

Plenus Care Ltd

# Lindum Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Lindum Court is a residential care home providing personal care to up to 24 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 21 people using the service. Personal care is also provided to 1 person living in the local community.

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

Governance systems were not always reliable or effective and there was limited evidence that learning had taken place to improve the quality of the service. The registered manager did not have a consistent approach to all safeguarding incidents. We have made a recommendation about safeguarding and lessons learnt.

Risks to people's safety was managed well and were person centred. There were enough staff on duty with the right mix of skills to ensure practice was safe. Staff received supervision and appraisals to support them and identify their development needs. Recruitment systems were robust.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were managed, stored and disposed of safely. Infection, prevention and control was managed well. Staff adhered to policies and procedures on infection control and followed national guidance.

The dining environment was pleasant, and the food was well presented. People were involved in planning menus of their choice. There was positive feedback from people and relatives about the dining experience.

Health and well-being were addressed in care plans and action taken for people to have positive outcomes. Appropriate and timely referrals to relevant health professionals was made and any recommendations acted on.

The service had a positive culture that was person centred, open and inclusive. The registered manager supported and motivated staff who were proud of the service they worked in.

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

### Rating at last inspection

The last rating for this service was good (published 22 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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led section of this report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lindum Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified a breach in relation to good governance at this inspection. We have also made recommendations the provider ensures safeguarding's are reported and acted on consistently and lessons are learnt to improve the outcomes for people and the service.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect. Please see the action we have told the provider to take at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Lindum Court

## 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 carried out by 2 inspectors. An Expert by Experience also made calls to relatives. 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

Lindum Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lindum Court 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 the information we received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and 12 relatives to ask about their experience of the care provided. We spoke with the registered manager, the cook, 6 care staff and 1 visiting health professional. We looked at 3 care files along with a range of medication administration records (MARs). We looked at other records relating to the management of the service including recruitment, staff training and supervision and systems for monitoring quality.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had not always been reported appropriately.
- Although the registered manager had a system in place to support safeguarding concerns, further work was needed to ensure this was effective.

We recommend the provider reviews their systems for reporting safeguarding concerns and updates their practice accordingly.

- Staff knew people well and understood how to protect them from abuse. People told us they were safe. One person said, "I feel very safe here, and if I didn't, I know I could speak to staff."

Learning lessons when things go wrong

- There was limited evidence of learning from accidents or incidents and what, if any action was taken when things went wrong.
- The provider did not have a system in place to record and review incidents, there was limited evidence of any action taken to improve safety.

We recommend the provider ensures incidents are recorded and investigated and lessons learnt to improve the service.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed appropriately.
- Risks associated with people's care had been identified and plans were in place to minimise risk occurring. Staff told us they contained enough information to care for someone safely.
- Health and safety checks had been completed to ensure the safety of the home environment.

Staffing and recruitment

- There were enough staff to ensure people received safe care. We observed staff providing support and engaging in a meaningful way. Comments from people included, "They [carers] take very good care of us." And "They [carers] look after me very well and always come when I call them."
- Safe recruitment and selection processes were followed.

Using medicines safely

- People's medicines were managed safely and administered as prescribed.
- People who were prescribed 'as and when' medication had a protocol in place and staff had written why it was required and how much was administered.
- Staff were trained and supported in their role to administer medicines. Records showed staff had their competencies checked annually. Staff told us they received annual updates for medication.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to have visits from family and friends. During the inspection we observed visits taking place. Relatives told us they could visit when they wanted.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 care plans included their preferences and choices. These were regularly reviewed to ensure people were receiving care that met their needs and in line with best practice guidance. Staff told us they were kept updated if people's needs changed.
- There was sufficient food and drink provided throughout the day. People were given choices at mealtimes. We observed the cook engaging with people and asking what they would like for their meals. One person said, "They [cook] always comes and sees us and asks us what we want."
- The dining environment was calm and pleasant. We observed staff supporting and encouraging people who had difficulty to eat and drink. A relative said, "They have completely turned them [person's name] around, they even help set the tables at mealtimes now." People told us the food was excellent.

Staff support: induction, training, skills and experience

- Staff training was up to date and additional training courses had been completed. For example, staff were trained in diabetes, prevention of pressure ulcers and sepsis. Relatives told us they thought staff were well trained.
- Staff were supported by the registered manager and received appropriate supervisions. Staff told us they received regular supervision and felt supported.
- Staff received an appropriate induction to enable them to provide effective, safe care.

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

- People had access to a range of health and social care professionals to achieve the best outcomes for them. A relative said, "They [carers] always let us know if she needs to see a doctor, they [person's name] are much healthier now, well looked after and cared for."
- People's care plans detailed their health care conditions and the action staff needed to take to keep people fit and well. Relatives told us they were involved with discussions about their loved one's care.

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 provider acted within the legal framework of the MCA. Staff had completed training in MCA and DoLS and understood the meaning of the Act.
- Where people lacked capacity to make decisions, appropriate people were involved in making decisions in people's best interests and records were completed to an appropriate standard.

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

- The service was well maintained, clean and pleasantly decorated and provided comfort and space in a dementia friendly environment. One person said, "The home is very clean and well equipped, I would most certainly give them top marks."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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's governance systems were not always effective. There were limited systems and processes in place to ensure regular audits with action plans were taking place to improve the quality and safety within the service.
- The registered manager was not able to establish how lessons had been learnt from all incidents and how investigations had been used to drive quality and improve outcomes for people.
- There was no recording of incidents within the service or regular audits of care records.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to review accidents and monitor supervision, appraisals, and training.

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

- The provider had an open and honest culture. Staff told us they could speak to the registered manager if they had any concerns. A staff member said, "There is always support there from the registered manager, even if it is over the phone, they are very approachable, and I would not hesitate in contacting them if I needed to."
- People and their relatives spoke positively about the service. Comments from relatives included, "The home is well managed, friendly and comfortable." And, "It is not often you go to a care home where people are always laughing and are happy."
- Staff told us morale in the home was good and they worked together well. A staff member said, "I love my job and we all work well as a team and get on with each other."

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 demonstrated an open and transparent approach and understood their responsibilities under the duty of candour.
- The registered manager was aware of their obligations for submitting notifications to CQC, as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had team meetings. This provided an opportunity to discuss issues that were important to them and feel listened to.
- The provider engaged and involved people using the service. A sealed box was placed at reception for people and relatives to post their completed survey forms, these were reviewed, and actions implemented.
- We saw evidence the provider was working in partnership with community professionals and organisations to meet people's needs. A visiting health care professional said, "The staff are very responsive and always act on any advice or recommendations we have given them."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were either not in place or robust enough to demonstrate safety was effectively managed