

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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 15 and 21 June 2018. We saw the registered provider had responded to the breach of the regulations we identified at our last inspection in March 2017. We found staff were receiving regular supervision and appraisal and medicines were managed safely.

Lindhurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Lindhurst Lodge occupies a central position at Athersley North, approximately three miles from Barnsley town centre. The home is registered to provide accommodation for up to 37 older people who may require assistance with personal care.

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.

Infection control was not well managed as several areas of the home were found to be unclean. Equipment which was due to be cleaned on a weekly basis had not been done. The registered provider was laying new carpet in the living rooms, dining room and had done by day two of our inspection in the stairwell.

Privacy and dignity was not always maintained as people had their dietary and support needs printed on table mats which had their name listed. Boxes of incontinence pads were stored in people's rooms. Action was taken to remedy both these concerns.

People and relatives told us there were not enough staff in the home. We were concerned about the number of staff on night shifts.

Mental capacity assessments were not in place where people had authorised deprivation of liberty safeguards and best interests decisions taken on their behalf. Consent for the use of CCTV had not been received. All Deprivations of Liberty Safeguard authorisations were up-to-date.

People told us they felt safe and they were happy with the care they received from the staff and support from the registered manager. However, safe recruitment processes were not followed as risk assessments were used in the absence of references from a last employer.

Not all audits were fully effective as concerns we found during our inspection had not already been identified. The times of checks recorded on high dependency charts were pre-printed as exactly on the hour and we found an example of staff completing several hours of entries at the same time.

Supervision and appraisal records were sufficiently detailed and staff felt well supported by the registered manager. Staff training completion rates were found to be high.

People received access to healthcare from different professionals. People spoke positively about the food experience. The need for clearer recording of dietary needs in the kitchen was highlighted.

Medicines were well managed, although kitchen staff were using an unlabelled tub of thickener for two people.

People knew how to complain and complaints were appropriately managed. People were satisfied with the activities provision. Evidence of 'resident' and relative as well as staff meetings was seen. Surveys were sent out to people, relatives and staff.

Care plans required clear instructions on how often people needed to be repositioned. Personal emergency evacuations plans were in use and recent fire drills had taken place.

Advocacy services were actively being used for two people. People's equality, diversity and human rights were upheld and people's information access needs were clearly considered. Links with several groups in the local community had been made.

The registered manager was referred to positively by people, relatives and staff who added they were approachable.

We have made a recommendation about the registered provider offering people the opportunity to discuss advanced care planning.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can 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.

Recruitment processes were not found to be safe. Infection control was not well managed. Staffing levels were not sufficient to meet people's needs.

People and relatives felt safe at this service. Medicines were well managed. Risks to people had been identified and acted on.

Lessons were learned to improve service delivery. Fire safety arrangements and building safety certificates were up-to-date.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The principles of the Mental Capacity Act (2005) were not being followed.

Staff were appropriately supported through induction and ongoing supervision and appraisal. People received access to healthcare and they were satisfied with the food served.

People's equality, diversity and human rights were upheld and the provider met the accessible information standard.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People's privacy and dignity was not always respected as table mats listed their dietary and mealtime support needs.

People were complimentary about the care staff and said they would go out of their way to assist people.

People's equality, diversity and human rights were respected.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Good ●

Care plans mostly contained information staff needed to provide care.

Complaints were appropriately managed.

People enjoyed the activities provision. Technology was being used to assist in meeting people's needs.

Is the service well-led?

The service was not always well-led.

Governance systems had not identified the concerns we found.

People, relatives and staff were consulted in the running of the home through regular meetings and surveys.

People, relatives and staff spoke positively about the registered manager who was approachable and supportive.

Requires Improvement ●

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.

On day one of our inspection the team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection continued on day two with two adult social care inspectors. Both days of inspection were unannounced and on both days of our inspection 32 people were living in the home.

We spoke with a total of 12 people who lived in the home as well as nine relatives who were visiting the home at the time of our inspection. We also spoke with the registered manager, trainee manager, nominated individual, a further six members of staff and a visiting health professional. We observed care interactions in communal areas of the home. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at three people's care plans in full as well as reviewing a further two care plans regarding specific areas of care.

Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At our last inspection we found a breach of the regulation in relation to the safe management of medicines as gaps in medicine recording were found to be unexplained. At this inspection, we saw improvements had been made.

People were clear they would speak to someone if they were worried or had any concerns about their safety. People's comments included, "I must say, the staff do all that they can to keep me safe" and "I can tell you, my panic attacks have stopped since I came to stay here. That's fantastic." One relative said, "I am pleased that my loved one is now in a safe place. I can settle now."

Staff were aware of the role they played in keeping people safe by reporting any concerns. One staff member said, "I would not hesitate to report any worries I had about protection matters" We saw staff had received up-to-date training in safeguarding vulnerable people from abuse. This meant staff were aware of how to report any unsafe practice. We saw information on display regarding safeguarding people from abuse and whistleblowing. 'Whistleblowing' is when a staff member reports suspected wrongdoing and unsafe practice.

We looked at the safeguarding log and saw allegations of abuse had been investigated and reported to the local authority safeguarding team as well as the Care Quality Commission.

We looked at staffing levels in the home and found concerns regarding the number of staff covering night shifts. Feedback from people and relatives was not positive. One person told us, "When I call for help, they will say 'we'll be back in a minute', but they take a long time." Relatives comments included, "They do need more staff", "Although the staff are wonderful, they do need more of them" and "Sometimes, there are not enough staff. We have to wait ages for help and assistance." Staff we spoke with told us, "We are sometimes short staffed, but we get through" and "There's not enough carers on. We are rushed off our feet."

The registered manager told us they monitored people's needs using a dependency tool. Day shifts were covered by a senior carer and three care assistants. At the weekend an extra staff member worked through the day. The registered manager told us night staffing cover was provided by two members of staff. At the time of our inspection, there were 32 people living in the home across two floors. Six people required two members of staff for moving and handling assistance to meet their care needs. This meant if one of those people needed assistance in their room, there were no other members of staff to care for other people or to provide a presence in other areas of the home. One staff member told us that during the day, when two staff were with a person who needed hoisting and the senior carer was dealing with medicines, there was only one member of staff to observe what was happening in the home.

The registered manager had carried out an analysis of all accidents and incidents in 2017. We saw 121 events were recorded for the whole of the year. 51 of these occurred between 9:00pm and 7:00am. This meant we had concerns about whether there was adequate night time staffing cover to minimise this number.

We discussed our concerns regarding staffing levels with the nominated individual and registered manager. Following our inspection, we contacted the trainee manager who told us the registered provider was still operating with two staff members on a night time.

On the first day of our inspection we observed the lunchtime experience and saw people experienced delays in receiving support with their meals. One person had a meal delivered to them which was placed a distance away from them. 17 minutes after the meal was served, a staff member sat down with the person to assist them which meant the food could not have been warm.

We concluded this was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were insufficient numbers of suitably qualified staff deployed to meet people's needs effectively.

We looked at infection control around the home and found this was not well managed. Although there were domestic staff on duty throughout the visit, not all areas of the home were clean and free from malodour. One relative told us, "The cleanliness suffers when they are short of staff." Another relative said, "Some of the rooms smell awful."

We found a number of examples which demonstrated infection control was not well managed. For example, a stand aid which night staff were supposed to clean had a dirty footplate and a wheelchair for one person was also dirty. We showed both examples to the trainee manager who agreed with our findings.

The carpet on the main stairway was worn and marked and had not been cleaned that day. The carpet outside the lift entrance on the first floor was loose and had created a trip hazard. Toilets one, four and 10 had door locks which were not working. In toilet seven the soap dispenser was broken.

We saw a piece of dried food on the spoon for one person which had been set out after breakfast. The person who had this item set out for them changed the spoon for someone else's when they sat down in the dining area for lunch. On day two of our inspection at 8:45am we saw a side table in one of the lounges had coffee stains. Sticky marks where labels been removed were also evident. We rechecked this at 3:30pm and found the table was in the same condition. Staff meeting minutes for March 2018 showed staff were reminded about cleaning up spillages.

We concluded this was a breach of regulation 15 (Premises) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as infection control was not well managed and some aspects of the home had not been well maintained.

The registered manager said, "I can have anything I want. If I need something, I can buy it." On day two of our inspection we found the staircase had been re-carpeted and carpet was ready to be put down in the dining room. Where the carpet was raised outside the lift area, this had been secured. In addition to this, the service quality improvement plan showed both lounges were scheduled to have new carpet fitted in September 2018.

We looked at the recruitment process and found this was not robust. We looked at one file which showed a reference had been applied for, although the referee was unable to find details of the staff member's employment, which they had communicated to the registered manager. The registered manager confirmed this had not been followed up to gain the reference. Instead, a risk assessment had been completed which stated the staff member would not work unsupervised. Whilst we noted a DBS check had been carried out, it was not practical to ensure the staff member would be supervised at all times. Another staff file showed a

staff member had started working without their last employer reference in place. We saw the reason for the gap in one staff member's employment history had not recorded and one staff file did not contain a record of interview. The registered manager told us in future they would request three references for new candidates.

We concluded this was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as robust recruitment procedures had not been followed.

We saw staff had signed up to the automatic DBS renewal service which meant the registered provider was able to carry out ongoing background checks.

People told us they got their medication on time and one person we spoke with said they could have pain relief during the day or night if needed. We observed the administration of medicines and saw this was safe. The staff member responsible for this asked one person, ""Do you need any paracetamol?"

We also looked at the storage and disposal of medicines and found this was appropriately managed. Medicines were securely stored and both room and fridge temperatures were recorded to ensure they were stored correctly.

Protocols for as and when required medicines were in place which meant staff knew when it was appropriate to offer these medicines. Controlled drugs which are medicines liable to misuse were appropriately managed as two staff signed to say these had been administered and records showed where patches used for pain relief had been applied. Prescribed creams were applied by care staff who informed senior staff of any skin integrity concerns.

We looked at the medication policy and found the frequency of staff competency checks was not clearly stated. Competency checks are a way the registered provider can check that staff understood the training and knew what it meant in practice. We discussed this with the registered manager who updated the policy to reflect this would be checked every six months. At the time of our inspection, all staff responsible for the administration of medicines had their competency assessed.

We looked at two people who had thickener prescribed to lower the risk of choking. We spoke with a member of staff in the kitchen who told us they were using their own thick and easy for these people. We found the tin they were using was the same type as the prescribed item, although the same tin which was unlabelled was used for both people, despite both people having their own supply. We discussed this with the registered manager who told us they would take steps to ensure only the tins prescribed for these people would be used.

People's care plans contained risk assessments which covered, for example, falls and nutritional needs. These identified risks and steps staff were expected to take to minimise risks to people. We saw these had been reviewed on a monthly basis. This meant staff were provided with information to reduce risk whilst promoting independence.

On the first day of our inspection, we found the laundry area was accessible to people and visitors. We spoke with the registered manager who arranged to have a lock fitted to the entrance to this area, although on day two, in both the morning and afternoon we found the latch on the exit door had been left in a position which meant people could still access this area unsupervised.

We saw detailed personal emergency evacuation plans which were available for staff to refer to in the event of a fire. A fire risk assessment was valid until November 2018 and we saw evidence of fire drills which had been carried out most recently in April and June 2018. These covered both day and night shifts which meant staff on both shifts had this experience. Fire safety was also discussed at the March 2018 staff meeting to ensure staff understood their responsibilities.

We saw certificates for gas safety, electrical wiring and the thorough examination of lifting equipment were all current.

The registered manager said, "We do a lot of reflective practice. If I use examples of residents, it helps." The registered manager shared an example of a lesson learned which meant they no longer accepted new admissions on a Thursday or Friday for people with behaviours which may challenge others. Instead, people were admitted earlier in the week which meant the management team had an opportunity to become familiar with their needs for the first few days, rather than difficulties arising over a weekend when the management team were not routinely in the home and support external to the home was not as readily available. The registered manager said they had also carried out reflective practice looking at what worked well and what wasn't as effective with people who had stayed at Lindhurst Lodge.

Is the service effective?

Our findings

At our last inspection we found a breach of regulations as staff were not given appropriate support through a programme of ongoing supervision and appraisal. At this inspection we saw sufficient improvements had been made.

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 made us aware five people living in the home at the time of our inspection had an authorised DoLS. We checked these and found they were all valid and conditions placed were being met. However, we found there was a lack of mental capacity assessments to demonstrate the decisions which people were unable to make and would therefore require support. The trainee manager referred to decisions taken in people's best interests, although we found the relevant professionals and family members had not been consulted in these decisions.

We saw CCTV was in use in communal areas of the home. The registered manager said this had been helpful, for example, in looking at reasons why a person may have fallen. We asked whether people or others legally able to act on their behalf had been asked to formally consent to this. Although information was on display advising people CCTV was in use, consent had not been recorded. The registered manager told us they would ensure this was followed up.

At the end of day one, it was evident the registered manager had been researching their responsibilities under the MCA. On day two of our inspection, we found an assessment of capacity had been added for one person and a best interests meeting had been held with their relative as well as a GP.

We concluded this was a breach of regulation 11 (Consent to care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider was not fulfilling its duties as required by the MCA.

The registered manager told us they wanted staff to work in an environment where their personal development was encouraged. They said, "I want them to be empowered to try and build their knowledge and skills."

The registered manager told us staff received an induction over 10 days which included the working environment, a minimum of three shadow shifts and a number of mandatory training sessions. Training records we looked at showed high levels of completion.

We saw staff were being supported through regular supervision and appraisal. One staff member who described supervision and appraisal as a two-way conversation said, "We get to put things across." The registered manager told us they completed supervisions and we saw records of these meetings which covered, for example, an assessment of performance including strengths and areas for improvement as well as training needs. We looked at a supervision record for the trainee manager and saw evidence of the registered manager providing mentoring.

We looked at how the registered provider met people's nutrition and hydration needs. People's comments regarding the quality of the meals provided included, "If you don't like what's on offer the cook tries to make you something else" and "The food suits me just right and there is plenty of it." Relatives were also complimentary about the meals.

On the first day of our inspection, a care worker had been asked to fulfil kitchen duties as the cook was unavailable. We observed the lunchtime experience and found this required improvement.

People were not offered a choice of drink with their meal as only cordial juice was available. No condiments were offered, nor were they available on the tables. We saw a menu on display which corresponded with the meal on offer, although we found there was no alternative. The temporary cook said it was manageable as everyone liked fish. This was not the case as two people did not eat the first as they did not like it. The temporary cook later corrected themselves and said they had provided a sandwich as an alternative. Another staff member said, "We were a bit behind with the meals today. This does not usually happen."

We looked at how people were supported to access healthcare services. One person said, "The staff are really good at making sure I have appointments with specialist nurses" and one relative said, "[Relative] always gets to see the district nurses." Another relative told us the trainee manager had arranged for a hearing test for their family member. Care records showed people were supported by different health professionals, such as GPs, chiropodists and district nurses.

We spoke with a visiting health professional who told us staff tried to provide good care, although they felt they could be short staffed which they said meant, "All staff are running around like headless chickens."

The registered manager told us they had completed the 'Kings Fund Assessment' to evaluate how dementia friendly the living environment was at Lindhurst Lodge. The Kings Fund assessment is a tool which is used to assess whether a living environment is dementia friendly. They said they had painted the tables in the lounge areas bright orange and green to provide contrasting colour as a background to items which would go on top of them, such as plates and cups. The registered manager had researched best practice on the living environment for people with dementia. They had subsequently changed to using LED lights in the home to make the environment brighter.

The registered manager had arranged for different shaped buttons to be attached to the clothing for one person with sight difficulties. This system was used to help the person relate each button shape to a colour which meant they knew what colour the item of clothing was. The registered manager told us they had also accommodated a person for several months who was blind. They had consulted the Bind Association to meet this person's needs and supported them to learn Braille. We were told this person is now living independently. Around this time, the home had also been in touch with the royal national institute for the

blind and had stayed up to date with best practice since.

Information was openly available to people and their visitors on living with dementia. We saw these were available in a number of different languages which meant this information was accessible to people whose first language wasn't English. We saw information available in DVD and CD format and a sign written in different languages which invited people to ask the management team for information in a format not already available. Information on supporting people's sexuality and use of assistive technology was also available.

Up until December 2017, the registered manager was monitoring 'refusal of non-admittance to service' which was used to check whether anyone had been refused admission to the home on grounds which did not protect their equality, diversity and human rights. This demonstrated the registered provider's commitment to ensuring fair access to this service. The registered manager told us they did not provide any training for staff on equality and diversity, although on day two of our inspection they had taken action to source this training for all staff.

One person was actively attending a place of worship on a weekly basis.

Is the service caring?

Our findings

People told us, "The staff are so kind and patient", "The staff are smashing", "You couldn't want for better staff to look after you", "The night staff are lovely. They know me so well" and "The staff are wonderful - they go to so much trouble." Relatives also felt their family members received compassionate care. They told us, "Staff have such devotion", "The staff know and love my [relative]" and "They couldn't receive better care." The registered manager told us, "They are treated as our own family." We saw relatives and visitors were welcomed in a friendly manner.

The registered manager told us the home operated protected mealtimes when visitors were asked not to enter the dining room during breakfast, lunch and dinner. We saw people had tablemats in the dining area which the registered manager said had been suggested by a visiting professional several weeks before our inspection. Each tablemat stated a person's name along with their dietary needs and mealtime support requirements. For example, one tablemat stated 'Sometimes I struggle to feed myself. Please help me if I am struggling'. We discussed this with the registered manager as the use of such tablemats meant people had choice of where they wanted to sit removed and their dietary and support needs were there for other people to see which did not support their dignity. We found the table mats were left out between protected mealtimes which meant visitors to the home would have been able to see this information which meant information was not secure. Following our discussion, the registered manager removed the table mats immediately.

Some people living at the home were not always well groomed. We saw one man's beard had dried food and debris in it and long unkempt finger nails with dried food in them. We saw other people who had long unkempt nails that were not clean and some men had not had a shave on the day. The January 2018 staff meeting minutes stated, 'Ensure all residents have had a shave' and 'ensure residents are changed after meals if they have food on their clothing, I do not want to see residents with food all over'. We asked staff about people fingernails which they said the management team told them they were not allowed to cut. We discussed this with the registered manager who told us this was not the case and they said they would follow this up.

We found some people who were incontinent and needed to wear pads had boxes of these products stored in their rooms. We discussed this with the registered manager as we were concerned this was not dignified for the person or their visitors. Following our discussion, the registered manager ensured people had an adequate supply of pads in their rooms and additional boxes were stored in a separate area.

On the first day of our inspection, we saw footwear had been left in the corridor and through an open door, we saw a person naked in the shower area with a staff member present. We discussed this with the registered manager who had investigated this incident which they told us happened because the person had removed their clothes without the staff member being aware as they had their back to them.

We concluded this was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as these examples showed people's dignity and privacy was not

always maintained.

All people and relatives we spoke with made positive comments about the staff team. People and staff looked comfortable together and we saw there was a lot of laughter and friendly 'banter' between people. We observed staff were very task focused, although through our observations we saw staff treated people kindly. We found staff were familiar with people and their care preferences. One staff member was aware a person liked to have a tissue next to them to wipe their mouth. We looked at this person's care plan and found this was recorded.

Staff were seen working at eye level and were engaging well with people. One person asked if they wanted to face the window was turned to do this. People were asked if they wanted to go through to the lounge after breakfast.

On day two of our inspection, we saw the management team had planned for a forecasted warm weather spell. Staff were informed 'All residents in garden must wear hat and sun screen'. We saw a 'sun protection station' had been set up for staff to ensure people were appropriately protected.

A satisfaction survey completed by eight people in February 2018 showed everyone agreed staff spoke to them nicely and there were no concerns about unpleasant staff members.

In September 2017, the resident and relative meeting notes identified the home would be writing to people to invite them to a review of care. We found limited involvement of people and their representatives in care planning. At the time of our inspection, two people were being supported through advocacy services. Advocates provide support to people in key decisions about their care.

We saw a compliment dated June 2018 which stated 'I have found the staff very caring and helpful. I have enjoyed my meals. No complaint with the staff or the home at all. I enjoy going out into the garden, it feels like you are in the countryside and not an estate. It has a very good atmosphere. Most comfortable and peaceful'.

Is the service responsive?

Our findings

At the time of our inspection, we contacted a number of professionals with experience of this care home. One professional told us 'The care plans were up to date and were well presented'.

We looked at four care plans in detail and a fifth care plan for specific information.

Records showed that people had their needs assessed before they moved into Lindhurst Lodge which ensured the registered provider was able to meet the needs of people they were planning to accommodate. An admission and assessment form with additional detail was then completed when they moved into the home. Some of the care plans we saw contained a life history which provided useful information for staff to refer to. The activities coordinator told us they had completed these for 15 people in the home.

Care plans covered, for example, personal hygiene needs, people's nutritional requirements, moving and handling needs, skin integrity and sleep patterns. They also contained a record of professional visitors input. It was clear from the records we saw where people had a do not attempt cardio-pulmonary resuscitation (DNACPR) order in place.

We saw one person's care plan contained details of their funeral wishes, although we found other care plans lacked evidence to show people had been asked about the end of life care wishes. We have made a recommendation about the registered provider offering people the opportunity to discuss advanced care planning.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. One relative said, "[Family member] has no problems, but I would pop in and see the manager (if they did)." We looked at the record of complaints which were sufficiently detailed and showed specific concerns, details of action taken and an outcome. We saw responses were provided within timescales identified in the registered provider's complaints procedure.

The registered manager said people had access to Wi-Fi if they wanted to use this. Falls sensors and profiling beds were being used at the time of our inspection. The registered manager said they were looking to introduce electronic medication records in the future. This demonstrated technology was either available or was being used to support people.

We asked people about the activities and their comments included "We had a great royal wedding party - it was such fun", "I love the singers and entertainers that come in" and "The activity worker is always asking us what we want to do that's different." One relative commented, "[Name] has really come out of himself. He really benefits from the activities."

We spoke with the activities coordinator who worked between 15 and 20 hours per week. They told us they listened to the kind of activities people wanted. They said a flexible approach to the activities schedule was

needed which meant they managed change where people wanted to do something different to what was advertised. On day one of our inspection, we saw people playing bingo and enjoying arts and crafts. The activities coordinator said people enjoyed quizzes and 'play your cards right'. The activities coordinator said they tried to provide a relaxing bath experience for people using candles.

The home had an enclosed garden at the rear which people and their relatives were able to access. The registered manager told us once a month they arranged for exercise to music. People told us they were looking forward to going out for a meal at venue in the community.

Is the service well-led?

Our findings

We asked people about the registered manager and they told us, "The manager is very nice, but I don't see much of her" and "The manager is smashing. She is so friendly." Relatives said, "The (registered) manager made herself known to us as soon as we arrived" and "My wife considers this her home" Staff comments about the registered manager included, "She goes out of her way to talk to us all" and "I actually like [registered manager]."

The registered manager was also registered as the manager for another of the provider's homes, which is also situated in Barnsley. The registered manager told us they spent one full day a week at Lindhurst Lodge and on the other days of the week, they routinely spent one to two hours in the service before moving across to the other care home. The registered manager was supported by a trainee manager who had worked in this role for 18 months. The trainee manager worked at Lindhurst Lodge on a full-time basis.

The registered manager told us the nominated individual visited the home two to three times a week for. The nominated individual was present on the second day of our inspection and was clearly known to people and staff. One staff member said, "[Nominated individual] interacts and he gets involved."

We looked at the repositioning charts for people who had been assessed as high risk in respect of their pressure care. Repositioning times were recorded on a 'high dependency chart'. We saw an example of staff completing five hours of checks at the same time, rather than adding to the record each hour. The template form was pre-completed with times already listed for staff such as 12:00, 13:00, 14:00. Staff did not amend these times at the point of recording on the high dependency details of the assistance they had provided. This meant we could not be sure the time recorded for the repositioning was accurate. The registered manager told us they would take immediate action to update the form in order that staff would have to fill in the exact time they provided care. They also said they would discuss completing these records every hour with staff.

During our inspection we identified a number of concerns in relation to the state of the premises and infection control. We looked at the infection control audits completed in March, April and May 2018 and saw these had not identified any actions. The 'Manager's audit check sheet' which also looked at the living environment had not found concerns regarding the cleanliness of the home. We saw the last wheelchair cleanliness audit had taken place in May 2017 which the registered manager confirmed.

We concluded this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as governance systems had not identified the concerns we found during this inspection.

We looked at other audits and found mattresses were checked on a monthly basis. The registered manager tracked people's weights each month. We found most people maintained their weight and where this was not the case, relevant action had been taken. In addition to the annual review of accident monitoring for 2017, the registered manager tracked the number of accidents and incidents in 2018.

The registered manager told us they carried out spot checks during night shifts, although they acknowledged these were not recorded, which meant we were unable to review the findings.

People said there were 'resident' and relative meetings taking place to discuss their needs and preferences. One person said, "The manager encourages us to go to the meetings." One relative told us at the last relatives meetings they were the only attendee. The registered manager told us they invited people and families to resident and relative meetings, but added, "Families don't come." We saw this was the case for the planned March 2018 meeting. The last meeting which had successfully taken place was in September 2017. Further meetings had been scheduled for June and November of 2018. We saw a memo dated April 2018 which showed the registered manager had taken the decision to remove the roles of champions and key workers which they identified was to ensure all staff had these skills.

In February 2018, the registered provider carried out a satisfaction survey with people and relatives and eight responses were seen. The responses were found to be mostly positive in their feedback about meals, staff respecting privacy and dignity and the staff who provided their care. We saw an action plan, although this didn't acknowledge concerns raised about malodours and one person had provided feedback about a shortage of staff.

We saw 13 staff members had responded to the February 2018 satisfaction survey. We saw improvements on the scoring and findings since the last staff survey. Three key actions were identified which were to offer more choice at mealtimes, to encourage staff to approach the management team and an improvement in activities. We saw evidence of regular staff meetings which looked at, for example, fortified foods and hydration, staff using personal protective equipment and the living environment. Staff had also met in December 2017 and January 2018.

We saw two visiting professionals had completed a satisfaction survey in February 2018. We found they were both complimentary about this service.

We found Lindhurst Lodge worked in partnership with other services in the community, such as a local community shop where 20 people were going for a lunch in June 2018. The 'Shared Memories Support Café' and Mencap also supported people living in the home. They were also promoting 'become a dementia friend', the living well with dementia activity group and the Alzheimer's society 'dancing into summer' annual tea dance. This meant the registered provider had links with the local community and signposted people and relatives to additional support.

Registered providers are required to inform the Care Quality Commission of notifiable events. We saw this routinely happened in all but one case.

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 10 HSCA RA Regulations 2014 Dignity and respect People's dignity and privacy was not maintained through use of table mats and storing boxes of incontinence supplies in their living space.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider was not fulfilling its duties as required by the Mental Capacity Act (2005).
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Infection control was not well managed and some equipment and furnishings in the home had not been well maintained.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems had not identified the concerns we found during this inspection.
Accommodation for persons who require nursing or	Regulation 19 HSCA RA Regulations 2014 Fit and

personal care

proper persons employed

Robust recruitment procedures had not been followed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There were insufficient numbers of suitably qualified staff deployed to meet people's needs effectively.