and relationships mattered.
- Staff understood the values of the service to keep people safe, promote independence and support them to live meaningful lives. We observed good rapport between people and staff.
- The values of the provider promoted personalised support, dignity, privacy and anti-discriminatory practice.
- The home was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner. A professional told us, "The home is very responsive and quickly adapt to any recommendations."

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 was committed to providing good quality care to people.
- Staff told us they felt listened to and that the manager was approachable. A staff member said, "There is an open door approach and [manager's name] is always there to speak to, we are definitely listened to."
- The provider and manager were clear of their role and responsibilities to be open, honest and apologise if things went wrong.
- The registered manager and provider had appropriately submitted notifications to the Care Quality

Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged through house meetings and staff recruitment, provider visits and direct access to directors. In response to concerns about people's well-being being affected by the pandemic, additional resources were introduced. For example; activity tables with the functionality of communicating with people worldwide.
- Staff, people and relative surveys have been carried out and action has been taken in response to these. This included developing action plans and responding to issues relatives raised about their menu's. Compliments and complaints were tracked to monitor feedback.
- The provider recognised and rewarded exceptional staff performance through their employee of the month scheme, for which relatives, people and staff have the opportunity to nominate. The provider sent 'grocery packs' to staff when they needed to isolate due to COVID-19.

Working in partnership with others

- People benefitted from partnership working with other local health professionals. For example, GPs, community nurses and a range of therapists.
- Health and social care professionals were positive about the interactions they had with the service; Comments included, "Very cooperative and informative. We get the information we need, and they are able to give good feedback and updates about the [person]" and "Staff are welcoming, friendly and knowledgeable."