Linden Care Homes Limited

Linden Lodge Nursing Home

Inspection report

Linden Lane, Warton, Tamworth,
Staffs, B79 0JR
Tel: 01827 899227
Website:

Date of inspection visit: 27 May 2015
Date of publication: 26/06/2015

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

Overall summary

The inspection of Linden Lodge Nursing Home took place on 27 May 2015 and was unannounced.

The home has two units. The Acacia unit provides nursing and end of life care to people. The Orchard Unit provides residential care to older people and people living with dementia. The home can accommodate a maximum of 75 people. On the day of our visit, 70 people were living in the home.

The home 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 2008 and associated Regulations about how the service is run.

Staff had the skills, experience and knowledge to work well with people who lived at Linden Lodge. There was sufficient staff on both floors to meet people's care needs safely and effectively.

People received their medicines as prescribed. Medicines were ordered, stored and disposed of safely.

The premises and equipment provided, supported people to live safely.

Summary of findings

Staff listened and responded well to people's needs, requests, likes and dislikes. Staff were caring and enjoyed the company of people they cared for. Both organised and daily activities reflected people's interests.

People were provided with sufficient to eat and drink and people's individual nutrition needs were well supported. People enjoyed the food provided. Where changes in people's health were identified, they were referred promptly to other healthcare professionals.

People received good end of life care from a compassionate and knowledgeable staff team. The home was accredited with the Gold Standards Framework for palliative care.

Staff respected and acted upon people's decisions. Where people did not have capacity to make informed decisions, 'best interest' decisions were taken on the person's behalf. This meant the service was adhering to the Mental Capacity Act 2005.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and had followed the advice of the local authority DoLS team.

The management team were supportive to staff and worked with them to provide good standards of nursing and dementia care. There were effective management systems to monitor and improve the quality of service provided.

Summary of findings

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.

People felt safe living at Linden Lodge. Staff knew how to protect and safeguard people from abuse and other risks relating to their care and treatment needs. There were good staffing levels to provide the support people required. Medicines were administered safely.

Good

Is the service effective?
The service was effective.

Staff had received training and support to provide effective nursing care, and care to people with dementia. Staff understood people's rights under the Mental Capacity Act. People received food and drink according to their needs, and had access to health and social care professionals when required.

Good

Is the service caring?
The service was caring.

People at Linden Lodge were treated with kindness, dignity and respect. They were supported to make choices in their daily living. Visitors were welcomed at the home.

Good

Is the service responsive?
The service was responsive.

The individual needs of people who lived at Linden Lodge were supported well. Staff encouraged people to maintain their independence. People enjoyed a range of group and individual activities.

Good

Is the service well-led?
The service was well-led.

The management team were accessible and responsive to requests and concerns. They provided good support to their staff team, and staff provided good support to people who lived in the home. Quality was effectively monitored.

Good

Linden Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 27 May 2015 and was unannounced. The inspection team for this inspection consisted of an inspector, a specialist advisor for nursing and dementia care, 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.

Before the inspection we looked at the information received from our 'Share Your Experience' web forms, and notifications received from the provider. These are notifications the provider must send to us which inform of deaths in the home, and incidents that affect people's health, safety and welfare. We also contacted the local authority commissioners to find out their views of the service provided. There were no recent concerns.

We spoke with ten people who used the service and five relatives. We interviewed 14 staff (this included nurses, care workers, activity, maintenance and kitchen staff), observed the care provided to people and reviewed five care records. We reviewed records to demonstrate the provider monitored the quality of service (quality assurance audits), medicine records, four staff recruitment records, complaints, and incident and accident records. We also spoke with the provider, the registered manager and deputy managers.

Good

Is the service safe?

Our findings

We asked people who lived at Linden Lodge whether they felt safe living at the home. They told us they felt safe. A relative told us, they could, "Trust every member of staff, everyone is friendly and provide help when it is needed." Staff told us they felt people who lived at Linden Lodge were safe. One staff member said people were, "Definitely 100% safe, if we haven't seen a person for a while we make sure they're safe."

Staff understood the policy and procedure for reporting safeguarding concerns. We asked staff how they would respond to different safeguarding scenarios, such as poor practice in moving people with a hoist, or staff shouting at people. Staff were very clear that both scenarios were unacceptable. One member of staff said, "I would report it straight away, with no hesitation what so ever." Another said, "We treat people as our own family, I would go to the main boss, they would deal with it." Information gathered from notifications sent by the registered manager to the CQC demonstrated that safeguarding issues were taken seriously and the local authority safeguarding team contacted when there were concerns.

Throughout our inspection we saw staff were vigilant in keeping people safe. For example, corridors, lounge and dining areas were clear of obstacles which ensured safe access for people in all areas. People had equipment to support their safety and staff knew how to use the equipment correctly. For example, we saw people safely transferred from wheelchairs to lounge chairs through the use of a hoist. We also saw each person who required a hoist, had their own sling. This meant they could be sure the sling was the correct size for them.

Staff we spoke with had good knowledge of the identified risks people had in relation to their care. For example, risks related to moving people, incontinence, and mental health, had been assessed and care plans written to inform staff of the risks. Whilst there was adequate information in the care records about risk, staff told us much more information about people than the records provided.

The provider had a 'disaster plan' with telephone numbers of relevant people and instructions for staff to follow if there was an emergency at the home. Each person also had their own personal evacuation plan to support staff in evacuating them and the building safely. We saw that fire tests were undertaken regularly. We spoke with the maintenance worker responsible for equipment and building checks. They told us, "People are safe here." They said that they had sufficient time to carry out the maintenance and safety work expected, and said if they required more time they could discuss this with the management team.

We checked the recruitment practice at the home to ensure it minimised the risks of recruiting staff who were unsafe to work with people. We found the provider had requested information such as references and disclosure and barring service checks (DBS) (The DBS is a national agency that keeps records of criminal convictions). But in some cases there appeared to be a period of time between the person starting work, and information returned. This meant we could not be clear from looking at records that the recruitment process was safe and thorough. The provider and registered manager agreed with this and we were informed after our visit that they had changed their recruitment records to provide a more clear account of the process and the safety checks made.

Most people felt there were sufficient staff to meet their needs. Staff told us there were enough to provide safe and effective care. One care worker said, "Yes there is enough to meet people's needs, if I'm busy I can get other people to help, we are a family and have good team work." We saw, on both units, there were enough staff with the right mix of skills, qualifications, experience and knowledge to meet people's needs.

We looked at the administration of medicines at the home. We found they were managed safely and people received the medicines prescribed to them at the right time. We saw where people had found difficulty in taking medicine, the GP and pharmacist had been consulted and action taken to improve administration. For example, one person could not swallow their medicine. The pharmacist had confirmed that opening the capsule and adding it to food would not alter its effectiveness, and so this was how the medicine was taken. The person had been consulted and had capacity to agree to this decision. Where possible independence was encouraged in taking medicines. One person did not like to be told when to take their medicines, so they were given to the person at breakfast and they decided when, during the breakfast period, they were going to take them.

Good

Is the service safe?

Medicines were stored safely and in line with manufacturer's instructions and the home's legal requirements. Most medicine records were accurate. Where gaps were identified, these had already been addressed by the management team.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge to support them with their assessed needs, preferences and choices. One relative told us, "Staff really know what they are doing, I've not had any concerns…they are very good with end of life care."

New staff received training during induction considered essential to meet the health and safety needs of people who lived at the home. This included training in moving people safely, personal care, and infection control. New staff were not included on the staff rota for the first week of work, because it was recognised they needed time to get to know the building, the people and the staff before they could be a fully functioning member of the team.

Staff received training in end of life care and dementia care. The home had been accredited with the Gold Standard Framework for end of life care. This initiative meant people, who were moving towards the end of their life, got good quality care in their home environment without needing to go into hospital. The registered manager trained staff to provide good quality, compassionate end of life care. Another manager within the provider's group of homes had undertaken a diploma in dementia care at Bradford University. The knowledge gained from this, was cascaded to staff to support them in their dementia care to people who lived at the home. Nursing staff received training to ensure their nursing skills were up to date. This included catheterisation, syringe driver training, wound care and advanced care planning.

Staff told us they were supported by the senior team through informal support and formal support structures such as supervision and appraisal. On the day of our visit, one of the deputy managers had visited the home in the early hours of the morning to observe and provide supervision to the night staff. This ensured that all staff were supported in their roles.

Staff had received training in the Mental Capacity Act and understood the importance of people, where possible, having the right to make their own decision. Where people did not have the mental capacity to make their own decisions we found staff and other people such as relatives, with good knowledge of the person, made decisions in the person's 'best interest'. One relative told us their relation did not have the capacity to make decisions and so the family had been involved in devising and maintaining the person's plan of care. They told us when their relation first came to Linden Lodge the staff focused on finding out as much information as they could about the person's likes, dislikes and interests.

We found where people's freedom was restricted, the management team understood their responsibilities to apply for a Deprivation of Liberty Safeguard (DoLS). Whilst at the time of our visit, the home did not have any people with a DoLS authorisation; previously the home had two people with a DoLS authorisation. We noted the registered manager had acted on advice from the local authority about the submission of DoLS applications; however the manager was ensuring that people who met the criteria had applications submitted.

People were supported to have enough to eat and drink and to maintain a diet which met their needs. People told us, "The food is very good, you get plenty," and, "The food is absolutely amazing, it's wonderful." The cook had a good understanding of people's dietary requirements, and their likes and dislikes. We saw people had a good dining experience; the food was hot, well presented (pureed meals were presented so people could distinguish the different food groups, colours and flavours), and those who required support with eating were given this at the person's own pace. Staff worked well as a team to ensure people received the food they wanted and without having to wait a long time for it to be provided.

Action was taken if people were at risk of weight loss. People were weighed monthly and foods were fortified (for example, with full fat milk) and supplements provided to promote weight gain. We saw the advice from the dietician and the speech and language therapists had been acted on.

People told us their health needs were met. They said there was a GP who visited weekly but if additional visits were needed, staff would arrange it. We were also told chiropodists visited the home and dental treatment was available. Care records confirmed other healthcare professionals were involved in people's care.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and kind. One person told us, "I've been here two years…I hope to spend the rest of my life here, I recommend this place, it's a nice place, I like it here." Another told us, "I never would believe young people could be so thoughtful." A relative said, "The care here is very good. [person] didn't like it when she first came in but is really happy now."

We observed the relationships between staff and people who lived at Linden Lodge. Care in both the Acacia suite, and the Orchard Suite was provided in a calm and unhurried way. Staff were friendly and respectful, and enjoyed a joke with people. One person told us they liked to have a bit of 'banter' with the staff.

Staff had a good understanding of the needs and preferences of people who lived at the home. They had taken time to get to know people and their personal histories. When we asked staff to tell us about the people in their care, they were able to give a clear account of the person's likes and dislikes, their family, and their life history before coming to Linden Lodge. We saw this information being used when staff sat down and engaged in conversation with people.

People felt comfortable and safe to express their views, and we could see that people expected their views to be acted on. For example, one person was given boiled potatoes with their meal. The person made it clear their preference was mash potato. Staff apologised for bringing the wrong type of potato, and quickly brought back a plate with the person's preference.

A relative told us their relation had lived independently all their life and had initially found it a 'real challenge' living in a care home. They went on to tell us their relation's views had been listened to and acted on, to the extent the person was now settled and had recently told them, "Here I don't have to worry about anything."

Throughout the day we saw people making decisions about how they wanted to live their lives. Staff actively listened to people, and respected their decisions. For example, some people wanted to be involved in the group activities, and some chose to stay in their own rooms. One person told us, "I have a very nice bedroom and my own bathroom. I can have a shower every morning or evening if I want to." We saw one person stood by a door to the lounge for at least an hour. They were happy just standing there watching what was happening around them.

People were treated with dignity and respect. Clothes protectors were provided to people at lunch time to reduce spills onto clothes, and people who needed support to eat were provided with this in a un-hurried and respectful way. Staff knocked on people's door and waited before entering. When people were asked if they required help to use the bathroom, this was asked quietly, respecting the person's dignity.

Staff demonstrated sensitivity and compassion. One person came into the lounge and appeared distressed. A care worker saw this and immediately took the person's hand, helped them to sit with them on the sofa. The person rested their head on the shoulder of the care worker whilst the care worker quietly stroked their head. This act of kindness and consideration gradually soothed the person and helped them to feel better. Another person was observed to be frightened of a wasp which was in the window. A care worker moved the person away from the window and dealt with the situation. They then returned to the person, put their arms around them and re-assured them all was well. The care worker remained with the person until they were completely settled.

We saw staff cared for each other as well as the people who lived at the home. On the nursing unit, we were told they were one member of staff short. We heard one member of staff say she could not go on her break yet as she hadn't completed her allocated work. Another member of staff responded by saying they would complete the work for her, and to go on her break. This caring approach was consistent throughout or visit. One member of staff told us, "I love it here, it is really friendly, we try our best for a good quality of life for people, we are very person centred."

Visitors were made welcome throughout the day and evening. We saw relatives and friends visiting their loved ones in the private space of their bedrooms, or sitting with others in the communal rooms. Staff were friendly and welcoming to people.

End of life care was effectively planned and delivered by staff in a kind, caring and compassionate manner. Staff were encouraged to enhance their skills through the in house training which enabled them to be both prepared

Good

Is the service caring?

and pro-active in the care provided. Other healthcare professionals were involved in people's end of life care when they needed it to ensure they had a comfortable, dignified and pain free death.

Good

Is the service responsive?

Our findings

People received consistent, personalised care, treatment and support. Staff told us that people and relatives were involved at admission with care plans, particularly life history work which helped the staff get to know the people who lived at the home. They and their families continued to be involved in identifying their needs, choices and preferences although the level of involvement of relatives was not reflected in the care records.

Feedback received from people and their relatives showed staff knew people well and were responsive to changing needs. One relation, whose loved one's health was deteriorating, told us all the staff were approachable and the care given was 'second to none'. They told us they were kept informed of any changes, and the care was 'wonderful'.

People told us staff encouraged them to maintain their independence, for example one person said, "Staff encourage me to do things which they know I can do, I like to keep my independence." We saw one member of staff who supported a person to eat, encouraged them to try and hold their cutlery and maintain this life skill. The home was responsive to people's individual preferences in the way they wanted care provided. One person told us, "I am old fashioned I couldn't have a man carer, I ask for a lady carer." We asked them if they always had a female care worker support them and they replied, "Oh yes." Whilst we saw on a day to day basis people's views about their care was paramount, people had little knowledge of care plans and were not involved in formal care reviews.

The home was split into two units. Acacia Suite, for people with nursing needs, and Orchard Suite, for people who needed personal care support and for people who had dementia. Both units had a worker to support the social and emotional needs of people. The activities worker in the Acacia Suite spent individual time with people who were unwell or who did not want to be involved in group activities. This included sitting and talking with the person, nail painting and reading. There was a programme of group activities. This programme was delivered to each person's room once a month so they would know what the activities were. These included activities both within and external to the home such as quizzes, narrow boat trips, garden centre trips, lunch trips, and bringing a pantomime company to the home for everyone to enjoy at Christmas. Whilst activities were available, staff respected people's decisions not to be involved in them. For example, one relative told us their relative was, "Not one for communal activities and there has never been an attempt to push her into it."

Activities were planned to incorporate the information gained from people's life histories. For example, one person was a keen gardener. The home had a green house, and they supported the person to go to the garden centre, buy the seeds and helped them grow the plants. Others liked baking, and so they had baking sessions.

The Orchard Suite mainly supported people with personal care needs, most of whom had dementia. Staff responded to people's needs by 'going with the flow', helped by a worker who was employed to have a support role in enhancing people's life experience. This worker told us their job was to, "Be observant of everything", and to make sure people got what they needed when they needed it, not "in a minute." They supported staff to plan and deliver activities for people. For example, a member of staff thought people might enjoy a barbecue during the bank holiday. They supported the member of staff who organised it. We found people had really enjoyed this.

Staff responded well to people on the day of our visit. We saw some people had their nails painted by staff. One person who loved singing was on the karaoke machine for most of the morning, with others joining in with their singing. Some people liked bingo, and in the smaller lounge a serious game of bingo took place. The person who won the game received perfume as a prize.

We asked people and their relatives if they felt able to speak with management if they had any concerns about the home. One relation said, "I would feel able to tell [deputy manager] anything." People told us they felt able to complain but most said there was nothing to complain about, commenting, "If you're not satisfied here you would not be satisfied anywhere." Another said, "It's absolutely out of this world, I can't believe what they do, they are so unselfish." The registered manager told us there had been no formal complaints received in the last year.

We asked staff how they managed complaints or concerns. They told us if possible, they would try to sort any issues out themselves and then inform the supervisor of the

Good

Is the service responsive?

action they had taken. They said if they could not deal with it, they would take the concern to the team leader to address. One staff member said, “Better to sort it out as it happens.”

Good

Is the service well-led?

Our findings

The registered manager and her deputies had worked at the home for many years. The provider is a family owned company, and who were involved in the day to day running of the home. The provider has two other care homes, and the managers of each of the homes meet with each other to share ideas and discuss issues related to care.

The provider and managers had a clear vision and set of values for the service. This included involvement, dignity, respect, independence and safety. One member of staff told us, "You don't have to argue for equipment, if you need something you get it." Another staff member said, "The management treat you fairly."

We asked people if they thought the home was well managed. One person told us, "It's not like your own home, but yes I do think it is well run." Another told us, "The home is well led; the management team are all friendly."

Staff told us there was good team work, and working at the home was like being part of a big family. One member of night staff told us, "We get good support from management, whenever we have a problem; they are there at the end of the phone." Another member of staff said, "[The provider] is a fantastic person to work for. They're very family orientated and very supportive, that is why they keep staff."

Staff at all levels, understood their roles and were motivated in their work. This was confirmed by a person who lived at the home who told us, "Everyone has their own role and all are so helpful." Staff were supported by a management team that led by example and were available to staff for guidance and support. On the day of our visit, the deputy manager for the Orchard unit had arrived at the home at 2.00am to undertake an unannounced visit, and to conduct staff supervision with night staff.

Staff told us they felt able to contribute to the continued improvement of the home through supervision and team meetings. They felt there was a culture where their views mattered, and they were able to work towards furthering their career within the home as there were positions they could aspire to.

The registered manager had students from the local hospital on placement at the home. The student nurses were training to be general nurses and supported people who lived on the first floor, Acacia nursing unit. As well as the registered manager, the deputy manager had completed a mentorship course to provide support to the student nurses. This fostered a culture of learning and development.

The registered manager and her staff were accredited in the Gold Standard Framework for good quality end of life care in their home environment without needing to go into hospital.

There was a system of checks to assure management that good care was being delivered in a safe environment. This included regular checks on medicine records, and checks on the competency of staff to ensure medicines were administered safely. For example one member of staff had made errors in the recording of medicine, and had been stopped from administering medicines until they had been retrained. Other checks included analysis of people's falls and people's nutrition.