

Lincoln House Care Home Ltd

Lincoln House Care Home

Inspection report

Woodgate Lane
Swanton Morley
Dereham
Norfolk
NR20 4LT

Tel: 01362637598

Date of inspection visit:
26 April 2022

Date of publication:
20 June 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lincoln House Care Home is a residential care home which provides nursing and personal care for older people some who may be living with dementia. The service can support up to 60 people. At the time of the inspection 40 people were being supported.

The service is split into a nursing unit and a residential unit in one purpose-built building.

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

Care plans detailed how to support people in their daily lives; ensuring risks were assessed to keep people safe.

Improvements to people's living environment have been undertaken since our last inspection. These improvements include removing trip hazards from the courtyard area and improving signage where flooring levels change.

People's medicines were stored securely for the safety of the people supported. Medicines were well audited to ensure people received their medicines as prescribed.

People spoke positively about the support they received and the staff team who cared for them.

Families felt their loved ones were safe and gave feedback about the positive improvements made at this service, since our last inspection.

People were involved in planning and reviewing their support needs. Care plans were shaped around people's preferences.

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

Governance at the service had improved. Robust audits were now in place to monitor care records, medicines and people's wellbeing.

At this inspection we identified damaged surfaces in communal areas which were an infection control risk to people. The provider confirmed that works would be completed to rectify these areas and new handrails sourced.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 06 September 2021) and there were multiple breaches of registrations identified. These related to not notifying relevant bodies of serious incidents, inexperienced and insufficient numbers of staff, a lack of assessments detailing peoples needs and preferences, peoples consent not being sought, risks not being assessed or mitigated, failing to protect people from abuse and a failure to ensure premises were secure and maintained.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, their overall rating had improved.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

Exiting special measures

This service has been in Special Measures since 06 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Lincoln House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

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

Service and service type

Lincoln House is a 'care home' with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 April 2022 and ended on 04 May 2022 when final inspection feedback was provided. We visited the service on 26 April 2022.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection, including notifications the service is required to send us by law. We also reviewed the most recent local authority audit. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with three staff, including the regional manager. We also spoke to two people using the service and two family members of people receiving support. We reviewed five care records, five medicine administration records (MAR) and two staff files. We also reviewed other records, including policies and procedures, relating to the safety and quality of the service. 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.

After the inspection

We continued to seek clarification from the regional manager after the inspection visit to validate evidence found. We looked at training data, rotas and quality assurance records. Our Expert by Experience completed telephone calls to four relatives and four people who using the service. We spoke with six care staff to gain their feedback.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection published on 06 September 2021 the provider had failed to ensure sufficient numbers of suitably qualified, skilled, competent and experienced staff were deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We saw sufficient staff were deployed on the day of inspection to ensure people's needs were met in a timely manner. A person told us, "There is always someone around to ask for help."
- Staff were safely recruited and checks were made on their suitability through references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer.
- Staffing rotas reviewed showed consistent levels of staffing were in place on each shift. Staff told us they felt there was enough staff with the correct training to keep people safe and meet people's support needs.
- Family members were positive when discussing the staff at the service. One family member told us, "The current carers are lovely and very kind to my relative. Most of them go and have a chat with my relative and when they are not on duty on my relative's side of the building, they still pop in to have a chat and see how my relative is which is lovely and makes my relative happy. It shows to me that they are very caring people and I believe my relative is safe here now."

Systems and processes to safeguard people from the risk of abuse

At our last inspection published on 06 September 2021 the provider had failed to ensure systems protected people who used the service from abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Since our last inspection environmental changes have taken place to secure the building to keep people safe. Alarmed, electronic door locks were now in place to protect those at risk of harm if they were to leave the building unsupported.
- Staff had received training in safeguarding people from abuse, and were clear on actions to take if they felt

people were at risk of harm. Phone numbers were available within the service to direct staff to appropriate bodies if they had concerns relating to a person's safety.

- People said they felt safe at the service. One person told us, "I feel very safe and comfortable being here. I am very lucky being here."

At our last inspection published on 06 September 2021 the provider had failed to ensure all reportable incidents had been reported to the local authority safeguarding team and CQC. This was a breach of regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Secure records were kept of all safeguarding alerts raised, which evidenced actions taken following these concerns, in line with the provider's policies.

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

At our last inspection published on 06 September 2021 systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Care plans were detailed to ensure any risks to people could be sufficiently mitigated to keep them safe. Staff had a good understanding of people's needs and preferences and had read people's care plans.
- Learning had taken place since our previous inspection to ensure robust oversight was now in place to monitor and review care records, such as risk assessments. This ensured the records gave clear guidance to staff and remained current.
- Items that could pose a risk of harm to people supported if they were ingested such as denture cleaning tablets, were secured at all times. This was an improvement from our last inspection.

Using medicines safely

- Medicines were stored securely within medication trolleys, in a locked medicines room.
- Protocols for as and when required medication (PRN) were clear. This ensured staff were able to administer these medicines as prescribed and in a consistent manner for the person's well-being.
- Staff told us they received regular training for medication administration in addition to having their competencies regularly assessed.
- There were effective systems in place to ensure stocks of medicines were available and stock control was well monitored.
- Risks relating to specific medicines, such as blood thinning medicines were robust. Staff were clear on the risks relating to these medicines and what steps they need to take to keep people safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was 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.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We identified surfaces in corridors that had become damaged. The provider informed us they were sourcing replacement handrails to rectify this issue.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

The provider was following current government guidance in relation to visiting at the time of the inspection. Families told us they had been able to continue to visit their loved ones in a safe manner.

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 as requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection published on 06 September 2021 premises were not secure and properly maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Signage was clear around the building to alert people to sloping floors in some areas of the service. This ensured people were alerted to potential trip hazards.
- Handrails were now in place to support people when accessing the secure courtyard. This area had been refurbished to remove risks to people we had previously identified.
- The regional manager confirmed people were able to personalise their room with their own furniture and personal items. We saw examples of this during our inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection published on 06 September 2021 some people were not fully assessed before a service was provided to them and some people did not receive care which reflected their expressed preferences. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans were robust and detailed people's preferences in relation to the support they received.
- Assessments of people's needs were carried out prior to them receiving care. This included discussions with the person and or their representatives regarding their preferences and what they would like help with.
- The assessment process covered areas such as the person's general health, mobility, medicines and nutrition and had been completed in line with current legislation and recognised best practice guidance. All of this information was used to form the person's care plan and risk assessments and support them to achieve good outcomes.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection published on 06 September 2021 care and treatment was not provided with people's consent in a way that did not unlawfully deprive them of their liberty. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- People's care records documented staff sought consent from people before providing their care and where people had declined this was also recorded and respected.
- People were observed to be given choice during the inspection and their choices respected and acted upon.
- The regional manager and staff team we spoke to had a good understanding of the MCA and were able to explain its principles and give examples of how they would follow the principles to support people effectively.
- DoLS applications had been made where required to keep people safe. The regional manager ensured all DoLS applications were kept under review to ensure they were required and authorised. Staff we spoke to were aware which people currently had a DoLS in place.

Staff support: induction, training, skills and experience

- Staff we spoke to felt suitably trained for the roles they completed and attended regular supervision meetings with their manager to monitor their performance and personal development.
- Staff told us they had received training based on people's individual diagnosis. These included diabetes and dementia and care. This ensured staff had the required training to safely support a range of people.
- Staff received an induction and completed shadow shifts prior to delivering hands on care. This ensured they would have suitable understanding and confidence to safely support people themselves.

Supporting people to eat and drink enough to maintain a balanced diet

- People's weights were regularly monitored to ensure staff were aware of any fluctuations and could contact the relevant health care professionals as required for the persons wellbeing.
- The mealtime experience we observed appeared positive for those involved. People were observed to be

supported at their own pace in an area of the service of their choosing. Staff were attentive to people's needs offering a variety of drinks to people throughout the meal.

- Staff were clear on people's dietary needs and were aware of people's choices in relation to the food they consumed. People told us they enjoyed the meals provided.

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

- Staff contacted a range of healthcare professionals on people's behalf where needed, such as GP's and dieticians.

- People's records showed that where other professionals were involved their input was acted on by staff and incorporated into their care plans.

- Family members we spoke to felt staff engaged professionals effectively to keep their loved one safe. A family member told us regarding the support their loved one received, "When they came here the nurses really quickly noticed that my relative had an infection and contacted the GP who prescribed antibiotics really quickly."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff were observed supporting people in a meaningful way during the inspection. Staff took the time to talk to people socially and check how their day was. A person told us, "Staff come and chat with me which is lovely."
- Care plans were reviewed monthly alongside the person by staff. This ensured the person was included in this process and that their input was sought.
- Activities were planned at the service and people were given the choice if they wanted to attend. A person told us, "There are activities taking place here but I choose not to take part, don't get me wrong I like to watch the activities and I enjoy seeing other people taking part."
- Regular newsletters were shared by the regional manager to the people residing at the service to give them updates on changes within the service.
- People's care plans detailed their preference on who they wanted to support them. On the day of inspection these choices were followed.
- The regional manager confirmed that all faiths and beliefs were respected at the service and staff supported all people equally.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed supporting people in a dignified manner. Staff ensured bedroom doors and curtains were closed when supporting people with personal care.
- Care plans detailed what areas of a person's support they could complete independently, and what level of support they required and by how many staff. This ensured that people's independence and dignity was promoted and they were supported consistently.
- People were observed in a variety of areas of the building during the inspection. Some choosing to spend time alone in quiet areas and others with people. Staff respected this choice ensuring everyone received the same level of support no matter where they chose to spend their time.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed to offer choice to people and the manner in which to do this to ensure people were in control of their own support and able to make their own choices
- People's care plans were developed collaboratively with the person and/or their relatives. They reflected what the person's interests were, and what individualised care meant to them. This helped staff to deliver personalised care, in line with the person's wishes.
- The regional manager explained that a pre-admission assessment was created prior to a person moving into the service. This document highlighted the person's known preferences and support needs. A care plan was then developed alongside the person once they were living at the service as staff got to know them

Meeting people's communication needs

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

- The regional manager confirmed that large print, braille and audio books had all been used at the service to support people, to provide information in an accessible format. People's preferred format was identified during assessments to ensure any required adaptations took place.
- Staff had learnt some key words of the native language of people where English was not their first language, this ensured the person was supported in a manner they were familiar with.

Improving care quality in response to complaints or concerns

- People and their families told us they felt comfortable to raise any concerns or complaints and felt these would be acted on appropriately by the regional manager.
- There were policies and procedures in place to support people to make complaints, and clear guidance for staff on how to handle this information, and what action to take.

End of life care and support

- People's end of life wishes were documented within their care records.
- Care plans detailed who had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place in addition to people's funeral wishes and what support they wanted at the end of their life. This information was held in a dignified manner to ensure this decision was kept private at all times but remained accessible

to those who required the information such as staff.

- Staff were completing End of Life care training and spoke positively about the quality of this additional learning to support people at the end of their lives.

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 inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection published on 06 September 2021 the systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of regulation 17 (Good governance).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had been managed by the regional manager since the last registered manager left employment in November 2021.
- Recruitment of a new manager had been paused to allow the regional manager to make positive changes at the service and embed robust auditing and oversight. A new manager, who plans to register, had been appointed and was waiting to start in this role. A phased handover would be implemented once the new manager was in post. The regional manager would continue to have regional oversight of this service to maintain consistency.
- Audits had now been fully embedded at the service which ensured stronger oversight had been established. This included medicines, care plans, daily records, environmental risks and staff own knowledge and understanding of their job roles.
- Audits were now completed at different levels of the management team, including by unit managers. These were all then reviewed by the regional manager to ensure an additional layer of governance and accountability took place.
- The regional manager was clear on what incidents were reportable and was open and honest throughout the inspection process with us. The regional manager provided a detailed overview of what had previously gone wrong at the service and what systems were now in place to ensure the service maintains its current standards.
- People's families said they had been updated when support had not been provided to the standard expected and what steps would be taken to improve the service provided. This demonstrated the regional manager and staff were working in line with their duty of candour responsibilities.

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

- People were supported to achieve good outcomes. A family member told us, "My relative has not been feeding themselves and there has been some inability there for a while but since they have been here they have managed to feed themselves things like scrambled eggs and chunks of fruit which is a great improvement."
- All people said they would recommend this service to others. A person told us, "I have no concerns or complaints about living here. The carers all have a laugh and joke with me and treat me well."
- Engagement audits were now completed by the regional manager. This ensured interactions between staff and people were observed and people's opinion on the support provided was sourced.

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

- Regular staff meetings and supervisions had taken place to ensure staff could offer their input to the service. Staff said they were happy to speak to the regional manager if they had something to raise.
- Families had been kept updated via emails, phone calls and teleconference meetings, during the pandemic.

Working in partnership with others

- The regional manager and staff team engaged relevant health and social care professionals as required to meet the needs of people. This was evidenced within the care plans and daily records we reviewed.
- The regional manager gave examples of where they had worked collaboratively with health care professionals to achieve positive care outcomes for people. This included sourcing prescribed, unavailable medicines for a person with support from the GP out of hours, to ensure their needs were met.