

Bupa Care Homes (GL) Limited

Lindley Grange Care Home

Inspection report

Acre Street
Lindley
Huddersfield
West Yorkshire
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Tel: 01484460557

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04 October 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lindley Grange Care Home is a residential care home providing personal and nursing care to up to 45 people. The service provides support to people across 2 floors who require nursing care and to people living with dementia. At the time of our inspection, there were 38 people using the service.

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

The provider had systems in place for the reporting and management of accidents, incidents, complaints and safeguarding concerns. Risks were assessed and managed by staff. Staff recruitment procedures were followed, and a tool was used to determine staffing levels. People's medicines were managed safely. Staff worked with healthcare professionals to support people's needs.

Managers were visible within the service, providing staff with direction and support. The service promoted a person-centred culture. Interactions between people and staff were positive and engaging. We received positive feedback from a visiting professional. The premises were clean and infection control measures were being followed.

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.

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

Rating at last inspection

The last rating for this service was good (published 15 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lindley Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lindley Grange 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 2 inspectors.

Service and service type

Lindley Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lindley Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 members of staff including the registered manager and care workers. We spoke with 2 relatives and 1 visiting professional about their experiences of the care provided. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and a variety of records relating to the management of the service.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help safeguard people from abuse.
- Relatives felt their loved ones were safe.
- Staff had completed safeguarding training and knew their responsibilities. One staff member told us, "Safeguarding is about putting plans in place to make sure people are kept safe from risks to themselves or from others."

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

- Risks associated with people's care were assessed and managed by staff.
- Staff had a good understanding of how to respond to incidents and concerns. One staff member told us, "We have to learn from incidents, so they do not happen again."
- The provider completed a monthly analysis of incidents, this allowed the provider to identify any trends and review action taken.
- The service had appropriate health and safety certificates in place to ensure the environment was safe.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Recruitment checks to ensure the suitability of candidates to work with vulnerable people were carried out. This included references, eligibility to work, proof of identification and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staffing levels were sufficient to meet the needs of people. We observed positive interactions between care and non-care staff with people.
- Staff had completed training relevant to their role.
- We received positive feedback from a visiting professional. They told us, "Staff are proactive and act on any advice or feedback we give."

Using medicines safely

- Medicines were managed safely and stored appropriately in locked rooms.
- Only nurses administered medication to people. One nurse told us, "We complete online training regularly and are observed administering medication. We have a thorough handover if there are changes to anyone's medication."
- Protocols for as and when required medicines lacked detail around when medication should be administered. The service took prompt action to provide personalised and specific guidance for staff to follow.

Preventing and controlling infection

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

Visiting in care homes

During our inspection we saw visitors arriving and visiting their relatives in the home. The service was working within current guidance.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Evidence gathered from our observations of care, review of records and from relatives demonstrated a person centred culture throughout the service.
- There was a calm atmosphere in the service on the day of the inspection. One professional described Lindley Grange as a "family environment". They said, "They care for clients really good, this is from the carers up to the managers,"
- Staff described the management team as approachable and supportive.

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: Continuous learning and improving care

- The registered manager knew their responsibilities around duty of candour.
- The management team had good knowledge of people's care needs.
- A system was in place to investigate and review any complaints raised and make necessary improvements to people's care.

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

- Audits were completed regularly by the managers. Where these highlighted shortfalls, actions were assigned to staff to complete.
- The management team were leading by example; they were visible in the service.
- The service was working through a service improvement plan. Work had recently been completed within the home and in the outdoor spaces.

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

- Efforts had been made to engage people and relatives within the service. Surveys were completed by people, relatives and staff. The service received positive feedback from surveys.
- The service received positive feedback. The visiting professional said, "If I had a relative, I would happily put them in."
- Staff felt involved at the service. One staff member told us, "If we want to make changes or suggestions, we do this professionally in meetings or with the manager."

- We saw evidence of multi-disciplinary working within the service. Where there were concerns about people's health needs, professionals were involved to ensure people received the right care and support.