A H Choudhry

Lindhurst Lodge Residential Home

Inspection report

Lindhurst Road
Athersley North
Barnsley
South Yorkshire
S71 3DD

Tel: 01226282833

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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**

Summary of findings

Overall summary

We carried out this inspection on 6 March 2017 and it was an unannounced inspection. This meant no-one at the home knew we were going to carry out the inspection.

Lindhurst Lodge occupies a central position at Athersley North, approximately three miles from Barnsley town centre. The home is registered to provide of accommodation for up to 37 older people who may require assistance with personal care. On the day of our inspection there were 32 people living in the home.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We checked progress the registered provider had made following our last inspection on 11 November 2014 when we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.This has been superseded by Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. The registered provider sent an action plan detailing how they were going to make improvements. We found sufficient improvements had not been made to meet this regulation.

We checked the records of medicine administration. We found some gaps where staff had not signed to confirm a medicine was given. We also found it was not always clear the reason why a medicine was not given. This was because staff had not always used the correct code or recorded further information so it was clear why a medicine was not given.

People told us they felt safe living in the home and staff had a good understanding of abuse and their responsibilities in safeguarding adults.

Any identified risks to people were considered and actions taken to reduce or eliminate the risk so that people were kept safe from harm.

There was a system in place to assess staffing levels against people's needs. Our observations evidenced there were enough staff on duty to meet people's individual needs.

Thorough checks were carried out prior to staff being offered a job at the service which helped to ensure people being employed were of good character.

Staff were not given appropriate support through a programme of on-going supervision and appraisal.

People were encouraged to maintain a healthy lifestyle which included being provided with meals that took

into consideration their preferences and being supported to access healthcare professionals.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions for themselves.

The interactions between people and staff were cheerful and supportive. We saw staff assisting and supporting people in a way that maintained their privacy and dignity.

Each person had a care plan. Some people who used the service and their relatives said they had not been involved in the reviews of care plans. The care plans seen did not contain a full range of information regarding people's care and support needs which would have assisted staff to provide more personalised care.

There was no activities worker in post which meant there was not a full programme of activities provided which were tailored to meet people's individual needs.

The service had a complaints policy and procedure. People and relatives told us they could talk with staff and the registered manager if they had any complaints or concerns.

We identified the audit systems in place to check medicines and care plans were not robust enough to effectively act upon risk in order to demonstrate compliance with regulations.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not always safe.

Medication administration records and temperature checks for the medicine refrigerator were not fully completed which did not ensure people were administered their medicines safely.

People told us they felt safe and staff were aware of their responsibilities in keeping people safe.

Staffing levels were adequate to meet the needs of people who used the service.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not provided with a regular programme of supervision and appraisal for development and support.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People were positive about the care they received and this was supported by our observations.

Staff took into consideration people's privacy and dignity when providing care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care planning and delivery responded to people's needs and preferences. However not all peoples needs were recorded in their care plans.

There was no planned programme of activities and trips outside the home had not taken place.

People's concerns were investigated, responded to promptly and used to improve the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

The system in place for auditing aspects of the service was not fully effective.

There was an experienced registered manager in post who was well liked and respected by people who had an interest in the service.

There was a quality assurance system in place which identified and acted upon areas for improvement and highlighted good practice.

Lindhurst Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 March 2017 and was unannounced. The inspection team consisted of two adult social care inspectors, an inspection manager 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. The expert by experience had experience in caring for older people and people living with dementia.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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. We also reviewed notifications of safeguarding and other incidents we had received. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales. We also gathered information from the local authority and Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We also contacted other stakeholders with an interest in the service. We received feedback from Barnsley local authority commissioners and safeguarding team.

During the visit we spoke with nine people who used the service, eight of their relatives, two healthcare professionals, the registered manager, the trainee manager, one senior care staff, three care staff, a domestic assistant and the cook. We also looked at three care plans, four staff files and records associated with the monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe and they had no concerns or worries. They were really clear they would speak to someone if they were worried or had any concerns and said they and their relatives knew the registered manager very well. People told us they could make choices and yet still take risks. A minority of people said there were not enough staff at times. Throughout the visit we saw and heard staff attending to people's needs in a timely way. There was a relaxed and unhurried atmosphere in the home.

People's comments included, "The staff are so helpful," "I sometimes have to wait for staff if they are busy," "When I use the buzzer, the staff ask me to wait a few minutes as they are seeing to other people," "I get my medicines on time," "I feel safe and well," "My family wanted me to go and live in a home closer to them, but I feel safer here," "I can always call for help if I need too," "I am safer here than when I was at home," "This is definitely a safe place to live," "I speak my mind. If I had any problems I could and would tell the manager or the owners," "I can come and go as I please, I can walk outside whenever I want" and "We go out into the garden area, whatever time of year it is."

Relatives told us, "I am very secure in the knowledge that [family member] is in a safe place," "I feel so settled that [relative] is safe here" and "I can go away without any worries."

We checked progress the registered provider had made following our inspection on 11 November 2014 when we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which has been superseded by Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. The registered provider sent an action plan detailing how they were going to make improvements. We found sufficient improvements had not been made to meet this regulation.

We checked to see if medicines were being safely administered, stored and disposed of. We found the medicine trolley was kept in a locked treatment room when not in use. The trolley was not attached to the wall when in the treatment room to help to keep it secure. The registered manager told us she would make sure this was actioned immediately and following the inspection we received confirmation of this.

We looked at the Medication Administration Records (MAR) charts for six people. We found four MAR charts where staff had not signed to confirm administration or used a code to explain why the medicine was not given. We also found one medicine had been signed as given on the incorrect day (the date signed was the day after the inspection). The gaps on the MAR charts were for dates on the day before or the morning of the inspection. The registered manager told us these omissions would have been picked up by senior staff at later medicine rounds and prompt action taken to rectify the omissions.

We found staff were not always using the correct code to explain why a medicine wasn't given or providing additional information about administration as required by the MAR chart. For example the code 'F' (other) was used and staff had not always recorded an explanation of what 'other' meant. Following the inspection

the registered manager sent us confirmation that they had requested new MAR charts from the pharmacy which had clearer guidance for staff on the correct code to use to explain why a medicine wasn't given.

We looked at the records of temperatures for the medicine refrigerator. We found the temperature had not been checked since the 23 February 2016 and it was required to be checked each day. We also found there was no clear information for the staff about what the temperature of the refrigerator should be and what action they must take if this was not the case. Before the end of the inspection the registered manager had put a memo up in the treatment room explaining to staff the importance of checking the refrigerator daily and what action they must take if the temperature was out of range.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Staff told us and records confirmed that they had recently received training in safeguarding vulnerable adults. We spoke with four members of staff who were able to tell us how they would respond to allegations or incidents of abuse, and also knew the lines of reporting in the organisation. In addition, we saw evidence that the registered manager had notified the local authority and us, of any safeguarding incidents. Staff were also aware of the registered providers whistle blowing policy and told us they would feel confident in reporting any concerns they had to the appropriate person. Whistleblowing is one way a worker can report suspected wrong doing at work by telling a trusted person in confidence.

We saw staff were aware of people's individual demeanour and behaviour and of the potential risks associated with this. For example, one person was at risk of falling. We saw a risk assessment in the person's care plan which explained what staff must do in order to reduce this risk. This included closer observations and an alarm mat in place to alert staff if they got out of bed.

The registered manager had a 'staffing dependency tool' that she used to assess the number of staff required to be on shift each day in order to meet the needs of people who used the service. The tool showed each person's level of dependency and a score was then used to work out how many care hours needed to be provided each day. We saw the registered manager had maintained staffing levels as assessed by the tool. Our observations on the day of the inspection were that staff were busy but were able to meet people's individual needs within an acceptable timeframe. When people were asked to wait for staff assistance the reason for this was explained to them and staff were seen to prioritise tasks according to need.

Staff recruitment policies and procedures helped to protect people from unsuitable staff being employed. We looked at recruitment records for four staff members and found adequate checks had been completed. For example full employment history had been recorded, references from previous employers had been obtained and Disclosure and Barring Service Checks (DBS) were completed. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed money for some people. We saw the financial records kept for each person, which showed any money paid into or out of their account. The record was signed by the person who used the service or their advocate and senior staff at the home. Money held for people was regularly checked by the registered manager. We checked the financial records for four people and found they were fully completed and accurate.

The home is a well-proportioned two storey building with plenty of space for people to move around freely.

The environment although dated had had some recent refurbishment work which had improved its appearance. During the day of the inspection there were some noticeable unpleasant odours which the registered manager told us were due to dampness. Not all relatives spoken with felt that all areas of the home were clean and well presented. They commented that there were malodours at times in certain areas. Some relatives commented on improvements that could be made to the environment. A handrail was discovered to be very loose when used by a person who used the service. The registered manager ensured this was repaired immediately. Relatives said, "It does smell at times, sometimes it's worse than others," "The home needs to be tidy outside. I've have had to walk through big puddles and mud today to get up the drive" and "There should be more parking for a home this size."

We saw regular checks of such things as electricity and gas installations, legionella and infection control had been completed. A fire risk assessment was also in place which helped to keep people safe.

Requires Improvement

Is the service effective?

Our findings

Staff were aware of supervisions and appraisals and were able to recall having these although they were unclear about the frequency of these. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. Staff told us that they could voice any concerns they had at any time and would not wait until a formal supervision if there was something they needed to discuss.

We looked at four staff files and also at a supervision and appraisal matrix. We saw staff had received some supervisions at various periods but the frequency of the supervisions differed between staff and were not in line with the registered provider's policy of providing a minimum of three supervisions per year. The matrix also showed that only a minority of staff (five) had received an appraisal in 2016. The registered manager said that one of her priorities was to arrange supervisions and appraisals for all staff members and then maintain these at regular intervals.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We asked people about the support they received to look after their health. People told us, "I have my own dentist and optician, the staff make me an appointment when the time comes around" and "The staff go around at night to make sure we are alright."

All the relatives spoken with said the staff looked after people properly and said people saw healthcare professionals such as, GP's, opticians and nurses when they needed them. Their comments included, "Mum always gets to see the community nurse regularly," "If my [family member] is seeing the GP, they always call me to tell me" and "My [family member] has a whole range of healthcare professionals coming in, the staff are great at communicating this, they keep me informed of everything."

We saw people were referred to other health services as required. A staff member said the home had a good relationship with the local district nurses and they could ring them anytime for advice or a visit to a person. Care records evidenced involvement from a number of varying professionals including doctors, memory team professionals, specialist and district nurses. This showed that people were supported with their health needs in a holistic way.

Not everyone spoken with was complimentary about the food provided; although everyone felt the catering team did all that they could to provide for and respect their preferences. People's comments included, "I have no idea what is for dinner today," "You have to go to the kitchen and ask the cook what is on the menu today," "There used to be a menu on the wall, it fell down," "Nothing is too much trouble for the cooks. If you don't like something they offer you something else straight away," "The food is just right for me," "We get good old fashioned food and plenty of it," "I love the puddings, I always have seconds" and "I can chose to have my meals in my room or in the lounge with my family."

Relatives told us, "[Name] is not always keen on the food, she always mentions it," "The food is mediocre," "I used to help feed [family member], this has stopped recently due to protected mealtimes. We've been told we can eat in a separate area if we want this to continue. I am now checking the care plan every day to see what she is eating and drinking" and "I eat here every week with my relative and the fish and chips are lovely."

Staff told us, "I go round the home asking people what they like," "I can order anything that the residents like. I have never been told there is a budget" and "If there is anything that is different that they would like, we will get it."

The registered manager told us they had recently introduced protected mealtimes by asking visitors not to sit in the dining room during meals. This was from feedback received from staff that some people felt uncomfortable when there were relatives in the dining room and the dignity of people who required assistance was not maintained. Relatives had been informed they were still welcome to eat or assist their family member to eat, but would be asked to do this in a separate area. The registered manager said initial feedback from people who used the service, their relatives and staff had been positive but she was keeping this arrangement under review.

We observed the lunchtime meal being served. The food offered looked pleasant in presentation. There was no choice of the main meals and desserts but alternatives were offered on an individual basis. The catering staff and care staff were clearly aware of people likes and dislikes. There were no menus on display anywhere in the home. When people or their relatives were asked what was for lunch, no one knew.

Although staff were seen to be very patient when delivering meals and describing the meals to people as they served it, there was loud music being played and staff were encouraging people to sing along to the song and wave their arms in the air. This did not appear to be a calm and relaxed atmosphere for this 'protected' meal time. One person did not want to remain in the dining room and was very vocal about this. A staff member escorted them to a quieter area.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager, where appropriate, had applied for people to have a DoLS authorisation in place. We saw a 'best interest meeting' with appropriate healthcare professionals had taken place to make decisions for people regarding decisions for example, to leave the home. This showed the registered manager understood the requirements of the MCA and where relevant the specific requirements of the DoLS.

The registered manager told us staff had completed MCA and DoLS training and we saw evidence of this. Staff told us they had talked with the registered manager and senior staff about MCA and DoLS and were

able to correctly describe what the act entailed and how it was used. Staff were clear about the importance of ensuring decisions were made in the best interests of people and correct procedures were followed.

We spoke with four staff members who told us they had an induction period when they started working at the home. This consisted of shadowing other colleagues, reading policies and procedures, training courses and getting to know the home. They also told us about various training that they had undertaken during their induction and since the start of their employment.

The training matrix showed the training courses each person had completed and what qualifications they had obtained and/ or were working towards. All the courses were relevant to their roles and included subjects such as dementia, vulnerable adults, manual handling, safeguarding as well as a number of others. The training was reviewed and updated at the frequency agreed with by the registered provider. Staff told us that they thought their induction and training had equipped them sufficiently to be able to perform their roles.

Good

Is the service caring?

Our findings

People who used the service, their relatives and visiting healthcare professionals all made positive comments about the staff. It was very evident that people got on well with the staff. People who used the service and the staff looked comfortable together and we observed there was a lot of laughter and friendly 'banter' between people. People said that staff were good at listening to them and meeting their needs. We saw relatives and visitors were welcomed into the home in a caring and friendly manner.

People told us, "I get on with everybody. The staff are great," "Staff are terrific, this is a happy place with lots of laughter," "The staff here are great," "Everyone is so kind. I do appreciate it," "I get on with all the staff," "I have lived here a long time. I am so happy here," "My family are very satisfied with everything here," "Although I spend a lot of time in my room, I come and go as I please" and "My family come whenever they want and staff always make sure they get a cuppa or a meal."

Relatives told us, "It means everything to me that [family member] is happy here," "This home is just that, a home," "My relative is happy and so am I" and "When I come to visit, such love and kindness is shown to all."

Healthcare professionals told us, "Staff are always helpful with us and they encourage people to be independent," "Excellent staff interaction. They show genuine compassion and care to all, including visitors," "The staff help people to feel at ease," "Staff have a good attitude" and "The help and attitude depends on the staff at the time."

Staff told us they enjoyed working at the home and said the staff worked well together as a team. There comments included, "I love working here. It's like a big family" and "I get so much job satisfaction, caring for people is the best."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. We observed staff respecting people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. One person told us, "I am definitely treated with dignity and respect."

Staff told us the issues of privacy, dignity, confidentiality and choice were discussed at training events and at staff meetings. They were able to describe how they maintained people's privacy and dignity and how important this was for people.

At the time of the inspection there was no one living in the home receiving end of life care. Staff told us they had received training in caring for people at the end of their life and we saw evidence of this. Staff told us when people were at the end of their life they were supported by other healthcare professionals who helped them to compile an end of life care plan and visited regularly to ensure the person was comfortable and pain free.

Requires Improvement

Is the service responsive?

Our findings

We asked people about the leisure opportunities provided. Comments included, , "I do like it when they get entertainment in," "The activities should be better organised," "I like the bowling," "There is always plenty going off on the activity front," "There is no church service here. I would go to it if there was one" and "I used to love singing hymns, they don't do it here."

Relatives told us, "There seems to be enough activities but my [family member] would like to go on trips and outings even in winter," "The people doing activities do not fully understand the needs of individuals," "All the activities are loud and boisterous," "Not all activities are dementia friendly," "If they are short on the care side the activity worker has to go on care" and "We used to go on outings they have stopped now."

The registered manager told us there was no permanent activities coordinator employed at the home. She said care staff were working additional hours to provide some activities for people. This was for on average nine hours per week. The registered manager said they were currently advertising for an activities worker. On the day of the inspection a care worker was due to cover activities between 12pm and 3pm but we did not see anyone providing activities during this time. However we did see care workers sitting with people, encouraging conversation during the afternoon.

Not all people living at Lindhurst Lodge and their relatives were involved in planning their care. Some people spoken with were not aware they had a care plan. Although some relatives told us they had been involved in planning and reviewing their family members care. People told us, "I don't think I have a care plan, but staff do write a lot of things down" and "I don't know if I have a care plan, ask my daughter." Relatives said, "I have not been to any meetings about mums care since she came to live here but we can discuss mums care at any time," "I look at mums care plan regularly," "They never ask me anything about my dad's care, but they do know him well" and "The manager encourages me to see the care records to ensure I can see what staff are doing to care for [name]." The registered manager said they speak to relatives and ask them if they would like to be involved in any further reviews of their family members care.

The care plans seen showed that prior to a person going to live at the home an assessment of their needs was carried out. Following this initial assessment care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. Staff spoken with were able to talk to us in detail about people who used the service and what their specific care and support needs were. They said when a new person was admitted to the home they read their care plan to become knowledgeable about their needs.

All staff were included in the daily handovers which took place at the beginning of each shift. This meant they were familiar with people's immediate needs and able to provide continuity of support. The senior member of staff 'handed over' to staff, giving them information about how each person was, if there were any changes to their care and for example if they had any appointments they needed to attend. This information was recorded and passed to the registered manager for them to check if any further action needed to be taken. Staff told us this was very useful and that they also arranged what additional specific

tasks they would all be responsible for during the shift.

Care plans were reviewed on a monthly basis to ensure they reflected people's current needs and preferences. Daily notes were used to assist staff coming onto shift to familiarise themselves with any developments that had occurred that day. However we found the information in some care plans did not cover all aspects of people's care and support needs. For example in one care plan seen there was no information about the persons likes and dislikes. We also found there was little information in care plans about any personal cultural and religious needs. For example there was no information about the persons preferences in being cared for by either a male or female care worker. We also found the care plans were difficult to 'navigate around' which made it time consuming to find information about the person. This meant there could be a risk staff would not read the care plans or would not be able to find important information about the persons care and support needs.

Relatives told us, "My [family member] had a fall yesterday and the manager phoned me," "The staff always look after us when we come, they offer us drinks" and "The staff phone me whenever there is a problem."

We saw instances of staff responding to people's needs during our inspection. A care worker checked whether a person, cared for in bed, felt like something to eat. They accommodated the person's specific request for a drink which was quickly prepared and taken to the person. Staff overheard one person saying they needed the toilet and immediately went to their assistance. Another person wanted to go outside, "For a breath of fresh air" and we saw a staff member go with the person and stay with them for a chat whilst they enjoyed the fresh air.

The registered manager and staff told us about a new initiative they had just started, which they called 'duvet day'. Staff had recognised that some people who used the service had days when they were lethargic and fell asleep throughout the day in the lounge. People were asked if they would like to have a 'duvet day' when they could stay in bed, sat up, but resting. Staff and relatives reported back to the registered manager when people had an occasional 'duvet day' they were more alert for several days afterwards. On the day of the inspection there were two people having 'duvet days'. We saw they were sat comfortably in bed and that staff served them their meals and drinks in bed and also called into their rooms to check they were okay.

People who used the service and their relatives told us they were able to talk to the staff about any concerns or issues. They said they were confident staff would listen to their concerns and help them to resolve them. One person told us, "I always speak my mind and would say if anything was wrong." Relatives told us, "I can talk to the managers about anything and it is dealt with straight away" and "Mum loves it here. We know the manager well and she encourages us to discuss anything."

Staff told us, "We can see the manager if we have a problem and the owner is also available during the week" and "The owner calls in to see how things are."

The complaints log showed there had been ten complaints made to the home in the last 12 months. Each complaint had been investigated and the complainant had received a written response detailing the outcome of the complaint. The complaints policy/procedure was on display in the home and included in the 'service user guide.' The policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them and included timescales for responses. We also saw the service had received numerous compliment cards or letters in the last 12 months.

Requires Improvement

Is the service well-led?

Our findings

The service was led by a manager who was registered with CQC. The registered manager had been in post since October 2014 and was also the registered manager of another service owned by the same registered provider. The registered manager was supported in the home by a trainee manager, senior care workers, care workers and ancillary staff. The registered provider and their representatives also paid regular visits to the home to provide support to the registered manager and the team of staff.

People who used the service, relatives and staff spoken with all told us they respected the registered manager and thought she was a good role model.

People's comments included, "I cannot think of anything that could be improved," "The manager is always approachable and helpful," "There has been one residents meeting. I'm not bothered anymore," "I have not been asked what I think about things" and "The manager is always checking with us that everything is alright."

Relatives told us, "We go and see the manager at any time," "We are so pleased we chose this home for mum," "My [family member] loves it here, this is our community," "I have blown my top recently. The manager was smashing, she sorted things out immediately" and "The manager always encourages you to share your views and opinions at any time."

Staff's views of management identified they were visible in the home and were supportive. Staff told us, "The owner comes in often to ask us if everything is alright," "The manager is so approachable" and "We work in people's home, they don't live in our work place."

Healthcare professionals told us, "The management team are very supportive," "Staff are very welcoming and caring" and "We use beds at Lindhurst Lodge quite regularly for hospital avoidance and to facilitate discharge to a period of rehabilitation. We have been particularly impressed with the professionalism in accepting patients for transfer and in the knowledgeable approach particularly of the care home manager, regarding patients with dementia/alzheimer's."

We saw the registered manager had systems in place to audit, monitor and review all aspects of the service. This included auditing care records, medicines, staffing, complaints and safeguarding. This enabled them to monitor practice and plan on going improvements. However the gaps we found in relation to medicines and care plans meant some audits had not been effective in identifying and acting on omissions and breaches of regulations were found.

All incidents and accidents which occurred were recorded and monitored by the registered manager. We saw where a person had a number of falls; action had been taken in partnership with other health and social care professionals. This showed the registered manager had taken action to make sure this individual received effective support and treatment to meet their needs and maintain their well-being.

We saw the last relative/resident meeting was held in September 2016. The registered manager told us she held these twice yearly. Relatives told us, "I am not aware that there are any relatives meetings," "I have never been invited to a relatives meeting. I would attend one" "I would come to relatives meetings. I would ask them to get the outside areas tidies up." When we fed this back to the registered manager she told us she would arrange a resident/relative meeting promptly and discuss with relatives how often they would like the meetings to be.

Staff told us they had meetings and we saw the last staff meeting was held in September 2016. The registered manager told us she planned three meetings each year and staff had been told they must attend at least one. We looked at the last staff meeting minutes and saw attendees had not been recorded. This made it difficult to keep a track of which staff had attended the required one meeting per year.

People and their relatives were invited to complete an annual quality assurance survey. The registered manager audited the feedback and put this in a report. People were then informed of the results and what action the registered manager had taken in response to their feedback. We saw a copy of the 2016 report on display in the entrance hall of the home. The registered manager told us surveys were due to be sent out for 2017 and would be collated later in the year.

The registered provider had policies and procedures relating to all aspects of the service provision. These were reviewed and updated each year.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed in a proper and safe way to make sure care and treatment was provided safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate supervision and appraisal as was necessary to enable and support them to carry out their duties.