

The Willows Blythe Bridge Limited

# Lindly 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

We inspected this service on 28 January 2016. This was an unannounced inspection. Our last inspection took place in September 2014 and at that time we found the home was meeting the regulations that we checked them against.

Lindly House is registered to provide accommodation and nursing care for up to 10 people. People who use the service have physical health and/or mental health needs, such as dementia. At the time of our inspection eight people were using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People's safety was maintained because risks were assessed and planned for and the staff understood how to keep people safe. People's medicines were managed safely.

There were sufficient numbers of staff to keep people safe. Staff received training that provided them with the knowledge and skills to meet people's needs effectively.

Staff sought people's consent before they provided care and support. When people did not have the ability to make decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. These requirements ensure that where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

People were supported to access suitable amounts of food and drink of their choice and their health and wellbeing needs were monitored. Advice from health and social care professionals was sought and followed when required.

Staff treated people with kindness and compassion and people's dignity and privacy was promoted. People were encouraged to make choices about their care and independence was promoted. Effective systems were in place to enable people to receive high quality end of life care if this was required.

People and their relatives were involved in the planning of their care and care was delivered in accordance with people's care preferences. People's feedback was sought and used to improve the care. People were supported to participate in social and leisure activities that met their preferences.

People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere within the home and the manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

## 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. Risks to people were assessed and reviewed and staff understood how to keep people safe.

Sufficient numbers of staff were available to keep people safe and people were protected from abuse and avoidable harm. Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective. People were enabled to eat foods that met their preferences. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing. Support from health and social care professionals was sought as required.

People consented to their care and support and staff knew how to support people to make decisions in their best interests if this was required.

### Is the service caring?

Good ●

The service was caring. People were treated with kindness and compassion. People's dignity and right to privacy was supported and promoted.

People were encouraged to be independent and staff supported people to make decisions about their care. Effective systems were in place to enable people to receive high quality end of life care when this was required.

### Is the service responsive?

Good ●

The service was responsive. People were involved in the assessment of their care needs and they were supported to participate in social and leisure based activities that were important to them.

People knew how to complain about their care and systems were in place to respond to any complaints.

### Is the service well-led?

Good ●

The service was well-led. Effective systems were in place to regularly assess and monitor and improve the quality of care. Feedback from people who used the service was also used to improve care. Staff felt supported by the registered manager.

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# Lindly House Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 January 2016 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with six people who used the service, one relative/visitor and a visiting doctor. We also spoke with two members of care staff, the deputy manager and the registered manager. We did this to gain people's views about the care and to check that good standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

# Is the service safe?

## Our findings

People told us they felt safe at Lindly House because they felt comfortable around the staff. One person said, "I'm not bullied about here". We overheard another person telling one staff member, "I think you're a very good person". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People were protected from the risk of abuse. No incidents had occurred at the home that had required a safeguarding referral. However, the staff and the registered manager told us how they would recognise and report abuse in accordance with the agreed local safeguarding procedures.

People told us and we saw that risks were assessed, managed and reviewed to promote people's safety. One person said, "The best thing about being here is that I am safe and have nothing to worry about". A relative said, "I feel better in myself knowing [person who used the service] is safe and being looked after". Care records showed that risks to people's safety and wellbeing had been assessed and planned for and staff told us how they managed people's risks to keep them safe. For example, one person's records showed they occasionally presented with behaviours that placed themselves and others at risk of harm. A risk assessment and management plan was in place that described how this person's behaviours should be managed and the information staff gave us about how they managed this person's behaviours matched the information in the care plan.

People and their relatives told us that risks were managed in a manner that promoted people's independence. For example, people's right to choose to use the stairs rather than the stair lift was respected. Risks assessments and management plans were in place to promote people's safety if they chose to use the stairs.

People who used the service told us that staff were always available to provide care and support. One person said, "I feel safe because I have a pull cord that I can pull when I need help. When I pull it they come quickly". We saw there were sufficient numbers of staff to keep people safe. Call bells were answered promptly and people were supported in an unrushed manner. We saw that the registered manager and provider regularly reviewed staffing levels to ensure they were based on the needs of people.

People told us and we saw that medicines were managed safely. One person said, "I have cream for my legs. The staff always put it on when I need it". Our observations and medicines records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. For example, clear 'as required' medicines protocols were in place to guide staff on when to give 'as required' medicines. This ensured these medicines were given consistently and safely.

## Is the service effective?

### Our findings

People told us they could access sufficient amounts of food and drink that met their individual preferences. One person said, "We get a choice of meals and if we don't like what's on offer, they ask us what we want instead". Another person said, "The food is very edible and I enjoy it all". We saw a flexible approach to mealtimes was used to ensure people's individual needs were met. For example, one person told staff they were not hungry at lunch time. Staff tried to encourage the person to accept their meal, but respected their decision to choose not to eat at that time. The staff approached the person again later and they accepted a small portion of their lunch time meal. Some people who used the service had special dietary needs such as requiring a diabetic diet. People confirmed they received a diabetic diet when required and staff demonstrated they knew how to meet people's diabetic dietary needs.

Care records showed that people's risks of malnutrition and dehydration were assessed, managed and reviewed. For example, we saw that people's weight was monitored and staff told us when they would seek professional advice in response to changes in people's weight.

People told us and we saw they were supported to access a variety of health and social care professionals if required. One person said, "I'm not feeling very well today. They've called the doctor for me". A relative said, "They always get the doctor in when needed". We saw advice from health and social care professionals was followed. For example, a visiting health care professional had given advice on how to manage a person's physical health complaint. We saw staff were following this advice, which included elevating the person's leg and applying cream regularly. A visiting doctor confirmed staff contacted them appropriately to seek medical advice and support. They said, "They refer appropriately and don't leave things too long. The staff have a lot of common sense here, I've never had any concerns about people's care".

People and their relatives told us that the staff were suitably skilled to meet their needs. One person said, "They do seem to know what they are doing". Staff told us they had received training which included an induction to provide them with the skills they needed to meet people's needs. One staff member said, "We go on courses all year round and if we want any extra training we just have to ask". Another staff member told us how dementia awareness training had helped them work more effectively. They said, "I learned that it's important to really know each person more, so we know what makes them tick". We saw that training had been effective. For example, we observed one person tell staff, "I don't think I can get up". The staff member responded by saying, "Put your hands on there (the arms of the chair) and push up". The person then stood up independently. This showed staff applied safe moving and positioning guidance.

People told us and we saw that staff sought people's consent before they provided care and support. For example, we saw staff ask people if they wanted to wear an apron to help keep their clothes clean at lunch time. Staff waited for people to consent to this before they supported them to put on their aprons. Staff showed they understood people's right to make decisions about their care and support. One staff member said, "I always ask people what they prefer and ask for their consent for all their care. People can refuse, but that's okay. I would just go back later to see if they've changed their mind. I respect their decisions and never force them to agree to care".

We saw staff supported people to make decisions about their care and support in accordance with the law. 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. Care records showed that when required best interest decisions had been made in accordance with the MCA. For example, staff, a person who used the service's relative and a doctor had been involved in a best interest decision for a person not to undergo a medical screening procedure as this was not in the person's best interests.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA, and authorisations to deprive people of their liberty had been appropriately made. For example, staff had referred one person for a DoLS authorisation, who occasionally asked to leave the service to return home. Staff completed this referral to ensure they were lawfully preventing the person from leaving the service unsupervised because they would be at risk of harm if they left the service alone.

# Is the service caring?

## Our findings

People told us they were treated with kindness and compassion by staff who had time to care for them. One person said, "We've got these beautiful ladies looking after us" and, "It's a nice comfortable place, I enjoying living here". Another person said, "I have my off days, but they always have time to come and sit down and talk to me". A relative also confirmed that staff had the time to provide compassionate care. They said, "At night if [person who used the service] can't sleep, one of the staff always sits with them and keeps them company".

We observed caring interactions between people and staff. For example, we saw one staff member spending time reassuring a person who was agitated because they were unsure as to why they were living at Lindly House. The staff member calmly told the person, "The doctor said it would be good for you to stay here so you could be safe". They then chatted with the person and helped them to complete a jigsaw. The person responded positively to this by engaging in conversation with the staff member and taking pride in showing the inspector the jigsaw which they completed.

People told us and we saw they were enabled to make choices about their care. We saw staff offering people choices throughout the inspection. For example, staff asked people if they wanted assistance with activities of daily living. We heard a staff member say, "Are you coming to the table, or would you like your lunch there?" and "Would you like lemon juice or blackcurrant juice?". We saw that the choices people made were respected. For example, when staff offered one person a drink of lemon or blackcurrant juice, the person responded by saying, "I would like a cup of tea instead please". The staff member responded immediately to this by getting the person a cup of tea as requested.

People told us they were enabled to be as independent as they could be. One person said, "They get me to do as much as I can for myself when I get washed and dressed". We saw staff offered people the choice of having assistance with their care rather than completing tasks on their behalf. For example, we heard a staff member ask two people, "Do you want me to cut your sausages for you or are you alright?". One person accepted assistance with this and the other person did not and the staff member respected both people's decisions.

People told us they were treated with dignity because staff took the time to get to know their likes, dislikes and care preferences. One person said, "They have time to sit and chat and they know what I like to talk about". A visiting doctor also told us staff knew people well. They said, "The staff really know the residents and value them". We heard staff address people in a dignified manner and people responded positively to the way staff spoke with them. For example, we heard one staff member address one person by saying, "There you go sir". This person responded by saying "Thank you, you're a good one".

People told us and we saw that privacy was promoted. One person told us how they could meet with their visitors in private. They said, "Visitors can come anytime. We can go and sit in the dining room if we want some privacy". We saw a member of staff supported one person to move to a private area of the home so they could meet with their doctor in private.

No people who used the service were receiving end of life care at the time of our inspection. However, we received positive feedback in relation to the provision of end of life care from a relative and a visiting doctor. A relative told us, "[Person who used the service] was put on end of life care at hospital and [The registered manager] asked if they could be discharged back here as this was their home. They came home and with the staff's time, patience and care they started to put on weight and get better. [Person who used the service] wouldn't be here today if it wasn't for the staff, I'm really thankful". A visiting doctor said, "End of life care has been very good at this home". Staff told us how they had worked closely with health care professionals to provide end of life care when this was required. The knowledge of the staff on end of life care and the positive feedback from people showed effective systems were in place to ensure people received high quality end of life care.

## Is the service responsive?

### Our findings

People and their relatives told us they were involved in the planning of care. One person told us the registered manager had visited them before they moved to Lindly House to complete an assessment to check the home would be suitable for them. They said, "[The registered manager] came to visit me and asked me what I needed help with". A relative told us staff involved them in the planning and review of their relations care and kept them updated with any changes. They said, "They always involve me and tell me if anything's changed. They told me when the nurse came to visit and they told me what they said".

People told us they received care and support in accordance with their care preferences. One person said, "I get up when I want to get up. I like getting up early and the staff come to help me whenever I wake up". Another person told us how they enjoyed spending time with their dog. They said, "This is my dog, she's my best friend. I couldn't live without her". Staff told us how this person had adopted the home's dog as their own as they had always kept animals before they moved to Lindly House.

Care records contained detailed information about people's care preferences and life histories. Staff demonstrated they used this information to ensure people received their care in accordance with their preferences. For example, when we heard one person who used the service singing a song, a staff member told us about the person's love of music. The information the staff gave us about the person's music preferences matched the information recorded in their care records.

People told us they were encouraged to participate in leisure and social based activities. One person said, "We do some exercises to keep us mobile and play some games to keep our minds active". Another person said, "I go out with my family and I sometimes go out with the staff. The staff took us to Trentham Gardens at Christmas and we've been out for a nice meal". We saw staff spending time with people helping them to complete activities in accordance with their preferences and engaging people in meaningful conversations. For example, one person told us they liked completing jigsaws and we saw staff assisting this person to complete two jigsaws.

People and their relatives knew how to complain and they told us their complaints were listened to and acted upon to improve the quality of care. One person said, "If I'm unhappy I tell [the registered manager], she always tries to sort things out". A relative said, "I've gone to the manager with a complaint before and she got everything sorted". The complaints process was clearly displayed in the reception area of the home and staff told us how they would manage and escalate a complaint. Records showed that no formal complaints had been made recently.

## Is the service well-led?

### Our findings

Relatives and a visiting doctor told us the home was well-led. A relative said, "They don't keep having changes in staff, and staff that do go tend to come back. It's because it's really nice home with a good manager". A visiting doctor said, "If I had a relative who needed a care home, this is somewhere I would consider". We observed effective leadership during a handover which was led by the registered manager where staff were updated on any changes to people's care needs.

People and their relatives told us there was a positive and homely atmosphere at the service. One person said, "It's a nice comfortable home". A relative said, "It's home from home". Staff told us they enjoyed working at the home. One staff member said, "I love working here. It's a small home and we can give people the one to one time they deserve". The registered manager described people as the staffs' family during handover by ending handover by saying, "That's your family for the afternoon". This showed the registered manager valued the people who used the service.

Records showed that frequent quality checks were completed by the registered manager and staff. Quality checks included checks of medicines management, care records and health and safety. Where concerns were identified, action was taken to improve quality. For example, a medicines audit showed that improvements were needed to ensure accurate medicines administration records (MAR) were maintained. Staff had been reminded of the importance of the need to keep accurate MAR through discussions with the registered manager and training. We saw this action had been effective as the MAR we reviewed were all accurate and up to date.

We saw that people's feedback about the care and the home's environment was sought through satisfaction questionnaires. We saw this information was used to make improvements to the quality of care. For example, some feedback had suggested more investment was needed to improve activity provision at the home. In response to this the registered manager had applied for and gained a grant which they had used to purchase equipment to enable staff to engage people with dementia in activities. We saw some of this equipment being used effectively with people.

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff. One staff member told us, "We have supervision and appraisals. I get asked if I have any problems with the residents and staff and if there's anything I need to bring to their attention. They also ask of I'm happy in my role and if I need any more training. They can also tell me if they have any problems with me". Staff described the registered manager as, "Very approachable" and, "Great and has helped me loads. I can go to her with anything". Staff told us the registered manager or deputy manager were always available out of hours if management support was required. This showed the staff felt supported by the management team.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.