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Linden House Care Home

Inspection report

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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:
Linden House Care Home is a residential care home. The service was providing accommodation and personal care for 22 people at the time of inspection. People supported included older people, and people living with dementia. The accommodation was spread over three floors which were accessible via stair lift. There were a range of communal spaces available to people on the ground floor and access to a secured garden space.

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

People's experience of using the service:
People received a service that was safe. Systems and processes were in place to protect people from the risk of abuse to mitigate risks associated with their care.

Staff had the right training and skills to provide effective care to people. People's care led to good outcomes.

Staff respected people's dignity and privacy and promoted their independence.

People's care and support met their needs and reflected their preferences. People received individualised care and were supported to lead active lives.

Management processes were in place to monitor and improve the quality of the service. The registered manager was dedicated and pro-active in their role to help drive improvements.

Rating at last inspection:
At the last inspection the service was rated Good (19 October 2016).

Why we inspected:
This was a planned inspection to check that this service remained Good.

Follow up:
We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Linden 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team comprised one inspector and one 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, in this case services for older people.

Service and service type:
Linden House Care Home is a care home for up to 23 people who require personal care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of inspection there were 22 people living at the home.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:
The inspection was unannounced.
We visited the service on 30 May and 3 June 2019 to see the registered manager, people and staff, and to see care records, policies and procedures.

What we did:
Before the inspection we looked at information we held about the service:
We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return (PIR). This information helps support our

inspections.
The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
We reviewed the previous inspection report.

During the inspection:
We spoke with six people who used the service and seven family members. We spoke with the registered manager, one visiting community nurse and five staff members.
We looked at the care records of five people. We looked at five staff records, including training and recruitment records. We looked at other records to do with the management of the service. We looked at one quality and safety audit report compiled by the local authority.
After the inspection, we spoke to one social worker who had recent experience of working with the provider.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
• People and relatives we spoke with said that they felt safe at Linden House Care Home.
• One person told us, "I do feel safe here. It is lovely."
• One person's relative told us, "[My relative] is in a very safe environment here. Nothing goes missing, the other residents are nice people and staff look after them well."
• Staff received regularly updated safeguarding training. This helped make them were aware of the risk of abuse, the signs to look out for, and how to report any concerns should they have any.
• The registered manager had a pro-active and transparent approach to handling safeguarding concerns. They had demonstrated an open approach to report concerns to local safeguarding teams where appropriate and acting on any recommendations given to promote people's safety.
• In one example, the registered manager reported some informal concerns to a local safeguarding team raised by a visitor about staff practice. The registered manager carried out a thorough investigation and took appropriate action to help ensure staff practice was investigated, reviewed and learning shared. The concerns were not substantiated, but the registered manager received feedback from the local safeguarding team praising their prompt, appropriate intervention and subsequent actions.

Assessing risk, safety monitoring and management:
• People had risk assessments in place to manage risks such as the risk of falls, moving and handling, the risk of developing a pressure ulcer and risks associated with people's medical conditions.
• One person's risk assessment around the management of their diabetes outlined a background to the person's condition, measures to help them manage their diabetes and actions to take in the event of excessively high or low blood glucose levels. This helped to keep the person safe from risks associated with this condition.
• Environmental risk assessments were carried out to ensure people were safe living at the service. This included regular reviews of fire evacuation policies and procedures.
• The provider had a business continuity plan to manage risks such as bad weather, or large numbers of staff going sick.

Staffing and recruitment:
• There were sufficient numbers of suitable staff to support people safely according to their needs.
• The provider had a consistent team of staff, many of whom had worked at the service for a long period of time. People and relatives told us the service was well staffed and their needs were attended too quickly.
• One person said, "There are always plenty of staff around to help." A relative told us, "I am always impressed by how the staff never seem rushed."
• The provider had robust recruitment checks in place to assess new staff's experience, skills and suitability to work in their role. The provider kept the necessary records to show the required recruitment processes

were followed.

Using medicines safely:
• People received their medicines from trained staff who had their competency checked.
• People had medicines profiles in place, which detailed their prescribed medicines, preferred routines, possible side effects and special instructions for administration, such as time critical medicines.
• Some people were prescribed 'when required' medicines for pain or anxiety. There were clear guidelines in place to help ensure people were only given these medicines when appropriate.
• Medicines were stored safely and in line with best practice.
• The provider had a system to audit records and follow up any gaps or mistakes in records. These audits had identified where some staff were not accurately recording the administration of topical creams on medicines administration records. The registered manager was taking ongoing action to address these concerns with staff. This had resulted in improvement in the accuracy of staff recording during administration of topical creams.
• The provider had recognised some shortfalls in the system of reordering medicines. This had resulted in some people missing prescribed doses of medicines. The provider had taken appropriate medical advice in these cases and had arranged a meeting with all stakeholders involved to make improvements to reduce the risk of reoccurrence. People had not come to harm because of these omissions.

Preventing and controlling infection
• The provider had processes in place to reduce the risk of the spread of infection.
• Staff received training in infection control and food hygiene.
• Staff had access to disposable gloves, hand gel and aprons to use whilst assisting people with their personal care.
• There were plans in place for steps to take in the event of an outbreak of infection such as sickness, such as norovirus. These plans helped to minimise the risk of an infection spreading.
• The service had received a five-star rating from the Food Standards Agency after an inspection in October 2018. A five-star rating denotes excellent standards of food hygiene and safety.

Learning lessons when things go wrong:
• The management team reviewed all safeguarding reports to identify lessons and improvements to people's care.
• Incidents were logged and included details of the type of incident, who was involved, and any actions taken. This included a monthly falls analysis which aimed at reducing falls which occurred in the home.
• Where accidents and incidents happened, the registered manager reviewed them to identify any trends or if there were any required changes needed.
• The provider had installed CCTV cameras in communal areas of the home. The recordings had been effective in helping identify causes when people suffered an unwitnessed fall. The provider had sought appropriate consent for the use of CCTV at the service.
• Actions taken in response to this information included referrals to occupational therapists to source appropriate mobility equipment to reduce the risk of further falls. There had been a reduction in the number of falls individuals suffered because of the providers actions.

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• The registered manager made detailed assessments of people's needs prior to admission to the home. This included talking to people and relatives about their needs and reviewing assessments by social workers and healthcare professionals.
• They used a nationally recognised set of assessment tools to assess the risk of, malnutrition and hydration, falls and pressure injuries.
• Assessments were used to formulate appropriate care plans which met people's needs.
• The registered manager made ongoing assessments of people's needs and assessed the impact this had on their care. Where appropriate, relevant professionals were contacted to help ensure effective guidance was in place to meet people's needs.
• In one example, one person was a risk of requiring repeated hospital admissions due to their health condition. The provider consulted with doctors to put a monitoring plan in place to help them avoid these admissions. The plan included the prescription of different medicines and increased access to doctors via telephone and home visits. The person had not required a hospital admission since these actions had been put in place.

Staff support: induction, training, skills and experience:
• Staff received a comprehensive programme of training relevant to their role which was regularly refreshed to help ensure staff followed current best practice.
• The provider's training was all classroom based as the registered manager felt that this maximised staff opportunities to learn from each other's experience and share best practice.
• Staff induction training was based on the care certificate. This is a nationally recognised set of competencies relevant to staff working in social care settings.
• The registered manager had an effective system to monitor that staff training and competency checks were up to date. Competency checks included observations of medicines administration, moving and handling and observations to check staff were treating people with dignity and respect.
• The registered manager monitored staff's performance and behaviour through regular supervision meetings, where staff could discuss areas for development and training needs.

Supporting people to eat and drink enough to maintain a balanced diet:
• People told us they were happy with the choice and quality of the meals provided at the service.
• One person said, "It is all delightfully home cooked meals, I am very satisfied." Another person commented, "I can have what I want, whenever I want. There is a chef here who knows what I like to eat."
• People's nutrition and hydration needs and preferences were identified in their care plans.
• If people were at risk of poor nutrition their care plan took into account their needs and choices around

food and drink, and appropriate records were kept to monitor their intake.
• People spoke positively about the mealtime experience at the service. On person said, "I like that we all sit together and the table is laid out nicely."
• Most people chose to eat meals in the dining room. The atmosphere was calm and people were unrushed during their meals. The environment in the dining room was bright and spacious and careful consideration had been made to enable people to sit together in their chosen peer groups.
• We observed that staff were attentive to people's needs and gave encouragement where people were reluctant to eat and drink.
• People had a choice of drinks and condiments available to them to complement their meals. One person said, "I always have a glass of wine, I like it."
• People were encouraged with drinks and snacks throughout the day to encourage good nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care:
• The provider was participating in a programme run by the Clinical Commissioning Group (CCG) called, 'enhanced healthcare in care homes'. The aim of this programme was to improve the quality of life and healthcare for people living in care homes through preventive care to those at risk of having an unplanned admission to hospital.
• As part of this programme, the provider used the 'Restore2 Tool' to help monitor people's health and wellbeing. The 'Restore 2' is a tool developed by the Royal College of Physicians, used by the NHS to recognise when a resident may be deteriorating or they are at risk of physical deterioration. It is based on the monitoring of six vital signs including respiratory rate and blood pressure.
• The use of this tool had helped to identify early signs that people had infections or were unwell, enabling staff to seek appropriate medical advice and source treatment promptly.

Adapting service, design, decoration to meet people's needs:
• The provider had invested significant thought to the design of the service to ensure it was a suitable environment for older people and those living with dementia.
• There were a range of separate communal spaces which could be used for dining, activities, socialising and quieter time.
• People had unrestricted access to a secure garden space. The garden had various seating available for people and benefited from uncluttered pathways, which looped around the garden for people who wished to walk without getting disorientated. The garden was filled with plants and scented flowers, which helped to provide sensory stimulation to people.
• The service was bright and had incorporated good levels of natural light through windows and skylights. People's bedrooms and toilets were clearly distinguishable through personal decoration and colour coded doors. This helped people orientate around the home.
• Communal areas were decorated with period specific decoration and sensory items and there was plenty of seating available for people to rest as they walked between communal spaces. This encouraged people to use different areas of the home throughout the day and contributed to a spacious and relaxed atmosphere in the home.
• There were themed areas of the home such as a bus stop, a snack stall, a nursery and a clothes line. This helped people orientate around using them as points of reference. They also acted as a resource people used in relation to activities, hydration and nutrition. For example, some people enjoyed hanging washing on the clothes line.
• The provider had also worked with people and relatives to develop 'memory boxes'. Situated outside people's bedrooms, these contained pictures and items from people's life history. Staff used information contained in these memory boxes to engage people to reminisce about their past.

Supporting people to live healthier lives, access healthcare services and support:
• People were supported to attend healthcare appointments and had access to healthcare services as required such as dentists, chiropodists, opticians and periodic reviews of prescribed medicines with doctors.

• Staff were provided with information about people's medical conditions and how they impacted on them. People felt well supported by staff to ensure their healthcare needs were met.

Ensuring consent to care and treatment in line with law and guidance:
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.
• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the provider was meeting these requirements.
• Where people lacked capacity a best interests decision was documented involving relevant parties and this had been documented in people's care files.

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
• People and relatives we spoke with consistently told us the staff were kind and caring.
• Comments included, "The staff help me a lot and are kind to me", "All the staff are nice, every single one", and, "The staff are a very caring bunch."
• People and relatives told us there was a homely, caring atmosphere at the service. Comments included, "There is always a relaxed and friendly atmosphere here", "I visit all times of the day and the home is always calm", and, "They have made the place to be like a home from home."
• People told us staff understood and respected their preferences and routines. Comments included, "The staff know how I like things to be done", and, "[My relative] can sometimes be difficult, but the staff know the best way to encourage them."
• People's individual needs, preferences and beliefs were respected by the service and any specific requirements were catered for. For example, the provider made arrangements for people of various faiths to practice their beliefs as they wished.

Supporting people to express their views and be involved in making decisions about their care:
• People and relatives told us they were actively involved in their care and support decisions wherever appropriate.
• People's relatives told us the provider worked in partnership with them by keeping them informed about incidents and updates.
• One relative said, "The staff will always let me know if they have any worries about [my relative]. Another relative said, "I could walk in [to see my relative] and be confident that any of the staff would be able to update me about [my relatives] needs."
• The provider ensured people and their families could feedback regarding the service in several ways to gather people's views on the service provided. This included phone calls, review meetings and feedback from questionnaires sent by the provider.

Respecting and promoting people's privacy, dignity and independence:
• People and relatives told us they were treated with dignity and respect.
• Comments included, "The staff are there if I need help. They never rush me", "I have always been treated with kindness and respect", "The staff understand how to protect people's dignity at all times.", "Staff always ensure [my relative] is always well turned out and presented smartly. That is important", and, "The staff are very respectful. They always knock on my door before they come in."
• Staff were attentive to people's need when they were in pain, uncomfortable or required assistance with personal care. When people wanted privacy in their own room, staff were sensitive to people's requests.
• People told us staff encouraged them to remain as independent as possible.

• One person said, "Staff are always encouraging me to do things for myself. It helps to keep me going."
• People's care plans considered what people could do themselves and had specific instructions for staff regarding what people wanted the staff to do for them.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• Staff planned and reviewed their care in partnership with people and relatives.
• People's care plans contained detailed information about how they wished to receive care and support.
• When people's health or wellbeing changed, staff were responsive by adjusting care to meet people's changing needs.
• The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
• People's communication preferences were documented in people's care files. The provider gave information in a format that people could understand.
• People were supported to live active lives. Staff encouraged people in the home with a range of activities such as exercise, games and music. People were encouraged to mobilise as much as possible and use the range of different communal spaces available to give variety to their day.
• Staff spent time talking with people about their everyday lives and encouraged people to foster friendships with other people.
• The provider had a minibus which people could use to take trips to places of interest. People told us they enjoyed visiting different local attractions and appreciated the opportunity to spend time outside the home. One person said, "I love going out. I am an outdoors person, so it suits me."
• The provider had a dog that lived at the service. The registered manager told us the dog had therapeutic benefits to people as it provided comfort and companionship. People told us they found the dogs company relaxing and enjoyable. One person said, "She [the dog] is part of the family." Another person said, "[The dog] is a lovely companion, I love having them around."

Improving care quality in response to complaints or concerns:
• The provider had systems in place to log, respond to, follow up and close complaints.
• People and relatives told us they felt comfortable raising concerns or complaints if necessary. Comments included, "If I ever needed to complain then I would go straight to the registered manager, no issue with that" and, "I have never had to raise anything formal as a complaint, but if I ever mention anything to the registered manager, it is quickly dealt with, so I'm happy."
• The registered manager took an open approach to addressing formal and informal complaints.

End of life care and support:
• Where the provider had supported people at the end of their life, they worked in partnership with people, relatives and other stakeholders to ensure people were comfortable, treated with dignity and as pain free as possible during their last days.
• We received positive feedback from a community nurse about the standard of care one person was

receiving, who had been identified as requiring end of life care.
• The service had achieved accreditation in the Six Steps Programme. This is a nationally recognised best practice approach to providing responsive and compassionate end of life care.
• People had end of life care plans in place. Plans were developed with people to identify their preferences and needs around their care. The plans also identified any additional input from professionals which was required including pain management arrangements and the measures to help support the person stay at the service if they wished.
• People's families were given emotional support during and after their loved one's final days.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• People and relatives spoke warmly of the registered manager and the overall quality of the service. Comments included, "The manager is very good, the staff are very good, the home is very good. The atmosphere is lovely", "This home is well run. It is always calm and relaxed", "The manager is a very nice man and I get on with him very well", and, "The home is very well managed, it is a happy place and I think that comes from the dedication and energy of the manager and staff."
• The registered manager was also the provider. Providers are the legal body that are registered with CQC to provide regulated activities to people. Consequently, they were able to respond quickly to address issues at the service and implement changes where required. An example of this was a quick response in addressing advisory actions raised at a recent external fire safety inspection.
• The registered manager was a prominent presence, promoting a positive culture within the service. They regularly worked with people to provide support with personal care, activities or attending appointments.
• The registered manager was dedicated and passionate about their role. They understood people's needs and could offer staff practical advice and guidance in relation to people's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• There was a clear management structure in place. The deputy manager supported with the running of the service. There were senior care staff who took on day to day responsibilities and supervision of other staff.
• All staff were clear about their roles and motivated to provide high quality care.
• The provider had systems and processes in place to monitor the quality and safety of the service.
• There were regular quality checks on care files, care logs, medicines records, staff files and other records.
• The registered manager had worked to make improvements to ensure people's care documentation was organised and easily accessible to professionals involved in people's care. People's care records were organised and securely stored.
• The registered manager understood their regulatory requirement to inform CQC about significant events which occurred at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The registered manager held regular staff meetings where staff were given the opportunity to contribute suggestions and feedback. A recent staff meeting had addressed issues about the completion of medicines administration charts when applying topical creams and how to make improvements in this area.

•The service provided respite day care to older people who were living in the local community. Once their needs were assessed, people visited regularly to take part in activities to give their main carers a break.
• The registered manager had engaged with the local community to help provide activities and resources for people. This included making links with local nurseries and churches, who provided visits to the home.

Continuous learning and improving care:
• The provider commissioned an external care consultancy company to conduct periodic quality audits on the service.
• The audits were based on how, safe, effective, caring, responsive and well led the service was.
• An action plan was produced from these audits which the registered manager used to track how improvements were implemented and sustained.
• These actions plan had been effective in implementing improvements in how incidents were recorded and how safeguarding referrals were managed.
• As part of the provider's quality assurance, the services impact on people's wellbeing was assessed and monitored. The registered manager used a 'making the difference' form to record and track where staff's actions had impacted positively on people's wellbeing. Examples of good practice where shared with staff. This helped to reinforce good working practice.

Working in partnership with others:
• The provider worked in partnership with other stakeholders to help promote good quality care.
• Where some people required ongoing input from external health professionals, such as District Nurses, the registered manager had established effective working partnerships to promote people's health and wellbeing.