Bupa Care Homes (PT Lindsay) Limited

The Lindsay

Inspection report

47a Lindsay Road
Poole
Dorset
BH13 6AP

Tel: 01202026300
Website: www.thelindsayhome.com

Date of inspection visit:
11 October 2023
12 October 2023

Date of publication:
15 December 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
The Lindsay is a residential care home providing personal and nursing care to up to 70 people. The service provides support to younger adults and older people, some of whom are living with dementia. At the time of our inspection there were 57 people using the service.

The home is a purpose-built building covering five separate floors, with access to all areas by stairs and lift. Two of the floors specialise in providing care to people living with dementia. The home has good communal facilities on the ground floor, which include a café, cinema and hairdressing salon.

People's experience of using this service and what we found
People and their relatives told us they felt The Lindsay was a safe place to be. We identified some areas where the home could do better, and we have made recommendations about staffing, mental capacity and management checks within the home. We discussed these with the manager, they acted immediately and sought to rectify the issues found. We will assess these improvements at the next inspection.

People were not always supported by enough staff to meet their needs. Some people told us staff did not always answer the call bell in a timely manner. One relative told us, "Staff are good, would like more of them because it takes them so long to get to my [loved one], but they are good." We discussed this with the manager, and they immediately sought to assess and increase staffing within the home.

People did not always have their capacity assessed when required. People had not signed their care records to show that they consented to the care and support they were being provided. We raised this with the provider, and they took an immediate action to address this.

People's needs were assessed, and plans were in place to help ensure their needs were met. People's choices and decisions were respected, and staff enabled people to retain their independence.

Staff knew people well and understood their needs. Care plans were detailed and regularly reviewed. This meant there was always information for staff to refer to when providing care for people. There were inconsistencies for the delivery of care including oral care. We raised this with the manager who took immediate action to address this.

The provider completed appropriate risk assessments to ensure risks to people's health, safety and wellbeing had been identified and actions taken to reduce the likelihood of harm. Risks to people were assessed, recorded and regularly reviewed.

Staff demonstrated a good understanding of the signs and symptoms that could indicate people were experiencing abuse or harm. Staff knew how to report concerns both internally and externally.

Staff received a comprehensive induction and ongoing training to help them understand and meet people's needs.

People were supported to access health services whenever required. This included GP surgeries, physiotherapists, specialist nurses like tissue viability nurses and hospitals.

Staff had the correct level of skills and training to undertake the responsibilities of their role effectively.

Frequent changes in management had led to low staff morale. The provider had recognised the impact of this and was working with the staffing team to make improvements.

The home worked well with other organisations which provided specialist support to people, involving their families and other professionals such as GP surgeries, hospital discharge teams and social services, where appropriate. The home also understood the importance and benefit of links with the wider community through social events.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection
The last rating for this service was good (published 16 August 2017).

Why we inspected
This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

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 The Lindsay on our website at www.cqc.org.uk.

Recommendations
We recommend the provider continually assesses the needs of people using the service to ensure safe staffing levels are maintained.

We recommend the provider seeks guidance from a reputable source to ensure the rights of people are always maintained in line with the Mental Capacity Act 2005.

We recommend the provider follows up best practice guidance and their oral care policy to ensure people's

oral health needs are fully met.

We recommend the provider continues to strengthen their governance systems to ensure they are always operating effectively; they seek to continually improve, and feedback is always used to shape the service.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Lindsay

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 3 inspectors.

Service and service type
The Lindsay 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. The Lindsay is a care home with 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 not a registered manager in post. A new manager had been in post for two months and intends to submit an application to register with us.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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 19 people who used the service and 7 relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, regional director, clinical deputy managers, senior carer, carers, nurses, housekeeping, maintenance and chef. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from 14 staff and 2 health professionals who work closely with the home.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment
● The provider did not always ensure there were sufficient numbers of suitable staff. People told us staffing levels did not always meet their needs. Comments included: "Don't seem to have staff here, I have a bell, but they don't always come", "Staff are ok, they help me with getting washed and brush my teeth. There isn't enough of them especially at night sometimes you are waiting ages" and "They take a long time to answer the bell, sometimes I've waited 30 mins." Our review of call bells analysis records and staff response times confirmed prolonged waiting times form some people.
● One staff member told us: "I feel like due to the lack of staffing and pressure on care staff, they are not able to find the time to support [people] in bed and get them out to enjoy activities and the garden." We discussed this with the manager, and they immediately sought to assess and increase staffing within the home.
● The provider told us they use an electronic dependency tool which calculates the number of staff needed. They increased the number of staff on duty during the day an implemented a detailed look into staffing within the home to ensure they remain safe. We will assess safety of the new system at the next inspection.

We recommend the provider continually assesses the needs of people using the service to ensure safe staffing levels are maintained.

● People were supported by staff that had been recruited safely. Safe recruitment requires staff to follow an application process including assessment of their work history, character, and qualifications to ensure they are suitable to support people. The manager told us they had recently deployed 4 more carers, a housekeeper and 2 night nurses.
● All staff files viewed contained a valid DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse
● People were safeguarded from abuse and avoidable harm.
● Staff demonstrated a good understanding around safeguarding procedures, the signs and symptoms that could indicate people were experiencing abuse or harm. Staff knew how to raise concerns internally and to external agencies such as the local authority and CQC.
● Staff told us they would feel confident whistleblowing if they observed or heard about poor practice. They felt confident they would be listened to, and action taken in a timely way if they raised concerns. Their comments included: "[The manager] is very understanding and really cares for the residents and their

wellbeing and will take action" and "[The manager] really gets involved, listens to any concerns and takes action."
●The manager had reported all relevant safeguarding concerns.

Assessing risk, safety monitoring and management
● People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes. Risks to people's safety were assessed and reviewed. The provider used an electronic care plan system. The care plans had individual risk assessments which guided staff to provide safe care. All care plans viewed contained basic explanations of the control measures for staff to follow to keep people safe.
● People told us they felt safe living at the home. Their comments included: "I know I am safe here" and "I feel safe and well looked after." Relatives agreed: "We are fortunate that [our loved one] is here", "[The home] completely changed [my relative's] life in a positive way. I have no concerns. [Person] is safe and secure in a nice and friendly environment. [Person] settled well and doesn't ask to go home" and, "We are over the moon with the place, it suits [person's] needs down to the ground."
● General environmental risk assessments had been completed to help ensure the safety of people, staff, relatives and visiting professionals. These assessments included: gas safety, water temperature, legionella, window restrictors, electrical systems and equipment. Evidence was supplied of this.
● Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.
● Staff understood when people required support to reduce the risk of avoidable harm. Identified risks to people included those associated with mobility needs, eating and drinking, skin damage and risks linked to health conditions.
● Daily handover meetings were held where changes in people's health were discussed, and decisions made about appropriate follow up action.

Using medicines safely
● Staff who administered medicines had received the relevant training and ongoing competency assessments. Staff followed safe procedures when giving people their medicines.
● Medication records were complete and matched stock balances.
● For each person prescribed medicines, they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
● Daily checks ensured medicines were stored correctly and at safe temperatures.
● Medicines requiring stricter security were stored appropriately with stocks matching records.

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 supporting people living at the service to minimise the spread of infection. A health and social care professional stated, "I would also like to emphasise that their precautionary measures during the pandemic were very good. [The Lindsay] was one of the care homes with the least number of patients affected with Covid which was due to their stringent policies."
● 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 responding effectively to risks and signs of infection.
● 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.
● At the time of the inspection there were no restrictions for relatives and loved ones to visit people living at The Lindsay.

Learning lessons when things go wrong
● Accidents and incidents had been recorded and lessons had been learnt when things went wrong. The manager told us lessons learnt were shared in the staff team meeting with any additional training and support given.

Requires Improvement

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. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 was not always working in line with the Mental Capacity Act. People did not always have the necessary assessments in place to ensure their rights had been fully respected under the MCA. Care plans contained conflicting information about whether or not a person had capacity. We discussed this with the manager who immediately commenced a review of paperwork held for people. We will assess these changes at the next inspection.
● People had not signed their care records to show they consented to the care and support they were being provided. People were not always supported to have maximum choice and control of their lives and staff were inconsistent in supporting them in the least restrictive way possible and in their best interests; the policies and systems in the service contributed to this practice. We raised this with the manager, and they took immediate action to rectify this.

We recommend the provider seek guidance from a reputable source to ensure the rights of people are always maintained in line with the Mental Capacity Act 2005.

● Staff understood it was important to gain the consent of people when providing their care and support. We observed staff respectfully asking consent, offering choices, and explaining practical care tasks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●The provider completed appropriate risk assessments to ensure risks to people's health, safety and wellbeing had been identified and actions taken to reduce the likelihood of harm. There were inconsistencies for the delivery of care including oral care. The home had an oral care policy in place, but this had not always been followed. One person told us: "[Staff] don't clean my teeth always and it makes you feel a bit rubbish". People were not always supported to access routine dental check-up appointments. We discussed this with care manager who took immediate action to ensure people are supported to maintain good oral health and have access to the dentist. We were assured by this action.

We recommend the provider follows up best practice guidance and their oral care policy to ensure people's oral health needs are fully met.

● People's outcomes were identified during the care planning process; guidance for staff on how to meet these were detailed on the electronic care planning system.

Staff support: induction, training, skills and experience
●Staff were not always supported by regular supervisions. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Some staff had not received supervision as specified in the provider's supervision policy, due to recent changes in the management of the service. The manager told us: "We are working with heads of departments to ensure supervisions are completed regularly throughout the year."
● The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
● There was an induction programme in place which included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff commented: "Training is good, and I had a four-day induction, I also had 14 bespoke training [courses]. Training is very, very good" and "They are very good at training here, there is an education department. For example, there is a training session today. One nurse is doing end of life training and will become end of life champion."

Supporting people to eat and drink enough to maintain a balanced diet
● People's care plans outlined their food and drink preferences. Care plans identified the level of support people needed from staff to prevent malnutrition and dehydration and this information was available to the staff working in the kitchen. Kitchen staff told us: "We have a nutritional board in the kitchen which shows every person and their nutritional requirements. This is updated immediately when a person's needs change."
● There was guidance in place to support people to eat safely when they were at risk of choking or needed their food to be a certain consistency. Staff demonstrated they understood how to support people with this.
● Feedback about the mealtime experience from people and their relatives included comments such as: "The food is very good and I like the puddings, happy with the way staff help me to eat", "Food is excellent" and, "[Person] has really good meals here, they receive support. My observations are they let them do what they can for themselves and support where this is needed as [person] goes up and down."

Adapting service, design, decoration to meet people's needs
● The home was newly redecorated. However, the provider had not always followed good practice guidance to assess how each person living with dementia could orientate themselves in their surroundings. Contrasting colours had not been used and some people did not have personalised items to easily identify which room was theirs. We discussed this with the provider who told us they were constantly reviewing their

practice in line with best practice guidance and a member of staff had begun working with people and their families to make changes where required to improve the environments for people living with dementia.
● People and their relatives were able to personalise their bedroom to reflect their lifestyle choices, interests, and hobbies.
● People moved around freely, spending time as they pleased within the home. The garden was accessible.
● The home was clean and well lit. One relative told us: "There are some lovely touches of décor in the home, I like the décor. We went through a period where [person] wouldn't let staff in their room. They worked with us and cleaned it when we took [person] for a coffee, they are adaptable. It's very clean."

Staff working with other agencies to provide consistent, effective, timely care
● People had access to health care and specialist support when needed. One relative told us: "If [person] needs the doctor, they will call [doctor] for them and they call 111 and, when they haven't responded, they have called 999 before. Every time, there is a backup phone call. We have been kept informed all the way along the line and they get them the care they need. The occupational therapist is coming in this week to see them."
● Records showed input from a range of health and social care professionals such as social workers, doctors, physiotherapists, and specialist nurses for tissue viability.
● Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers, daily meetings, and emails. This meant people were receiving the most up to date support to meet their health needs with clear direction of who to contact should the person's health deteriorate. The clinical deputy manager told us: "We have a good relationship with the GP. The GP round is twice weekly, we can call in between and, if anyone needs to be seen before then, the GP will come out."

Supporting people to live healthier lives, access healthcare services and support
●Specialist healthcare professionals had been involved in assessments and planning of care. One health and social care professional informed us: "The care plan was detailed, and the care home had a very good level of knowledge [of] their patient." Another professional fed back: "[People] seem to be well looked after, relatives seem to be happy. We have had no complaints from the relatives."

Requires Improvement

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 good. At this inspection the rating has changed to 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

- The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements.
- Quality assurance systems in place to monitor and improve the standard of the service were not always robust. There was a range of audits in place, however, these had not been comprehensive enough to identify and address the shortfalls found during the inspection. For example, in staffing levels, MCA paperwork, oral care and support for staff. The manager and provider took immediate action to improve their systems and oversight. We will assess the effectiveness of the new systems at the next inspection.

We recommend the provider continues to strengthen their governance systems to ensure they are always operating effectively; they seek to continually improve, and feedback is always used to shape the service.

- Staff told us the service had experienced lots of changes in manager's post, which had led to low staff morale. Comments from staff include: "I have worked for this home for 17 months and in that time, I have had 6 managers. This really does have a big impact on the staff and the inconsistency that comes with so many managers", "I am concerned about the number of managers we have had, it's not good for continuity" and "It's a privilege to work here, [however] we have a long journey to go."
- The manager and staff had a clear understanding of their roles and responsibilities.
- The manager had a good understanding of CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

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

- We received mixed feedback from staff about the management of the service. However, staff spoke consistently highly of the manager. Comments included: "I think [the manager] is a very good and fair manager, who cares a lot about the residents and also looks after the staff which really does help with staff morale" and "[The manager] is very helpful and is open to suggestions and discussions on how we could improve and will explain why. At times, some things might be different than what I suggest. It really gives the feeling of being listened to and involved."
- There was a positive culture within the home. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. Relatives told us: "I come every afternoon, everybody has

been so nice, not only to [my relative] but to me as well. I can't speak highly enough of them. [My relative] has a lot of confidence in them. The nurses are brilliant, the housekeeping [staff] are lovely, they did everything for them'" and "We are welcomed into the home, it's like we are members of the family."

● People were involved in designing the garden with planting choices and choosing home furnishings. Staff had created mood boards to support people with choosing colour schemes for each lounge.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider had appropriate polices in place as well as a policy on duty of candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm. Following incidents, the provider had been open and honest with the people affected and, where appropriate, their relatives.

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

● People were consulted in the running of the home. The provider undertook regular satisfaction surveys to gather the views of people, relatives and staff. The home regularly asked for feedback from people and their relatives and their relatives on the service provided; the results were used to make improvement.

● Resident meetings were held in the service. People who could not physically attend had sent questions in to be heard at the meeting. Subjects covered within the meetings included food and meal service, laundry and housekeeping, parking issues, wellbeing, and forthcoming activities, falls prevention and healthy living.

● Staff were supported by daily handovers and staff meetings, with whole team meetings held quarterly and clinical risk meetings for every floor held weekly.

Working in partnership with others

● The home worked well with visiting health and social care professionals, the manager and staff felt comfortable to access their support when needed. One health and social care professional told us: "There has been recent change in the leadership as well. With the new leadership structure - they're engaging with us very well. Patient care is the top priority - this is quite evident from the way they interact with us."